

ATTESTATION PAPER.

No. 469489

Folio. 1

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Angus H Morrison
2. In what Town, Township or Parish, and in what Country were you born?..... St Georges Channel N S
3. What is the name of your next-of kin?..... Barba D A Morrison (Sister)
4. What is the address of your next-of-kin?..... New York Ny
5. What is the date of your birth?..... Jan 25th 1896
6. What is your Trade or Calling?..... Fireman
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

Angus H Morrison (Signature of Man.)
[Signature] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Angus H Morrison, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Aug 28th 1915
Angus H Morrison (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Angus H Morrison, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Aug 28th 1915
Angus H Morrison (Signature of Recruit)
[Signature] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Sussex, N B this 28th day of August 1915.

[Signature] (Signature of Justice)
 J. P. IN AND FOR THE COUNTY OF KINGS, N. B.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. E. Forbes Capt. (Approving Officer)

Description of Angus H Morrison on Enlistment.

Apparent Age 19 years 7 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 6 ft. 1 1/2 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious denominations. { Church of England
 Presbyterian Yes
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Aug 28th 1915

Place Sussex, N B

J. S. [Signature]
 Sept-6/15
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Angus H Morrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)
 LT. COLONEL
 MDG 64th "OVERSEAS" BATTN. C. E. F.

Date Aug 28th 1915

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... ²³

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... /

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... /

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... /

Clothing Transfer Certificate.....

Inventory of Kit.....

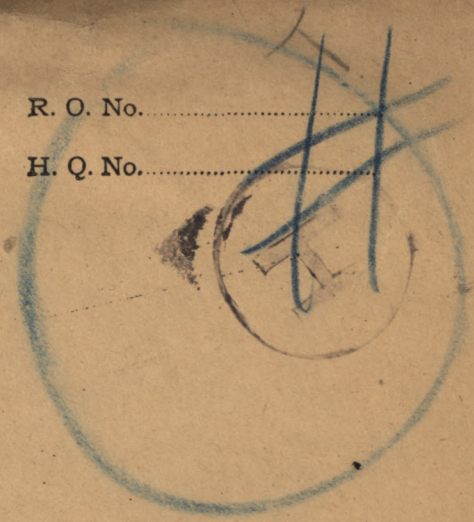
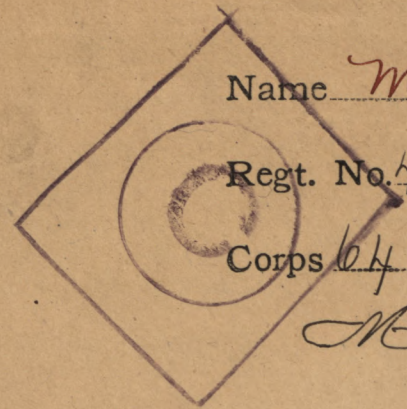
Last Pay Certificate.....

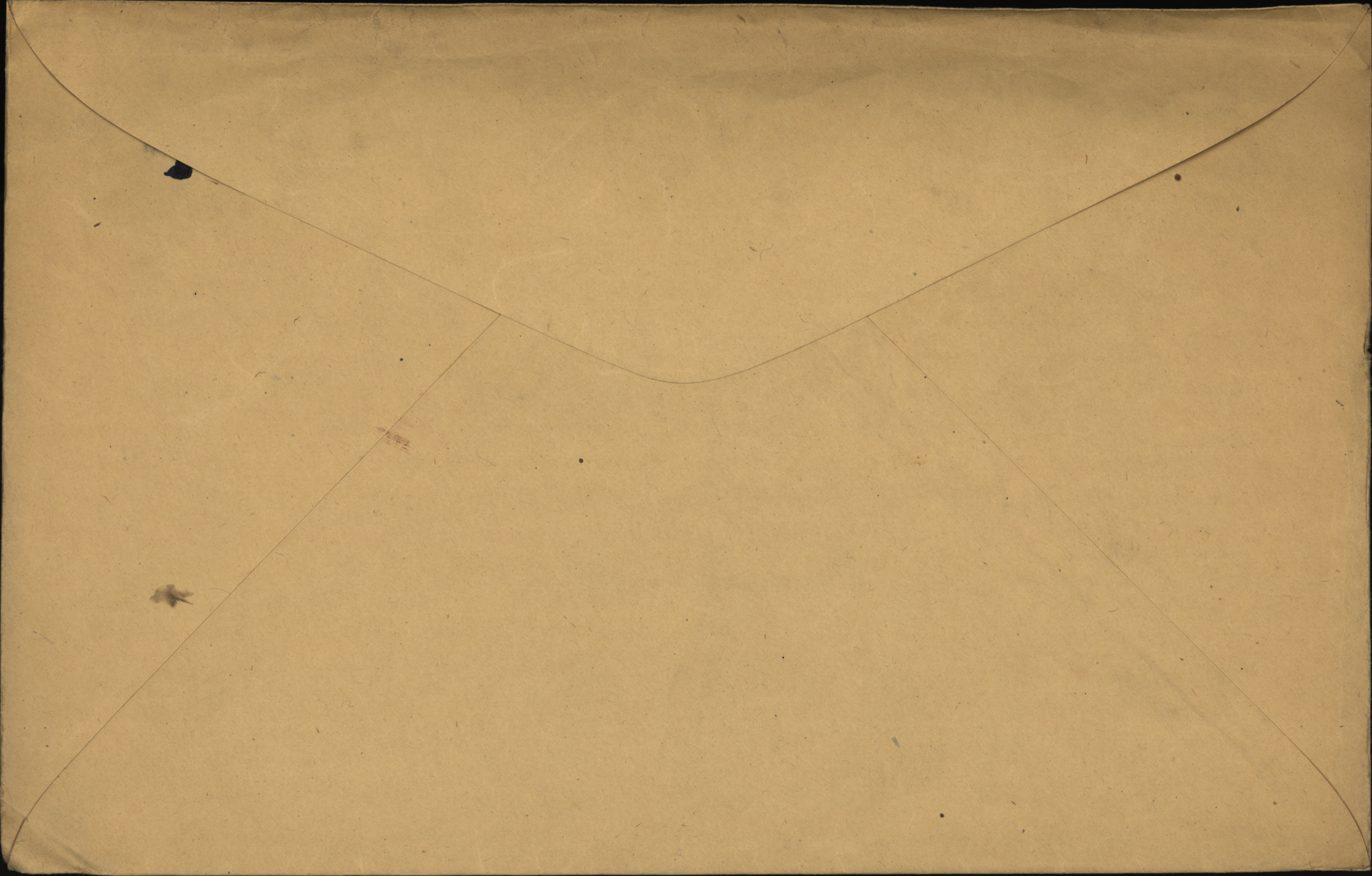
Name *Morrison Angus Roy*

Regt. No. *469487* Rank *Pvt.*

Corps *64th "Old" Batt. 68th*

Med. Unfit.





No. 69487 RANK Pte.
469487 Sept. payroll

NAME Morrison Argub.

T.O.S. 11-8-15 UNIT 64th Battalion

D.O. 12 of 30-8-15

M. D. 6

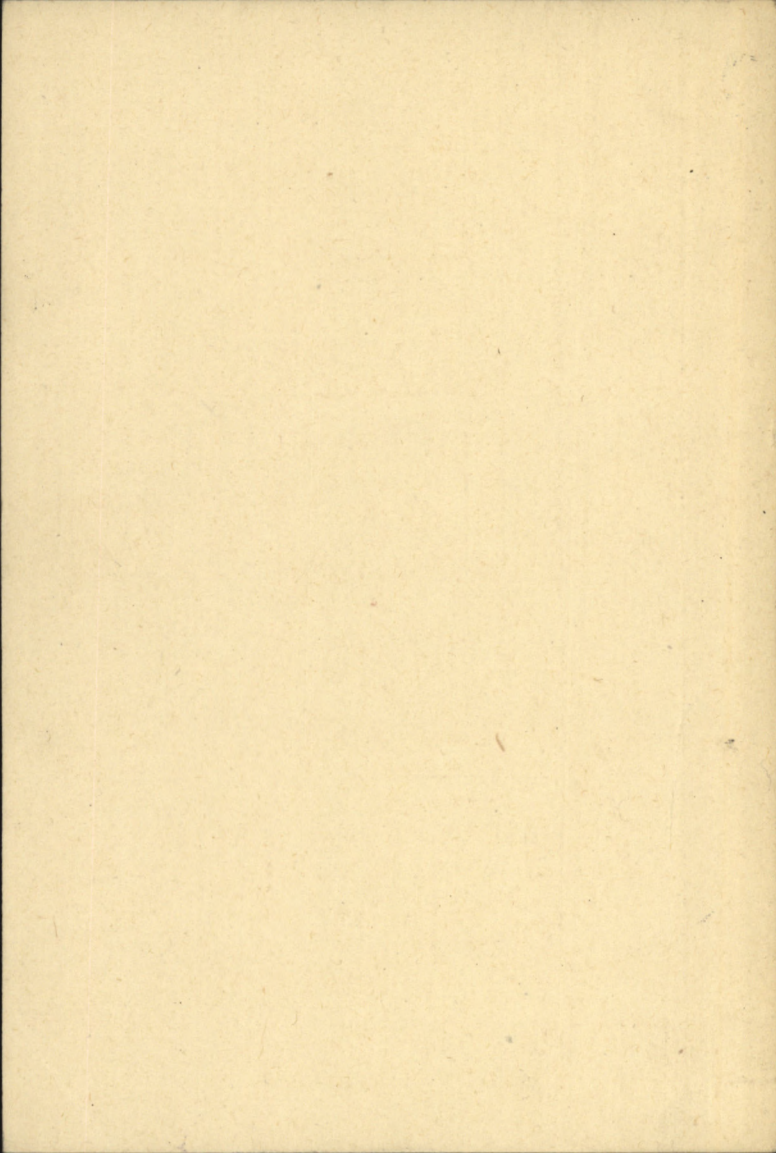
PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
Aug. 11	Aug. 31	✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916				
Jan.		✓		
Feb.		✓		
Mar. 1	Mar. 11	✓	Disch'd M. U. 15-3-16	Mar payroll

Disch'd M. U. 15-3-16 Mar payroll

UNIT SAILED

ac closed by payment 5

MAR 3 1 1916



NAME *Morrison. Angus. R.* **A**

RANK & No. *Pte.*

S.O.S. Dis. 13-3-16
469487 **R.F.**

CORPS *64th.*

Batt.

ENLISTMENT, PLACE *Sussex. N. B.*

DATE *Aug. 28th. 1915.* **S.**

FORMER CORPS *nil.*

COUNTRY OF BIRTH *Canada. St. George's Channel. N. S.*

NEXT OF KIN *Morrison. Miss. Barba. D. A. Sister.*

ADDRESS OF NEXT OF KIN *New York. U. S. A.*

DISCHARGE, PLACE

DATE

M. F. W. 22. 100 m.-915.

E. ray.

MEDICAL HISTORY SHEET.

Surname Mason Christian Name August P.

Examined { on _____ day of _____ 191____
at Sussex, N.C.
Birthplace { City or Town St. George Island
County N.S.

Approved by [Signature]
Rank Sergeant 64th M.O.

Apparent age 19-7
Trade or occupation laborer
Height 6 Feet 11 1/2 Inches. M.O.
Weight _____ Lbs. M.O.
Chest measurement { Minimum 39 inches. M.O.
Maximum expansion 3 1/2 inches. M.O.
Physical development good M.O.
Small-Pox Marks _____ M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.
Number _____
When Vaccinated last _____ M.O.
(a) Marks indicating congenital peculiarities or previous disease None M.O.

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/9/15</u>	<u>AB</u>	M.O.
<u>24/9/15</u>	<u>AB</u>	M.O.
		M.O.

Enlisted on _____ day of _____ 191____ at _____

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>E. ray.</u>	<u>469487</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Casualty Form—Active Service.


Unit, Regiment or Corps *by the Battalion*

Regimental No. *469477* Rank *pte* Name *Marrison, Angus R.*
C. E. F.

Enlisted (a) *28-8-15* Terms of Service (a) *Wof war* Service reckons from (a) *28-8-15*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>March 1916</i>	<i>by the</i>	<i>Discharged "medically unfit"</i>	<i>Halifax</i>	<i>11-3-16</i>	<i>Ref. March payroll 1916</i>
					
<i>J. C. Langman</i> <i>Capt. J. R. [unclear]</i>					

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.
P.T.O.

MEDICAL HISTORY OF AN INVALID.

- 1.—Station. *Halifax N.S.*
- 2.—Regiment of Corps. *64th Battn C.E.F.*
3. Regimental No. and Rank. *{ 469487.
Pte*
- 4.—Name. *A. R. Morrison*
- 5.—Age last Birthday. *19*
- 6.—Enlisted *{ on Aug 11/15
at Port Hawkesbury C.B.*
- 7.—Former Trade or Occupation. *Fireman on Steam Shovel* Date *Feb'y 1st/16*
- 8.—General remarks on his :—
(a) Conduct. *Good*
(b) Habits. *Regular*
(c) Temperance. *Temperate*
- (For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)

9.—Service.	Years.	
	From	To
<i>64th Batt C.E.F.</i>	<i>Aug 11/15</i>	

10.—Disease or Disability. *Contusion of Abdominal Wall (Effects of)*

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. *2 years ago, was hit in abdomen by cant hook & was unconscious for 2 hours - Sick for 2 months. Pain in abdomen at site of injury on marching & drilling. Not result of service or climate*

Has it been aggravated by intemperance, vice or misconduct?

No

MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

*Aggravated by
drilling and marching*

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

*Probably permanent
Earning capacity diminished to the
extent of one-eighth, at former occupation*

16.—Full particulars of medical treatment of case up to date of invaliding.

*Rest
External applications
Blister to side*

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Not applicable

18.—State if for discharge on account of unfitness for service.

Yes for discharge on account of unfitness for service.

V.L. Miller

Capt AMC

Medical Officer by whom the case is brought forward

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in above Report.)

The Board fully concurs in the above report and recommends that No 469487 Pte A.R. Morrison, 64th Batt. C.E.F., be discharged the service medically unfit. The Board is of the opinion that the aggravation noted in Section 14 contributed to the disability noted in Section 15 to the extent of one-eighth

Signatures:—

W.F. Taylor Capt AMC President.

Station

Halifax NS

W.J. Barton Capt AMC

Members.

Date

July 1/16

Date

FEB 7 - 1916

for J. Ross
Assistant Director of Medical Services.

Approved.

In presence of

Date

APPROVED
Director of Medical Services.
W. G. ...
a/D.G.M.S.

[OVER]

to be returned to the
 station or hospital where finally disposed of

(At Station or Hospital where finally disposed of)

Arrived from

Station and Hospital

Date

Index No.	Date	If under treatment.		Disease.	How finally disposed of.	Date of Discharge, &c.
		From	From			

SUMMARY of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

(The original Report is invariably to accompany the discharge documents of invalids.)

Date of final Medical Board or decision.

Administrative Medical Officer.

Militia Form B. 227.

5m.-3-15.
 (H. Q.-1772-39-117.)

DETAILED MEDICAL HISTORY OF INVALID

Station *Halsbury St.*
 Corps *64th Regt C. E. F.*
 Regimental No. *469487* Rank *plc*
 Name *A. R. Morrison*
 Disability *Crucifixion of abdominal wall. (Effects of)*
 Date *1-2-16*

Hospital or Station transferred to for final disposal. }
 Date of final disposal } *10-3-16*
 How finally disposed of } *Medically unfit*

The original Report is invariably to accompany the discharge documents of invalids.