

2nd. DEPT BATTALION,
Eastern Ontario Regiment.
Depot Battalion

TRIPPLICATE

M. D. Regiment

Regtl. No. 3322749

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... Morrison

2. Christian name..... Colin Webster

3. Present address..... Richmond, Ont R.R.# 3.

4. Military Service Act letter and number..... P.C. 952281

5. Date of birth..... 25th November, 1896

6. Place of birth..... Malakoff, Ont.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Farmer

10. Name of next-of-kin..... Mrs. Agnes Morrison

11. Relationship of next-of-kin..... Mother.

12. Address of next-of-kin..... Richmond, Ont. R.R.# 3

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... Nil

15. Medical Examination under Military Service Act:—

(a) Place..... Ottawa, Ont. (b) Date..... 30th Oct 1917 (c) Category..... A21

DECLARATION OF RECRUIT

I, Colin Webster Morrison, do solemnly declare that the above particulars refer to me, and are true.

Colin W Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	20	yrs.....	11	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. Brown spot under left shoulder. Scar lower lip.
Height.....	5	ft.....	6 1/2	ins.	
Chest measurement } fully expanded.....	}	35	ins.	
		range of expansion.....	3	ins.	
Complexion.....			Fair		
Eyes.....			Grey		
Hair.....			Brown		

M. J. ... Lt. Col.
O. C. O. C. 2nd. Depot Batt., E. O. R. Btln.
Regt.

Place..... OTTAWA Date..... MAY 16 1918

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname
2. Christian name
3. Present address
4. Military service Act letter and number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Armed Forces
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act
(a) Place of examination (b) Date of examination (c) Name of doctor

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars refer to me and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height
Weight
Chest
Forearm
Hand
Finger
Ear
Eye
Hair
Complexion
Measurements
Fully expanded
Cause of expansion
Denture marks and marks indicating congenital peculiarities or previous disease

Handwritten signature

REGIMENTAL DOCUMENTS

S

NAME MORRISON COLIN WEBSTER REGT. NO. 3322749 UNIT 2nd Sp0 Bn 56R H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY-

3
1
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)

31-3-19 *MAS*

/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

/ DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

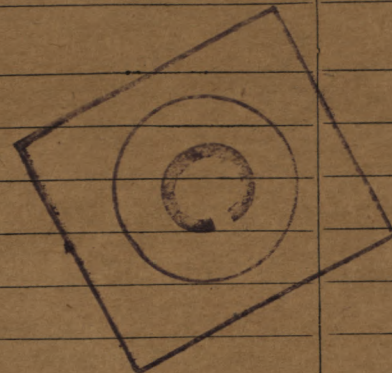
/ LAST PAY CERTIFICATE (M.F.W. 44)

/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

MFB 227



DEATH

Category

DISCHARGE

Category

Demol

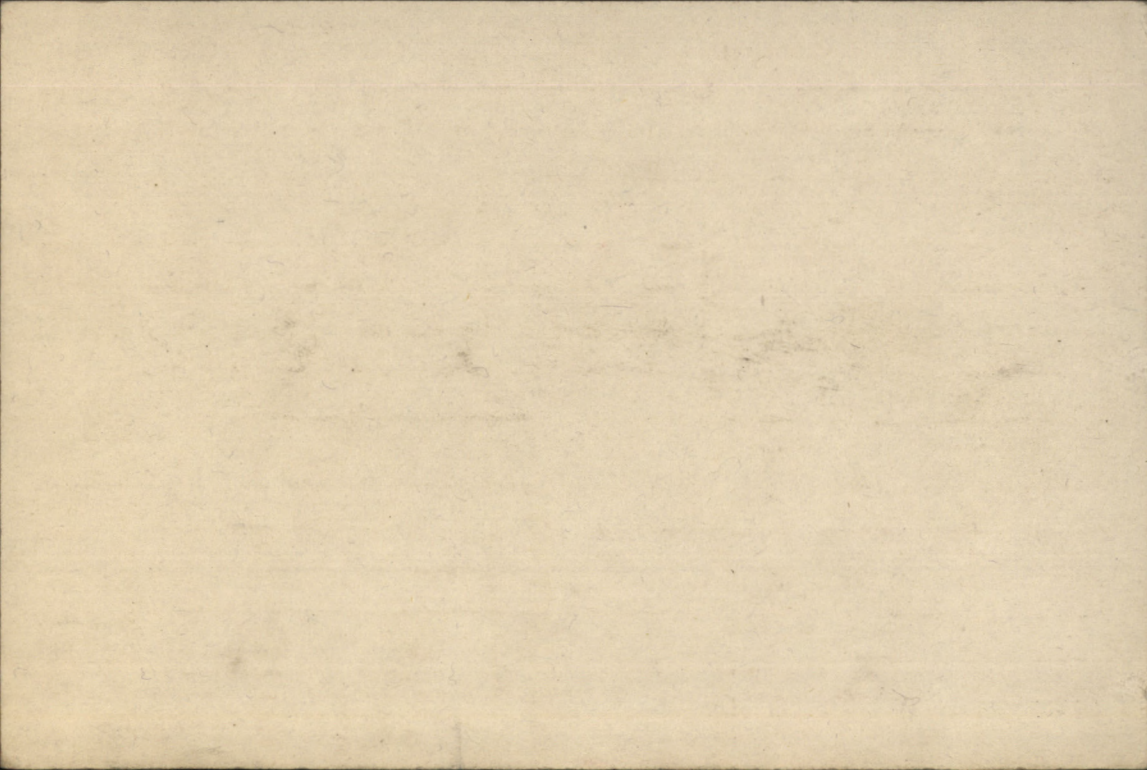
33906

DESERTION

Surname *Morrison* H. Q.
Christian names *Colin Webster* M. D. No. *3*
Regtl. No. *3322749* Rank *Pte.* T. O. S. *May 16. 1918*
Unit *Cant Ont Regt 2nd Pps. Bn.* D. O. Pt. II *137* of *17-5-18*
S. O. S. *28/9/18* ~~19~~
Reason *Rto R.*
Auth *SO 274 of 1/10/18 2/CO R*

Next of kin *Morrison Mrs. Agnes* Relationship *Mother*
Address *R. R. # 3, Richmond,*
Ont. Also notify:
.....
.....

BORN—Place *Canada Malakoff, Ont.* Date *Nov. 25th 1896*
ATTESTED—Place *Ottawa, Ont.* Date *May 16th 1918*
O/S R/C



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

October
Folio 94
Acct 22

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

Regimental No. 3322749 Rank Private Name Morrison C. W.

Corps. 2nd Depot Battalion E.O.R. who was* Discharged

On Sept. 28th 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from--on Oct. 1st 1918,
to.....191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	17	05
Advances } No.....			Reg'tl Pay.....days at \$.....c.....		
by } No.....			Field Allow.days at \$.....c.....		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Other charges <u>Overcredited in Sept. 3 30</u>			Other Credits*.....		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....	13	75			
Total.....	17	05	Total.....	17	05

* Give particulars,

A monthly stoppage of \$ Nil (†) has.....(‡) been paid on account of Assigned
 { Pay for the month of.....191... }
 { and Sep'n Allce. for month of191... } (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 16-5-18
 (2) if married and if a Separation Allowance Card has been submitted No No
 (3) cause of discharge Category E authority R.O. 977 D.O. 274
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date October 4th, 1918.

Place Ottawa, Ont.

Douglas P. Stewart Capt.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

3322749

M.S. 15.

2nd Depot Bn. E.O.R. MILITARY SERVICE ACT, 1917

Original

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Morrison Christian name Colin Webster
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 19 952281
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) R.R. No. 3 Richmond Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30th day of October 1917, by the undersigned medical board sitting at Ottawa

- 5. Age as stated 20 Years 11 Months.
- 6. Apparent age _____ Years _____ Months
- 7. Height 5 Feet 6 1/2 Inches.
- 8. Weight 128 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins.
- 10. Complexion Fair { Eyes Grey Hair Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks none

- 13. Number of vaccination marks { Right arm _____ Left arm none
- 14. When vaccinated last never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Brown spot under left shoulder Scar lower lip

16. Slight defects but not sufficient to cause rejection none

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category All

E. B. Caldwell Capt. President. R. D. / 30 & 2/30 Chorney

J. Nelson Capt. Member. C. T. B. W. M. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3-2-18</u>		<u>Tubercop.</u> M.O.	<u>1-6-18</u>		<u>Tru low cap.</u> M.O.
		M.O.	<u>7-8-18</u>		<u>N. Nelson Capt.</u> M.O.
		M.O.	<u>29-6-18</u>		M.O.

Joined 16th day of May 1918 at OTTAWA

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2nd Depot Bn. E.O.R.</u>	<u>3322749</u>		<u>16-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>20/9/18</u>	<u>Tuberculosis</u>	<u>E. B. Caldwell Capt.</u> <u>J. Nelson Capt.</u> EX. CERT. Okt. by <u>792</u> JAN 3 1918

N. B.—This sheet is 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.

Signature of Man Morrison Colin
R. R. Nos Richmond

Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

Unit, Regiment or Corps

*2nd Depot Batt. EOR*Regimental No. *3322749*

Rank

Private

Name

*Morrison,**Colin Webster*

Joined

C. E. F.

Enlisted (a)

16-5-18

Terms of Service (a)

C. E. F.

Service reckons from (a)

*16-5-18*Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

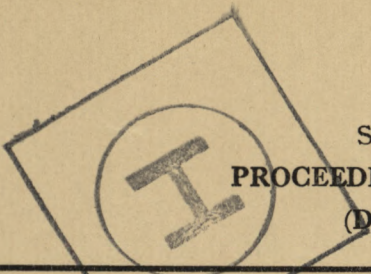
Farmer

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>1-10-18</i>	<i>2nd Depot Batt. EOR</i>	<i>S.O.S. to R of R.</i>	<i>Quawa</i>	<i>28-10-18</i>	<i>Pt II SO 274</i>

Col. Angman Capt.
for S of R

Form in only - (Date Number, Rank and Name)
 Casualty Form - Active Service

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				



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. *Regul No 3372749* Serial No *PC 952281*

2. Rank *Pvt*

3. Name *Morrison Colin Webster*

4. Unit *1st Depo Bldg E. O. R.*

5. Date of Discharge *Oct 28 1918* Place *Ottawa Ont*

6. Reason for Discharge..... **DEMobilIZATION**
 Struck off Strength *28-10-18*
 on return to Registrar's records *Nov 25 1918*
 Daily Order No. *274* of *Oct 12 1918*
 Discharged
 under authority P C-3051 of 11-12-18

7. Authority

8. Proposed Residence after Discharge.....
Richmond Ont R.R. No 3

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
 I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
 M. F. W. ?.....
 Signature of Soldier.

10. CONFIRMATION.
 The discharge of the above named man is hereby confirmed.
 Place.....
 Date.....
 Signature.....
 (O. C. Discharging Unit.)

UNITED STATES OF AMERICA
DEPARTMENT OF DEFENSE
OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301-1500

1. Name of the member: _____

2. Service number: _____

3. Component: _____

4. Station: _____

5. Grade: _____

6. Date of discharge: _____

7. Reason for discharge: _____

8. Remarks: _____

9. Signature of member: _____

10. Signature of commanding officer: _____

11. Signature of discharging official: _____

CERTIFICATE TO BE SIGNED BY MEMBER

I hereby acknowledge that at the discharge date and date I received my discharge (P. 01-01)

W. J. W. J.

Signature of Member

CONFIRMATION

The discharge of the above named man is hereby confirmed.

10

Date

Signature



LIST OF THE BIBLE

Book	Chapters	Verses
Genesis	1-50	1-50
Exodus	1-40	1-40
Leviticus	1-27	1-27
Numbers	1-36	1-36
Deuteronomy	1-34	1-34
Joshua	1-24	1-24
Judges	1-21	1-21
Ruth	1-4	1-4
1 Samuel	1-31	1-31
2 Samuel	1-21	1-21
1 Kings	1-22	1-22
2 Kings	1-25	1-25
1 Chronicles	1-29	1-29
2 Chronicles	1-36	1-36
Ezra	1-10	1-10
Nehemiah	1-13	1-13
Esther	1-10	1-10
Job	1-42	1-42
Psalms	1-150	1-150
Proverbs	1-31	1-31
Ecclesiastes	1-12	1-12
Song of Solomon	1-8	1-8
Isaiah	1-66	1-66
Jeremiah	1-52	1-52
Lamentations	1-4	1-4
Ezekiel	1-48	1-48
Daniel	1-12	1-12
Hosea	1-14	1-14
Joel	1-2	1-2
Amos	1-9	1-9
Obadiah	1-21	1-21
Jonah	1-4	1-4
Micah	1-7	1-7
Nahum	1-3	1-3
Habakkuk	1-3	1-3
Zephaniah	1-3	1-3
Haggai	1-2	1-2
Zechariah	1-14	1-14
Malachi	1-4	1-4
Matthew	1-28	1-28
Mark	1-16	1-16
Luke	1-24	1-24
John	1-21	1-21
Acts	1-28	1-28
Romans	1-16	1-16
1 Corinthians	1-16	1-16
2 Corinthians	1-13	1-13
Galatians	1-6	1-6
Ephesians	1-6	1-6
Colossians	1-4	1-4
1 Thessalonians	1-5	1-5
2 Thessalonians	1-3	1-3
1 Timothy	1-6	1-6
2 Timothy	1-4	1-4
Titus	1-3	1-3
Philemon	1-1	1-1
Hebrews	1-13	1-13
James	1-5	1-5
1 Peter	1-5	1-5
2 Peter	1-3	1-3
1 John	1-5	1-5
2 John	1-13	1-13
3 John	1-14	1-14
Jude	1-25	1-25
Revelation	1-22	1-22

1

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Ottawa Ont. DATE Sept 28 1918

1. 1 (a) Unit 2 Depot Battalion (b) Regimental No. 3322749 (c) Rank Private
 (d) Surname Morrison (e) Christian name John Webster
 2. Age last birthday 20 years Date of birth 1898
 3. Enlisted at Ottawa Ont. on 16-5-18

4. Personal description:—

(a) Height 5'6 1/2" (b) Weight 128 (c) Complexion Fair
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks

Brown spt under left shoulder - Scar lower lip

5. Address after discharge (for the use of the Board of Pension Commissioners)

R.R. No 3 Richmond, Ont.

6. Former trade or occupation

Farmer

7. (a) Service

	PERIODS	
	From	To
<u>2 Depot Battalion</u>	<u>16-5-18</u>	<u>Date</u>

(b) Has he been overseas? Yes 8. Original disease or disability

Goitre

1) Incipient phthisis

(a) Date of origin 1 1/2 years ago (b) Place of origin R.R. No 3 Richard, Ont

(c) Cause 1) Unknown previous to enlistment

(d) Present disease or disability 1) Incipient phthisis - 2) Goitre

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subj. (p. 1) Man states he has a slight persistent cough for the last two years. He complains also of weakness, and anorexia.

Man states he usually feels a pain around

9. Present condition.—(Continued.)

the cardiac area. He complains of difficulty in swallowing
He has often free sweatings, flushing of the head and face
Obj. by just. 1) At the right apex: - weakened breathing
- prolonged expiration
- slight dullness

✓ Tachycardia: Pulse: 140 - In Excitement: 180
Slightly enlarged thyroid gland medially and laterally.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... Yes... Digestive... Yes... Respiratory... Yes... Cardiac... ?
Genito-Urinary... Yes... Skin, Middle Ear, Eye or any other part...

- 1) Incipient phthisis
- 2) Slight exophthalmos.

10. History: (a) of Condition referred to in "a" section 9.

1) Man states his health has been declining since
two years. He says he has had a uncle
and aunt to have succumbed to tuberculosis.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.
This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

2) Man states to have noticed this difficulty in swal-
lowing two years ago.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1) and 2) No

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

1) and 2) No

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

1) May improve 2) Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

1) By Civilian Doctor
2) No

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

1/2 yr) No

16. Can the former trade or occupation be resumed ?
(If not, briefly state why.)

Yes

17. Recommendations

Fit for Category E
No disability due to service

L. V. Gauthier, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

C. W. Morrison
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

20. It is certified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Cathy. E. No desirably due to service

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... *Ottawa* President.
DATE... *22/9/18* Members.

APPROVED BY *[Signature]* Assistant Director of Medical Services *[Signature]* Director-General of Medical Services.
DATE... *Sep 12 1918* DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... President.
DATE..... Members.

44 M-827
Blawie July 6th 1918

Examined Colm W Morrison of
2nd Depot Battalion. Finding that
he has a fast weak heart
The Heart is displaced to the right - the
"apex beat" being seen at lower end
of sternum

Respiration is generally weak. all over
both lungs

He has a left inguinal hernia (slight)
I am inclined to believe that the heart
- displacement is an abnormal condition
but as to its cause I am not
prepared to say
considers him unfit for any military service

R. Reddick Sr. D.
Capt. A.M.C.

P.S. The family is strongly
tuberculous - 9th Uncle &
aunts have succumbed to
this disease

3322749. Pte Colin W. Morrison
2nd Depot.

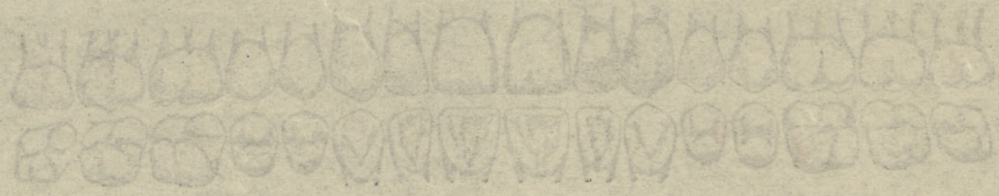
100 100

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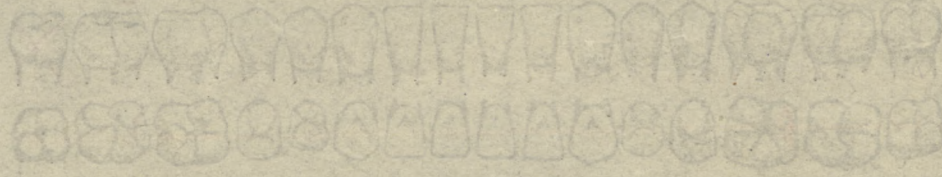
INSTRUCTIONS

- 1. On examination the condition of partial month to be marked on chart in red ink.
- 2. On first line of report, record of same to be made in red ink.
- 3. Onp. such entries to be made on this sheet as will show:
 - 1. Condition on examination (in red)
 - 2. Condition on leaving Canada
 - 3. Condition on discharge

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



Serial No.	Name	Age	Sex	Profession	Date of Exam.	Condition on Exam.	Condition on Discharge	Remarks

All cases of dental caries must be reported to the Dental Board of Canada. (Printed vertically on the right side of the page)

DENTAL HISTORY SHEET
 (Printed vertically on the right side of the page)