

106th BATTALION
NOVA SCOTIA RIFLES

ATTESTATION PAPER.

No. 715081

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Morrison
- 1a. What are your Christian names? Charles
- 1b. What is your present address? Truro. N.S.
- 2. In what Town, Township or Parish, and in what Country were you born? Inverness Scotland.
- 3. What is the name of your next-of-kin? Maggie McLean Morrison
- 4. What is the address of your next-of-kin? Newton off Budgate, Inverness, Scot;
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? 12th May 1881.
- 6. What is your Trade or Calling? Labourer.
- 7. Are you married? No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? Yes 76th Regt. Canadian Militia
- 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Morrison, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Charles Morrison (Signature of Recruit)

Date December 1st, 1915. C. Ryan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles 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.

Charles Morrison (Signature of Recruit)

Date Dec 1st 1915 C. Ryan (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 Truro, N.S. this 1st day of Dec 1915.

W. H. Allen (Signature of Justice)

Description of Chas Morrison on Enlistment.

Apparent Age 34 years 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..... 5 ft. 9 1/4 ins.

Two faint vaccination marks on left arm

Chest measurement { Girth when fully expanded..... 38 ins.
 Range of expansion..... 3 ins.

Complexion..... Dark

Eyes..... Hazel

Hair..... Black

Religious denominations { Church of England.....
 Presbyterian..... yes
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other Denominations.....
 (Denomination to be stated)

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 declares that he is not subject to fits of any description.

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

Date..... Dec 2nd 1915

Place..... Toronto N.S.

W. J. Muir
 Capt. *ame.*
 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.

Chas 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.

W. H. Allen..... (Signature of Officer)
H. Bol

Date Dec 1st 1915

Lieut Col
Comd'g. 106th. Overseas B'n. C. E. F.
"Nova Scotia Rifles."

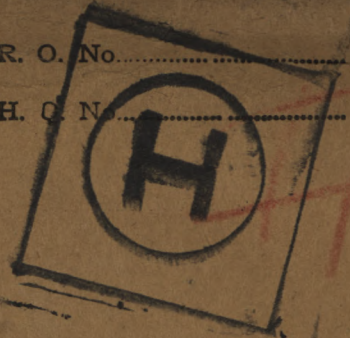
Dec 26-1915
afm

Proceedings of Court of Inquiry or on men
 reported Missing on Active Service.....
 Attestation Papers..... *3*
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms..... *1*
 Proceedings on discharge..... *2*
 Corps History Sheet.....
 Date and No. of Deposit Receipt for
 Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... *2*
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate..... *1*
 Inventory of Kit.....
 Last Pay Certificate..... *1*

DISCHARGE DOCUMENTS

Name *Morrison Charles*
 Regt. No. *715081* Rank *Pte.*
 Corps *106th Br.*
Med. Unfit.

R. O. No.....
 H. C. N.....



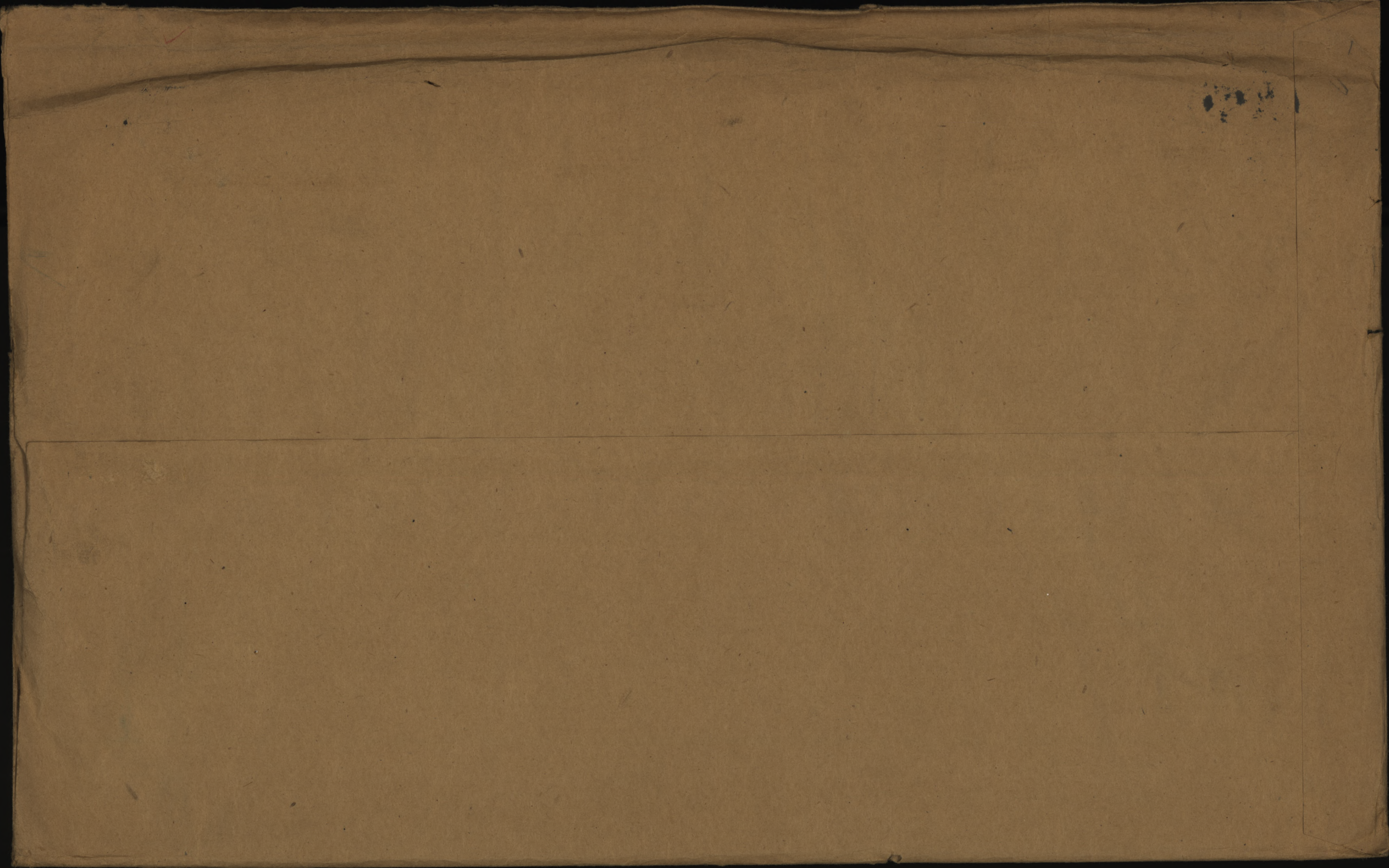
A. Y. B. (122)

med exam -

musical

103067-1

JB
Feb.



NAME

Morrison. Charles.

649-M-14120

S.O.S. Dis. 15-7-17⁷

D.F.

RANK & No.

plc. 715081.

CORPS

106th

ENLISTMENT. PLACE

Leuro. h.S.

DATE

Dec. 20th 1915.

Batt

FORMER CORPS

76th

Regt.

COUNTRY OF BIRTH

Scotland. Inverness.

NEXT OF KIN

Morrison. Maggie McLean. (Mother).

ADDRESS OF NEXT OF KIN

Newton off Budgale, Inverness. Scot.

DISCHARGE, PLACE

DATE

Sailed from Halifax

L. L. 85093-M. & D. 5952.

15/17/16.

RPC! 16³⁻¹⁷.

Per Empress of Britain

M. F. W. 22-50m. -1-15.
H. Q. 1772-39-839

Retd to Canada per S.S. "Metagama" March 5th/17, (auth Y. 320)

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

34. YEARS

7. MONTHS

HEIGHT

5 FEET

9 $\frac{1}{4}$. INCHES

CHEST MEASUREMENT

38. INCHES

EXPANSION

3. INCHES

COMPLEXION

Dark.

EYES

Hazel.

HAIR

Black.

DISTINGUISHING MARKS

Two faint scar marks on left arm.

MEDICAL EXAMINATION.

PLACE

Leuro. H.S.

DATE

Dec 2nd 1915.

REMARKS:

REGT'L No 715081.

H. Q. FILE No. 649-

NAME Morrison, CharlesRANK AND CORPS Pte26th Bn

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

2320.8-3-17Sailed from Liverpool for Canada
per the S. S. "Metagama" on Mar.
5, 1917. (Shrapnel wd.).

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

87. M.H. C.C. Kingston

23-3-17 O.S. Ontario Mil. Hosp.

187. M.H. C.C. Kingston

15-7-17 Disch. Labourg. class
(106th Bn)

Account
mf

B

Number... *215081* Rank *Pte*

Surname *MORRISON*

Christian Name *Charles*

Units *606th Gen. Cas. Coy.* Theatre of War *England*

Date of Service... *25-7-16*

Remarks.....

Latest Address... *Ipswich*

..... *ms*

Roll No. *A Page 1017*

No. 715081

RANK

Pte.

NAME

Morrison Charles

T. O. S. 23-11-13 UNIT 106th Battalion C. E. F.

D. O. I., 30-11-15

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 23	1915 Nov. 30	✓		
1916 Dec.	1916 Jan.	✓		
	1916 Feb.	✓		
	1916 Mar.	✓		
	1916 April	✓		
	1916 May	✓	15 days pay, 5 p.m. 3-5-16 to 5 p.m. 17-5-16	May Paylist. D.O. 119 of 18-5-16.
	1916 June	✓	10 days c.B. 18-5-16	
	1916 July	✓		

UNIT SAILED
JUL 15 1916



Surname *Monson* Christian Name *Charles*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
									<p style="text-align: center;">DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912.</p> <p style="text-align: center;">Being no longer physically fit for war service.</p> <p style="text-align: center;"><i>R.M. Hazelton</i></p> <p style="text-align: center;">Lient, Officer i/o Discharges for. - Officer Commanding, Canadian Discharge Depôt.</p>		

Casualty Form—Active Service.

106th BATTALION
NOVA SCOTIA RIFLES.

Regiment or Corps _____ Regimental Number 715081
 Rank Plt Surname Morrison Christian Name Charles
 Religion Presbyterian Age on Enlistment 34 years 7 months.
 Enlisted (a) 17-11-16 Terms of Service (a) 5 Yr War Service reckons from (a) 17-11-15
 Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

N. J. Marshall Sgt. Signature of Officer i/c Records.

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, &c., 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.			
			Embarked ... <u>Halifax, N.S.</u>	<u>15-7-16</u>	
			Disembarked... <u>Liverpool, Eng</u>	<u>25-7-16</u>	
<u>5-10-16</u>	<u>O.C. 106th Bn.</u>	<u>Transferred to 40th Bn.</u>	<u>Disembark. 5-10-16</u>	<u>8.0. Part II #65</u>	
			<u>6. J. McMillan Cpl.</u>		
<u>6-10-16</u>	<u>O.C. 40th Bn.</u>	<u>Taken on Strength</u>	<u>Basars Camp</u>	<u>5-10-16</u>	<u>80 Part II 258</u>
<u>4-1-17.</u>	<u>O.C. 40th</u>	<u>Trans. from 40th CRB</u>	<u>Disembark</u>	<u>4-1-17</u>	<u>" " " #336</u>
		<u>to 26th CRB (Nova Scotia)</u>	<u>R. J. Farwell Lt</u>		
			<u>as asst. pay. 26 CRB</u>		
<u>4-1-17.</u>	<u>" " 26th</u>	<u>Taken on strength.</u>	<u>"</u>	<u>4-1-17</u>	<u>" " " " # I</u>

(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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

LTR

Rank _____ Name **MORRISON, Charles** ✓
 Unit **106th, Bn.** ✓ If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Inverness, S. 1. 12. 15** Place of Birth **Inverness, Scotland**
 Name and Address, Next-of-Kin **Maggie McLean Morrison**
Newton off Budgate, Inverness Scotland Relationship **Mother**
 Assigned Pay Monthly \$ _____ Payable to _____ **C.O.A.C.**

Separation Allowance \$ _____ Payable to _____ Relationship _____
 Relationship _____
 Discharge, Date and Place _____ Reason _____ Character _____

N/E. R.B. No. 2498
 File R.L. _____
 Category MU 60

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arr. in England		S.S. Empress Of Britain	25th July 1916.		
6.10.16	106 th	Ifd to 40 th Bn.	Baersbamp	5-10-16	DD # 65
6-10-16	0040	Taken on strength.	do	5-10-16	— 258
4-1-17	OC. 40 Bn	S.O.A. to 26 th Res Bn.	Branshott	4-1-17,	— 336 (19) 26 Res Bn.
4-1-17	OC 26 Res Bn	S.O.S. from 40 th Bn	Branshott	4-1-17	— 1,
16-2-17	26 th Res Bn	Struck off strength to Garrison Duty Bn	Branshott	16-2-17	— 38.
20.2.17	66 Ab.	To S. of comd. to 26 Res Bn. Pend.	Hastings	29.1.17	— 86.
5.3.17	000	discharge S. O. S. to Can M.U.	Buxton	5.3.17	— 11- 54
		Sailed to Can for dis M.U.		5-3-17	

To be made out in duplicate.

ORIGINAL
H.Q. 54-21-23-53
ORIGINAL

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 106th. "OVERSEAS" Bn. C.E.F.
"NOVA SCOTIA RIFLES"

(2) Regimental Number..... # 715081

(3) Full Name of Soldier..... CHARLES MORRISON

(4) Place of Birth..... CROY, Scotland

(5) Are you married, or not?..... NO

(6) If married, state,
(a) Full name of your wife.....
.....
(b) Present Postal Address.....
.....

(7) Are you a widower?..... NO

(8) Have you any children?.....
If so, give number of boys and girls.....
Also their names and ages.....
.....
.....
.....

(9) Is your Father alive? **Yes**
If so, state name and address **George Morrison, Budgeate, Scotland**

(10) Is your Mother alive? **Yes**
If so, state name and address **Maggie Morrison, Budgeate, Scotland**

(11) If your Mother is a widow **No**
Are you her sole support, or not? **No**

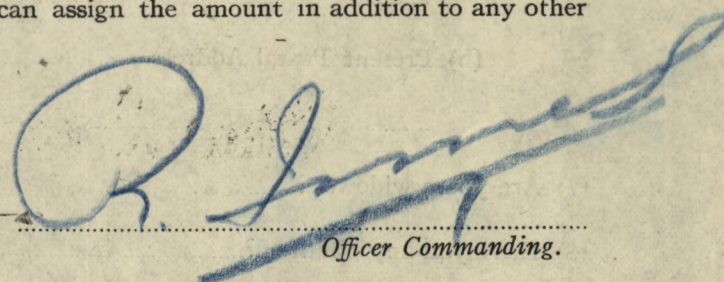
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Nil

(15) Are you insured? **No**
If so, in what Company? **Nil**
Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.


Officer Commanding.

Date.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 715081 Rank Pte. Name Chas. Morrison

Corps 106th Battalion who was* discharged

On July 15th 1917, to Class 1, Medically Unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1917, to July 15th 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	228	56
Advances } No.			Reg'tl Pay <u>45</u> days at \$ <u>1</u> c	45	00
by } No.			Field Allow. <u>45</u> days at \$ c <u>10</u>	4	50
Cheques } No.			Other Allowances* <u>Clothing</u>	8	00
Assigned Pay No.			Other Credits* <u>D.O. 145, subs.</u>	27	00
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>6425</u>	313	06			
Balance Cr. (to be paid by the new unit)					
Total	313	06	Total	313	06

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of _____ 1917 to (Assignee) _____
 (Address) _____

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment _____
 (2) if married and if a Separation Allowance Card has been submitted Nil
 (3) cause of discharge and authority M.D.3, 88-M-145

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 26th, 1917.

Place Kingston, Ont.

[Signature]
 Captain
 Officer Paying Returned Soldiers
 Military District No. 3
 Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44. Cheque #6425 attached. Transferred to M.D. 3 as insane.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (Vide Articles 122, 130 and 141 Financial Instructions Service C.E.F. 1916).

Regimental No. 410001 Rank Private Name G. H. ...
 Corps 100th Battalion who was discharged
 On 21st 1917 in Class I, Medically Unfit
 (Insert "discharged" or "transferred")

The following is a statement of the account of the above named from
 to 21st 1917 the inclusive date of transfer or discharge.

Dr.		Cr.	
Balance Cr. (to be paid by new unit)		Pay Cr. from prev. month	228 36
Assigned Pay No.		Regt Pay 45 days at \$ 2	45 00
Other Charges		Wtd Allow 45 days at \$ 10	45 00
Payment on transfer or discharge No. 425	215 00	Other Allowances, C.P.S. etc.	8 00
Balance Cr. (to be paid by the new unit)		Other Credits, M.O., L.S., etc.	27 00
Total	215 00	Total	215 00

*Give Particulars.

Pay for the month of 1917 to (Assignee) 1917 has
 A monthly stoppage of \$ 111 (f) has
 (f) been paid on account of Assigned (Address)

(1) Insert amount to be assigned, whether it has been paid or not.
 (2) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer
 Grant Allowance of \$... has been paid by Registrar, Military District No. ...

REMARKS—
 State (1) date of enlistment
 (2) if married and if a Special Allowance Card has been submitted
 (3) cause of discharge and authority

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the unit.
 Date: 21st 1917

Place: ...
 This form is to be made out in duplicate. One copy to Registrar of new unit; one to 1st Lieut. Registrar, and one to accompany the pay list at the end of the month, and one for retention as a record.
 For purpose of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay list at the end of the month, and one for retention as a record.
 M. Y. W. 22
 Form 1-17
 H. Q. 1122000

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>415081</i>	
Rank <i>Privati</i>	
Name <i>Charles Morrison</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>106th Bn.</i>	
Date of Discharge <i>July 15th 17.</i>	
Place of Discharge <i>Kingston Ontario</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>44</i> years.....months.	Descriptive Marks
Height <i>5</i> feet <i>9 1/4</i> inches.	
Complexion <i>Dark.</i>	
Eyes <i>Brown.</i>	
Hair <i>Dark.</i>	
Trade <i>Labourer</i>	
Intended place of residence } <i>Queen St. East</i> (To be given as fully as practicable.) } <i>Toronto N.S.</i>	
2. The above-named man is discharged in consequence of <i>Being Medically unfit for further service.</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Labourer.</i>

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

Discharge
26-12-17
g m

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston Ont.

A. Birdsall Major

(Date) July 15th / 1917

Commanding C Unit - M. H. C. Co.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) S. Morrison

(Signature of Soldier.)

(Date) July 5th 1917 Hancock

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 276 days.

Total 1 years 276 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Kingston Ont.

(Signature) A. Birdsall Major

(Date) July 15th / 1917

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None L. Morrison

X

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID.

ONTARIO MILITARY HOSPITAL

1. Station. **Cobourg, Ont.** 8. General remarks on his:—

2. Regiment or Corps. **106th Battalion** (a) Conduct. **Good**

3. Regimental No. and Rank. **715081** (b) Habits. **Good.**

Private

4. Name. **Charles Morrison** (c) Temperance. **Temperate**

5. Age last-Birthday. **44** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **Dec. 1st, 1915**

at **Truro, N.S.**

7. Former trade or occupation. **Farm Labourer** Date. **April 18th, 1917.**

DEPT
MILITIA & DEFENCE
MILITIA & DEFENCE
MAY 12 1917
APR 26 1917
H.Q. CANADA
CANADA
649-M-14120

9. Service. **1** Years. **154** Days.

PERIODS

	FROM	To
Canada & England	Dec. 1st, 1915.	Mar. 1st, 1917.
Hospitals	Mar. 10th, 1917	May 3rd, 1917.

10. (a) Disease or disability. **Part right hemiplegia**

(b) Date of origin. **8 Years ago.**

(c) Place of origin. **Scotland**

(d) Cause. **Sunstroke.**

11. Present condition. (Most Important.) **Physical**

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

5'9" weighing 155 lbs. Deep reflexes more active on right side, ankle clonus on right side. No rhombergism. He says right arm and leg tire more easily than left but has worked at farming for six years previous to enlistment. For six months after stroke could not speak and did not work for a year. Speech still poor especially for large words. He doesn't co-ordinate on right side so well as left side of body so when in army could not do his rifle drill and bayonet drill properly. Practically all his service in England was on orderly duty. There is no record of mental trouble in any of his papers and he has not shown any symptoms of mental trouble here. Disability is of eight years duration and will not improve under treatment.

12. (a) Is the disability the result of service or climate? **No.**

(b) Has it been aggravated by intemperance, vice or misconduct? **No.**

9

ONTARIO MILITARY HOSPITAL

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) 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. Treatment.

Admitted Ontario Military Hospital, Cobourg, Mar. 23, 1917.
Diet, light duty and electrical massage.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

1 Year.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/4 none due to service.

18. State if for discharge on account of unfitness for Service.

Yes.

H. H. Kray

Medical Officer by whom the case is brought forward.

Capt. A.M.C.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17.

18. Is he unfit for Military Service. Yes.

Recommendations: That he be discharged. He has a position as gardener awaiting him at Fifty dollars(\$50.00) a month. Treatment will not produce any change in his condition.

Signatures:—

J. S. Prooman President.
Capt. A.M.C.

Hauckay
Capt. A.M.C.

Station. Ontario Military Hospital, Cobourg. Ont. Members.

Date. April 18, 1917.

W. J. Prooman Captain, A.M.C.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. District No. 3
Asst. Director of Medical Services.

Date. 1917 - 6

Approved.

Date.

896.5.17 C. I. Fortin
Director-General of Medical Services.
Major

MD

145798

D.M.S. 1312.
Army Form B. 179.
Canada.

Medical Report on an Invalid.

*no card
ck 77*

Station Bramshott Camp

Date Feb 2nd 1917

- 1. Unit. 106th Bn 26th Canadian Bn
- 2. Regimental No. 715081.
- 3. Rank Pte
- 4. Name Morrison, Chas.
- 5. Age last birthday 44
- 6. Enlisted on Nov. 17/15.
at Huron, Ont.
- 7. Former Trade Team labourer.
or Occupation

8. Disability.

Right Hemiplegia (Partial)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Eight years ago.

10. Place of origin of disability. Scotland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. States that eight years ago he suffered from sunstroke being confined in bed for six months. Lost his speech for eight months. Was unable to do any work for about a year when he started in at light work. Has never regained full power of right arm or leg. Had no disability prior to sunstroke. Denies venereal disease. Says at the time of sunstroke he was driving a reaper and on fallery struck his head on the machine in the region of Pterygion.

12. (a) Give your opinion as to the causation of the disability. Following accident at time of sunstroke.

- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
- (1) no.
- (2) no see above.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Well developed fairly well nourished
Nervous system
Speech slow and inarticulate
Gait - uncertain slow Rhombberg.

Rt. arm.

no muscle wasting but strength much impaired. some loss of sensation. Biceps tender and response exaggerated.

Rt Leg. no muscle wasting, strength impaired.

knee jerk exaggerated, no ankle or patellar reflexes.

Pupils react sluggishly & light react to accommodation

Respiratory system diminished expansion of rt. chest.

Circulatory system normal.

This man is unable to handle rifle or drill.

14. If the disability is an injury, was caused

not applicable

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

not applicable

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Fit for duty? no.
- (b) Fit for light duty? no
- (c) Invalided to Canada? no
- (d) Discharge as permanently unfit? yes.

Reginald Capt. C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Branshott

Geo Arnold Capt. C.A.M.C.
Officer in charge of Hospital.

Date 10-2-17

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) No. (2) No.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

Not applicable.

21. Has the disability been aggravated by

(a) Intemperance? No.

(b) Misconduct? No.

(c) Negligence? No.

22. Is the disability permanent?

Yes.

23. If not permanent, what is its probable minimum duration?

Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4 below standard (he asserts that he is as good as ever for ordinary labor). None of which is due to active service.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

(a) Fit for duty? No.

(b) Fit for light duty? No.

(c) Invalided to Canada? No.

(d) Discharge as permanently unfit? Yes.

Signatures:—

C.E. COOPER COLE MAJOR C/MAMC

President.

Station Bramshott.

W. FRED. JACKSON CAPT. CAMC

J. R. IRWIN CAPT. C.A.M.C.

Members.

Date 13 FEB 1917

Approved.

Station Bramshott.

Date 13 FEB 1917

For G.O.C. & Administrative Medical Officer.

Canadian Troops, Bramshott Camp

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force; assembled at
Folkestone, Kent, England, on the _____ day of _____ 191 _____

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,
Legal Adviser.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

_____	<i>President.</i>	_____
Lt.-Col.		Major.
_____		_____
Lt.-Col.		Major.

142017

No card
CRP8

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 715081 Rank Plt Name Morrison Charles
Local Unit 26th Res Bn Overseas Unit _____ Age 44

Examination held in Bramshott area.

DISABILITY: Rheumatism (old fracture)

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

This column from history of limb stroke about 8 years ago.
He is now in hospital for 6 months, and was paralyzed
on the right side for 7 or 8 months.
His speech is seriously impaired, and his right side is much
below normal in strength, and he walks poorly. He cannot
use his right hand or much.
Carriage on left hand and now not cause trouble.

Board recommends:

III E

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Members

C. R. ... Pres.
...
...

Approved.

Bramshott 29-1- 1917

F. A. Stewart Major
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. _____ Rank _____ Name _____
Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(attach one only)

PRESENT CONDITION

Board recommends

1. Fit for Duty

2. Fit for duty after _____ weeks physical training.

3. Fit for Base duty _____ weeks.

4. Fit for Permanent Base Duty.

5. Discharge.

Signature: _____

Pres.

Members

Approved

Bramshott

191