

M 589-195-25.9.17.
Depara.

Yuplicati
No. 748109
Folio.

ATTESTATION PAPER.



TRIPPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *Ernest Alex Monson*
2. In what Town, Township or Parish, and in what Country were you born? *St Michael Du Can*
3. What is the name of your next-of-kin? *Brigitte Monson wife*
4. What is the address of your next-of-kin? *Island Brook Du*
5. What is the date of your birth? *Jan 17 1875*
6. What is your Trade or Calling? *cook*
7. Are you married? *yes*
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? } *ye*

Ernest Alex Monson (Signature of Man.)
J. O. Famsworth (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Ernest Alex Monson*, 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.

Ernest Alex Monson (Signature of Recruit)
 Date *Dec 7* 191*5*, *J. O. Famsworth* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ernest Alex Monson*, 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.

Ernest Alex Monson (Signature of Recruit)
 Date *Dec 7* 191*5*, *J. O. Famsworth* (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 *SHERBROOKE, QUE.* this *7th* day of *Dec* 191*5*.

Abel Bohutched (Signature of Justice)

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

J. O. Famsworth (Approving Officer)

Disc deshor
6-12-17
a.j.m.

Description of Ernest Alex Morrison on Enlistment.

Apparent Age 40 years 0 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 7 1/2 ins.

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

Complexion Fair

Eyes Blue

Hair Grey

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

Scar from cut on forehead

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 December 7 1915.

Place Saugerties Ore

[Signature]
 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.

Ernest Alex 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)

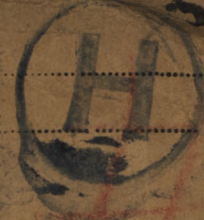
DEC 13 1915

Date..... 1915

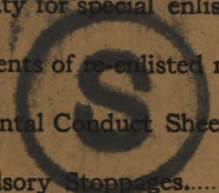
117TH EASTERN TOWNSHIP
 O/S BATTALION

DISCHARGE DOCUMENTS

R. O. No. 

H. Q. No. 

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *37*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *3*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... *1*
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit..... *1*
- Last Pay Certificate..... *1*



Name *Morrison Ernest Alex.*
 Regt. No. *748109* Rank *Pte.*
 Corps *B. G. R. D. form 114th Bn.*
Physically Unfit.

34032

45-23
26-23
4-23

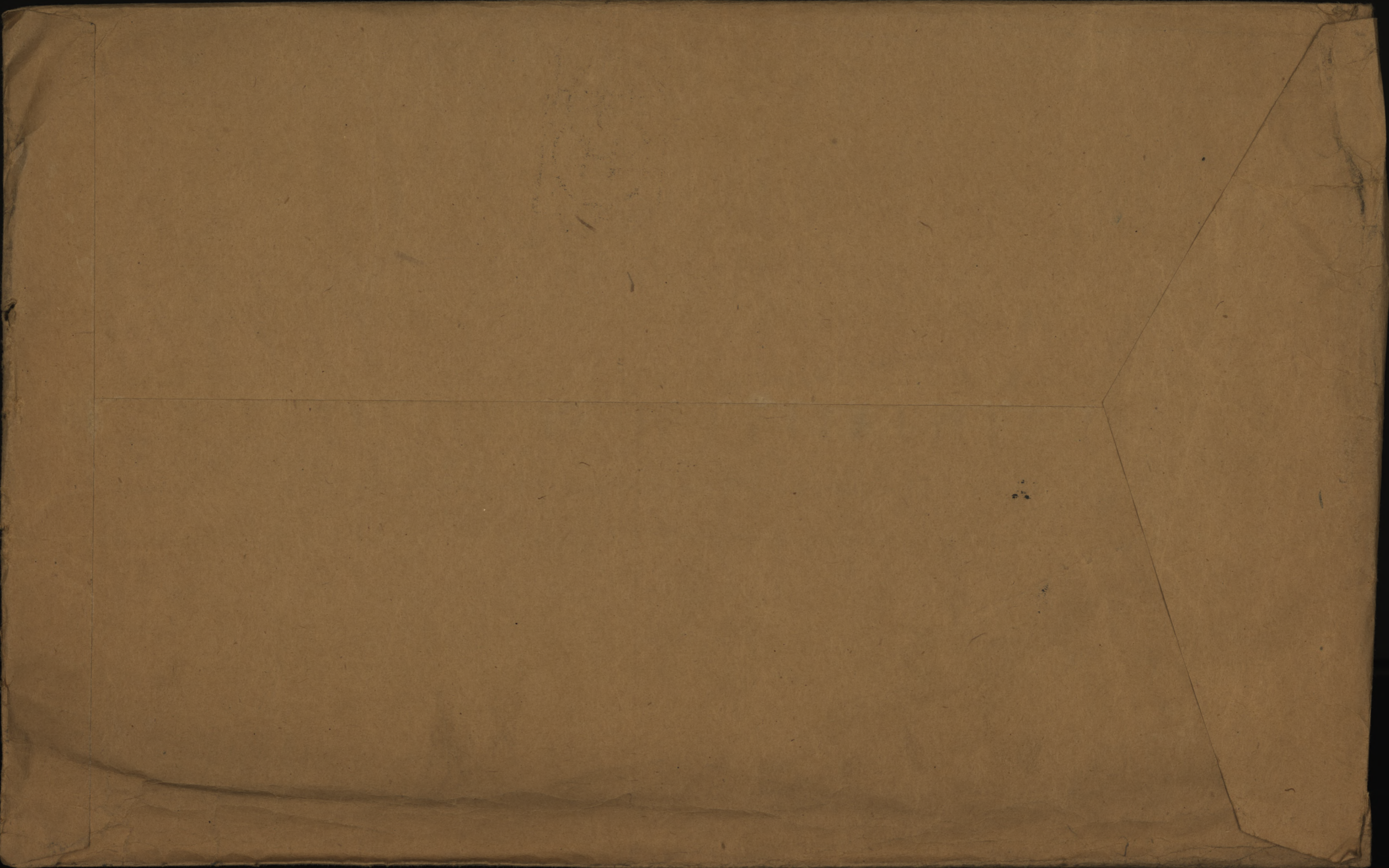


A. F. B. 122-1 Reiss 7
Wiscard
m. 21 67 1.

M. F. W. 62.
 100m.-6-17.
 H. Q. 1772-39-035.

P 149-1
1 Dec 1917

Yed



No 748109.

RANK

Plt.

NAME

Marrison; Ernest, A.

T. O. S. 7-12-15.
(D.O. 9 of 11-12-15.)

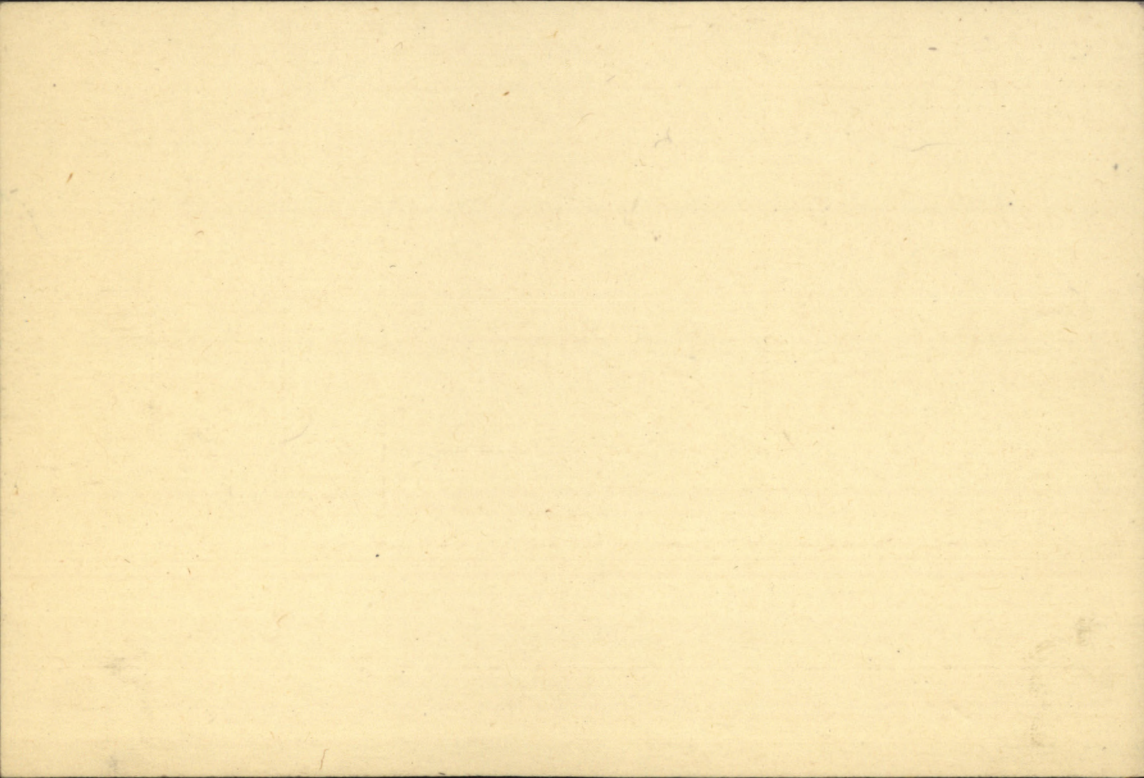
UNIT

117th Battalion.

M. D. 4.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 7.	1915. Dec. 31.	✓		
	1916. Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	July	✓		
	Aug.	✓		

UNIT SAILED
AUG 14 1916



649-m-28617 S.O.B. Dec. 21-1-18 ⁵

NAME *Morrison Ernest Alexander* ^{D.F.}

RANK & NO. *Pte.* *748109.*

CORPS *117th* *Batt.*

ENLISTMENT, PLACE *Sherbrooke P.Q.* DATE *Dec. 1st 1915* ⁵

FORMER CORPS

COUNTRY OF BIRTH *Canada, St. Michel, P.Q.*

NEXT OF KIN *Morrison Bridgette (wife)*

ADDRESS OF NEXT OF KIN ~~*Island Brook, P.Q.*~~

(auth S.A.A.P. May 6. 16) Bury Compton Co. P.Q.

DISCHARGE, PLACE DATE

0/8.14/8/16 ⁵¹⁷/₉

R/c. 14-11-17
D.F.

M. F. W. 22. 100 m.—9.15.

REMARKS:



NAME Morrison E.A.

REG'TL No. 748109.
H. Q. FILE NO. 649.

RANK AND CORPS pte. 2nd Labour Bn.

FOLLOWS
No.

FOLLOWS

CABLE

NATURE OF CASUALTY

NO.

DATE

Sailed from Liverpool for Canada
per SS Olympic "6-11-17 (B6)(MD#5)
class 63, Dis of A.G.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a73

55 Cas. Cg stat

29-7-17

Traumatic neuritis
of muscular atrophy.a76. 2^d Australian Gen., Raven

4-8-17

Traum. Neuritis & Musc. Atrophy

a76. Discharged.

4-8-17

" " " "

236 M.H.B.B. Zuebee

4-12-17

Adm S. P. C. H.

256

" " " " "

22-12-17^{to}
3-1-18

Out Pat S. R. C. H.

12

" " " " "

12-1-18

Out Pat S. P. C. H. Pending Disch

21

" " " " "

21-1-18

Rec from S. M. S. S. P. C. H.

Number..... Rank

Surname..... MORRISON

Christian Name..... Ernest Alexander

Units..... Can. Lab. Bn. Theatre of War

Date of Service..... 8-2-17

Remarks.....

Latest Address..... G. P. O.

Roll No..... St. Felician
Lake St. John Dist.

B. Page 6175.

2nd

B

V

P

Surname *Morrison* Christian Name or Names *E.A.* Reg. No. *748109*
Rank *Pte* Unit *2nd Lab. Batt.* Co. Troop Batty.
Hospital Date of Admission

Transferred *55 Cas. Cl. Str.* Hosp. *29-7-17*

No. 1 Australian Gen. Hosp. Hosp. *4-8-17*

Hosp.

Hosp.

Diagnosis *Traumatic Neuritis & Muscular Atrophy*
Rw

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 4-8-17 Date

A 73.

C.L. 5-8-17

REMARKS

CL 13-8-17A 96

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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. 748109 Rank Pte. Name Morrison, E.A.

Corps 117th Batt. who was* Discharged

On 21-1-18 1918, to Med. Unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-18 1918 to 21-1-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	34	77
Advances } No. <u>3839</u>	10	00	Regt'l Pay <u>21</u> days at \$ <u>1c00</u>	21	00
by } No. <u>Sep. Alice. 4004</u>	15	00	Field Allow. <u>21</u> days at \$ <u>c 10</u>	2	10
Cheques } No. <u>Dec. 4005</u>	20	00	Subs. fr. <u>11-1-18</u> to <u>21-1-18</u>	8	80
Assigned Pay No. <u>Dec. 4005</u>	20	00	Other Allowances* <u>Sep. Alice.</u>	15	00
Other Charges*			Other Credits* <u>Clothing</u>	13	00
Payment on transfer or discharge No. <u>4006</u>	49	67	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	94	67	Total	94	67

*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has been (‡) been paid on account of Assigned Pay for the month of December 1917 to (Assignee) Mrs. Bridgett Morrison,
(Address) Bury,
Que.

(†) 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 Yes pd. to 21-1-18.

(3) cause of discharge and authority H.Q. 16-1-25 M.D. 5-17-M. 53.

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 19-1-18.

Place Quebec.

J. J. Gagnon
Paymaster "E" Unit M.H.C.C. Paymaster **Capt.**

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

THE 1ST BRIGADE



C.A.D.C. 5009-10M.

3494-30-8-17.

748109

DENTAL CERTIFICATE.

P. Morrison Esq.

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

BCRW

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>30/10/17</i>	<i>Fit.</i>			

*R. Jamieson
Capt. C.A.D.*

100-100000

100-100000

EXHIBIT FOR
10-1-10

RECEIVED
10-1-10

TO THE
ATTORNEY GENERAL
WASHINGTON, D.C.

10-1-10

10-1-10

RECEIVED

10-1-10



DEPARTMENT OF JUSTICE

10-1-10
RECEIVED



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford Sussex No. 21st 1916.

No. 748119 Rank Private Name Monison Ernest A.

Local Unit 117th R. Batt Overseas Unit _____ Age 43

Examination held at Seaford Sussex

DISABILITY.
Overseas—Local.
(scratch one out)

purpose
wreak hand

PRESENT CONDITION.

Hand was broken last
winter since then it is
stiff & cannot be fops,
sorry on rifle dull

BOARD RECOMMENDS:—

Class C121

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty Yes.....
- 5. Discharge.....

Signatures:—

Members { B. J. Manon President.
J. M. ...

APPROVED

Dated at Seaford Dec 10 1916.

A. C. ... Major
apsons For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

2018 (Revised)

Dated at 1918

No. Rank Name Overseas Unit

Local Unit Age

Examination held at

DISABILITY.
Overseas—Local.
(attach one out)

PRESENT CONDITION.

Handwritten notes in the present condition section, including the word "Wound" and other illegible text.

BOARD RECOMMENDS—

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

Signatures:—

.....President.

Members

.....

APPROVED

Dated at 1918

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD OCTOBER 16th 1917.

No. 748109 Rank PTE Name MDRRISON E.A.

Local Unit BCRD Overseas Unit 2nd CAN. INF. BR. Age 51.

Examination held at SEAFORD BCRD

DISABILITY. LOSS of POWER RT HAND.
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

9 mos. in France. Returned from France 3 wks ago as unfit for service there.
Complains of inability to use rt hand since June 1916 when it was crushed.
Exam: Hand blue + cyanosed; no power in flexors and about 5% of extensor power.
This has not improved in 14 months so he is of no use here.

BOARD RECOMMENDS:-

1. Fit for Duty *iii* not likely to improve in 6 mos.
2. Fit for duty after _____ weeks' physical training.
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty _____
5. Discharge _____

Signatures:-

(*T. J. Graham Capt* President.
 (
 Members (*J. J. Gillies capt*
 (
 (*Geo. J. Keen Capt*
 (

APPROVED

Dated Seaford 18/10 1917. *James E. Fisher* for A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Name Rank

Overseas Unit

Examination held at

DEPARTMENT
Overseas Unit

PRESENT CONDITION

BOARD'S RECOMMENDATIONS

weeks physical training

weeks

weeks

weeks

Signatures

President

Members

APPROVED

1917

For A.D.M.S.

DUPLICATE

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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.

1117th EASTERN TOWNSHIPS

(1) Name of Overseas Unit which Soldier joins..... OVERSEAS BATT., C. E. F.

(2) Regimental Number..... 748109

(3) Full Name of Soldier..... Ernest Alexander Morrison

(4) Place of Birth..... St. Pierre Que.

(5) Are you married, or not?..... yes.

(6) If married, state, (a) Full name of your wife..... Bridget Morrison

(b) Present Postal Address..... Bury Que

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

(8) Have you any children?..... yes

If so, give number of boys and girls..... 2 Boys 3 girls

Also their names and ages..... Thomas age 5. Ernest age 4 Months
Annie age 11. Pearl age 9.
Lena age 4

ORIGINAL

(9) Is your Father alive? *Yes.* *Alexander Morrison*
If so, state name and address *Leominster, Mass.*

(10) Is your Mother alive? *no*
If so, state name and address.....

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(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.

(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.

(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.

Yes.
(15) Are you insured? *no.*

If so, in what Company?.....

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.

A Whitehead CAPT. & ADJT.
FOR O. C. 117th E. T. O'S BATT. C. E. F.
Officer Commanding.

AUG 2 1916
Date.....

Casualty Form—Active Service

Regiment or Corps 117th Bn Batt 649-M-28617 Regimental Number 748109

Rank Pte Surname Monison Christian Name Ernest Alexander

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 7-12-15 Terms of Service (a) 2 of 6 Service reckons from (a) 7-12-15

Date of promotion to present rank _____ Date of appointment to lance rank _____

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

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 ...		
			Disembarked...		
<u>22-10-17</u>	<u>B.C.P.D</u>	<u>Command B.D</u> <u>Buxton</u>	<u>Seaford</u>	<u>22-10-17</u>	<u>P.O. D.O 214</u>
		<u>Major J.P. Asst. Adj. B.C.P.D</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.

Handwritten notes:
 4-2 [P.T.O.]
 of m

Vertical handwritten notes on the right margin:
 P.C.P.D.
 B.C.P.D.
 6/11/17

A.C. Rank **Name** MORRISON, Ernest Alexander. Reg'l No. 748109
 Unit **117th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Sherbrooke, Que., Dec. 7th. 1915.** Place of Birth **St. Michael, Que.,**
Can.,
 Name and Address, Next-of-Kin **Bridgett Morrison.**
Island Brook, Quebec. Canada. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

No terminal

N/E. R.B. No. 7576.
 File R.L.
 Category **Can-O.R.**

Discharge, Date and Place Reason Character

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.				
6.1.17	OC, 117th	Arrived in England.	Emp of Britain	24 AUG. 1916	
6.1.17	OC, 117th	S-O-S to 23rd Res En. Shoreham		6.1.17	Pt II. D.O. 6a
3.1.17	OC 23 Bn	T. O. S. FROM 117th. Bn	Shoreham	6.1.17	Pt II DO 8
17-1-17	"	S.O.S. to 2nd Can Lab Bn	"	17-1-17	" " 14.
18-1-17	2nd L.B.	J.O.S. from 23rd Res Bn	Seaford	18-1-17	" " 18
9.2.17	2 Lab Bn.	Proceeded O/Seas-	Seaford	8-2-17	Nom. RO II
8.8.17	—	adm #55 has bearing	Station	29.7.17	6 L.A. 73 TRAUMATIC MERITS & MUSCULAR ATROPHY
13.8.17	—	Y/d #1 aust gen hosp	Bouen	4.8.17	6 L.A. 76 " "
13.8.17	—	disch above hosp	"	4.8.17	" " 76 " "
25.9.17	BCRD.	T.O.S. from 2 Lab Bn.	Seaford	24.9.17	Pt II 195 2 Lab. B 50 80 d/8/17

A.F.B. 103 CHECKED
 WB. 7 - MAR 1917

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.				
22-10-17	Berkli	On board USS Buxton's Discharge	St	22-10-17	P 50219
22-11-17	✓	leaves on board USS Buxton & sent to Canada for disposal of A.S. Ottawa	-	6-11-17	P 50216
	Discharge	Renouveau. Home	En D ^o 5: Quebec	24/11/17	NR 401.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

117th EASTERN TOWNSHIPS

250M.—1-16,
H. Q. 1772-36-920.

Y.B.

Unit, Regiment or Corps OVERSEAS BATT., C. E. F.

Regimental No. 748109 Rank Private Name Ernest Alexander Morrison

C. E. F.

Enlisted (a) 7/12/15 Terms of Service (a) Duration of War Service reckons from (a) 7/12/15

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) (Cook)

Report Date	From whom received	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.
		<u>Embarkation</u>	<u>Canada</u>	<u>Aug 14/16</u>	
		<u>Arrival</u>	<u>England</u>	<u>Aug 24/16</u>	
<u>6/1/17</u>	<u>17th. Bn.</u>	<u>Transferred to 23rd. Reserve Battalion, C.E.F.</u>	<u>Shoreham</u>	<u>6.1.17</u>	<u>D.P. II O.6A</u>
			<u>Whitehead</u>		<u>Captain</u>
					<u>Adjutant 117th. Bn. C.E.F.</u>
<u>6.1.17</u>	<u>23rd. R. Bn.</u>	<u>Taken on strength from 117th. Battalion, C.E.F.</u>	<u>Shorcham</u>	<u>6.1.17</u>	<u>D.P. II O.3</u>
<u>17-1-17</u>	<u>23rd R Bn</u>	<u>Transferred to 2nd Bn. Labour Bn.</u>	<u>Shorcham</u>	<u>17-1-17</u>	<u>D.P. II O.14</u>
			<u>G. H. Murphy</u>		<u>lieut</u>
					<u>for OC 2nd Reserve Bn. etc.</u>
<u>18.1.17</u>	<u>2nd. L.B</u>	<u>F.O.S.</u>	<u>Seaford</u>	<u>18.1.17</u>	<u>P.I. 39</u>
<u>8.2.17</u>		<u>proceeded overseas.</u>	<u>Seaford</u>	<u>8.2.17</u>	<u>P.I. 39</u>

CERTIFIED CORRECT.
 26 MAR 1917
 CAN. RECORDS; LONDON.

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Disc Section
4-2-18
at m
of m
Adjutant, 2nd Can. Labour Bn.

467-2-2-18

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				
Disembarked FRANCE 10-2-17 NR					
14-7-17	cc. 2nd Lt B	Absent without leave	Field	8-7-17	B 213 Pt 200.
28-7-17	"	To F.A. sick	"	28-7-17	B 213. G 22.
29-7-17	105 F. A	Rheumatoid	Adm to 105 F. A	28-7-17	A 26. G 22
5-8-17	06 2nd Lt B	Whelbat on active service	F. ua	28-7-17	B 2069 Pt II D. G. d/11-8-17
		absent without leave from 9 pm 8-7-17 until 9.20 am 21-7-17 Forfeits 14 days pay under Act.			
5-8-17	do	Reopened unit under arrest	do	26-7-17	B 213.
4-8-17	1 Huss Gen.	Traumatic neuritis	Adm	4-8-17	W 3024/W 6905
4-8-17	"	Muscular atrophy	"	"	"
2-8-17	55 C. C. S.	"	Trans	4-8-17	"
2-8-17	"	"	Adm	29-7-17	A 26
6-8-17	69 B. D	"	20	2-8-17	A 26
14-8-17	69 B. D	class. unfit for service in	Adm from 1 Huss 9 Hosp	6-8-17	NR
24-9-17	69 B. D	Having been class. as unfit for service in France, is transferred to Eng and posted to B. C. Reg Dep Seaford.	France	14-8-17	W 3339
			of	23-9-17	NR # 84
					Pt II D. G. d/18-10-17

Whogau

Major for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon B. E. F.

25.9.17

BCRD

T.O.S. from 2nd Lab. Bn.

Sea post

21.9.17

Pt II DO # 195

R.P.

for Lieut. Col. i/c Records
Lieut.

ORIGINAL

748109
M 589

MEDICAL HISTORY SHEET.

Surname Morrison Christian Name Ernest Alexander

Examined { on 7th day of Dec 1915
at Lamyerville Ga.
Birthplace { City or Town St Michael
County Ga

Approved by [Signature]
Rank _____ M.O. _____

Apparent age 40 yrs
Trade or occupation Co. S.
Height 5 Feet 7 1/2 Inches.
Weight _____ Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.
Physical development fair
Small-Pox Marks no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>28 SEP. 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number 2
When Vaccinated last 1905
(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>7/2/16</u>	<u>ELL</u>	M.O.
		M.O.
		M.O. ✓

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13/6/16</u>	<u>+ 1/2 1/2 ELL</u>	M.O. ✓
<u>7/5/16</u>	<u>13 ELL</u>	M.O. ✓
<u>7/15/16</u>	<u>13 ELL</u>	M.O.
<u>24/9/17</u>	<u>TAB 1cc</u>	<u>GA</u>

Enlisted on 7th day of Dec 1915 at Lamyerville Ga

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>17TH EASTERN TOWNSHIPS,</u> <u>O/S BATTALION C. E. F.</u> <u>28rd BATTALION C. E. F.</u>	<u>748 109</u>		<u>7/24/15</u>
Transferred to.....	<u>2nd Canadian Labour Bn.</u>			<u>17 JAN 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Seaford</u>	<u>Nov 21/16</u> <u>16-10-17</u>	<u>neuritis</u> <u>weak hand</u> <u>loss of Power of right hand</u>	<u>PR duty</u> <u>By Morrison Capt</u> <u>not likely to improve</u> <u>in 6 mos. JZSillies capt.</u>

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.

CANADIAN

Surname Morrison Christian Name Emerick, Elmer

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				
Cas les stat No.1. Aust. Gen. Hosp.		29	7	17	4	8	17	Traum Neuritis & Muscular Atrophy			
Rouen.		4	8	17	4	8	17	Traum Neuritis & Musc Atrophy.	Discharged.	A.76-A.76. WW	
SAVARD PARK BONALESCENT HOSPITAL		4	12	17	21	1	18		Discharged Cas. E. KR 392 XVI		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

23842/475
13133-E-2

Name **Morrison, Ernest Alex.**
Surname Christian Name

Regimental Number **748109** Rank **Pte.** Address (in full) **Bury, P.Q.**

Unit **117th Bn.**

Original Unit

District where paid **M.D.5**

Date of Discharge **21-1-18**

P. D. P. Filing Number **19-12-5**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 800A.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	149	12-2-18	58.00	151	12-3-18	58 00	148	12-4-18	59 10		175 10
	2119-1 st 547408 26/3/19 70 00										
	2119-1 st 547409 26/3/19 30 00										
	1829 A 547800 30/3/19 70 00										

Remarks:

M. F. W. 127.
50M-617.
1172-39-1140.

28¹/₁₉

Bridgette Morrison,
Bookshill, Que.

Dec'n No. 33840/475 File No.

Award days at \$ 100⁰⁰ per day \$ 500⁰⁰

S. A. months at \$ per mo. \$ \$ 175¹⁰

Less P. D. P. Credited \$ \$

Less further debit balance \$ \$ 324⁹⁰

Net due paid as below \$ 324⁹⁰

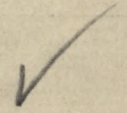
TO SOLDIER & DEPENDENT					
O	Ag. No.	Ch No	Amount		
26-3-19	1 2719 4740870 00	2719 47409	30 00		26-3-19
30-3-19	2 1829 4780070 00	2462A 433533	30 00		17-4-19
8-4-19	3 1518B 41287634 90	23733 440811	30 00		23-4-19
	4	1429C 466287	30 00		20-5-19
	5		48465	30 00	
	6				
			Total		

Mr. B. Morrison
Same Add

26-3-19
30-3-19
8-4-19

GEN'L AUDITOR
Posting checked by
W. Blain
7.11.19

78



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Bridgett Morrison *Wife*

Name of Soldier

Morrison E. A.
C Co 117 Bn

PAYMENTS.

748109

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		V 18973	20	
Oct.		V 24039	20	
Nov.		V 28434	20	
Dec.		U 30530	20	
Jan.	1917	V 40474	20	
Feb.		T 46434	20	
March		L 52279	20	20 Ch
April		H 3804	20	20 Ch
May		H 10539	20	20 B
June		9 17412	20	B
July		H 24126	20	B H 24126 June
Aug.		H 24127	20	
Sept.		U 30427	20	
Oct.		V 37196	20	
Nov.		L 44487	20	
Dec.		J 51067	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

su

20 XX

SEP 1 1916

200

..... A.C. 30-11-17 AP
Ret'd per Olympic
Date 6-11-17..... F. S. 27-11-17
..... Clerk J. M. A. P.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

1/3/16.

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mr. Bridget Morrison Name of Soldier Morrison Ernest A.
 Address Bury Compton Reg't No. 748109
Island Brook, Rank Pte.
Que. Corps 117th Bth.
 Relation to Soldier }
 wife, child or mother } Wife.
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		833331	20 - 20	



File 013133-8-15

H 2010 20

1117

1000

2000

1117

20

1117

1117

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs. Bridget Morrison

Name of Soldier

Morrison Ernest A.

L. L. Job 89002.-Req. 6213.

PAYMENTS

Wife.

748109

Pts.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H 2090	20	20
May		U 876	20	20
June	19	F 3344	20	20
July		F 10985	20	20
Aug.		Q 13368	20	20
Sept.		V 17070	20	20
Oct.		I 18789	20	20
Nov.		Q 22488	20	20
Dec.		Q 26045	20	20
Jan.	1917	Z 29619	20	20
Feb.		Z 32538	20	20
March		Z 35495	20	20
April		Z 1854	20	20
May	Z	Z 4739	20	20
June	Z	Z 8043	20	20
July		Z 11732	20	20
Aug.		F 14956	20	20
Sept.		Q 18440	20	T
Oct.		X 19713	20	Ha
Nov.		F 25081	20	B
Dec.	J	J 27760	20	St
Jan.	1918		 A/c Closed 31-12-17
Feb.				Ret'd per <u>Olympic</u>
March				Date 6-11-17 F. X. 28-11-17
April			 Clerk <u>J. Newlands</u>
May				
June				
July				

320
440

..... A/c Closed 31-12-17
Ret'd per Olympic
Date 6-11-17 F. X. 28-11-17
..... Clerk J. Newlands

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Name

T. E. Morrison E. A.

M. F. W. 41
1 0M-7-16
1772-39 839.

Regimental No.

748 109

Name and address of next-of-kin

Unit

117th. Batt.

Mrs. Bridgett. Morrison.

Date of enlistment

NIL.

Bury.

Place of

NIL.

Que.

Married (yes or no)

YES.

Date and place discharged

21-1-18 Quebec.

Amount of pay assigned monthly \$

20.00

Reason for discharge

MED. UNFIT.

To whom payable

Mrs. Bridgett. Morrison.

Character on discharge

H.Q. 16-1-25 M.D. 5-17

M.53

b 5351-M. & D. 6890.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
1917														
Dec	1	21	1 ⁰⁰	31.00	31	10	3.10	3.02	49.37	3571	25.00		25.00	(F. 34.77)
1918								0.25	10.40					
								12.00						
								10.40						
Janw.	1	21	1 ⁰⁰	21.00	21	10	2.10	34.77	44.67	3839	10.00	4004	45.00	Disch 21-1-18
								0.80		4006	49.67	4005	49.67	To 21
								13.00						
								15.00						
				52.00			5.20	97.24	154.44		84.67	35.00	119.67	→ Clothing.
													C. F. 34.77	
													154.44	→
DISCHARGED. 21-1-18 D.O. 21														
Sep. All														
													"Discharged"	
													21-1-18	
# 119.67														

JAWD

9m B

8-8-33

Con

BETA 10
NOV 11 1917

Army Form B. 268.

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 748109 Army Rank Pte

Name Morrison E. A.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps B. C. R. B. 117 Bn

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge January 21st 1918

Place of discharge Quebec

1. Description at the time of discharge.

Age <u>43</u> years _____ months	Descriptive marks <u>Wound in head</u> <u>Scar on leg of (right)</u>
Height <u>5</u> feet <u>7</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Grey</u>	
Trade <u>Farmer</u>	
Intended place of residence (To be given as fully as practicable) <u>Bury Chelston Co. Dorset</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service - Rtd
392 Xvi. Authority, No 5 17-M-53
8-18-1-18

The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character:— Documents not available

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

W. S. Comp

* Strike out if not applicable.

Disc Section
6-2-18
afm

[OVER.]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? •

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

9 medals France

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) JAN 21 1918

(Date) QUEBEC

W. J. Leman
Commanding Lt. Batta. C. "E" UNIT M. H. C. C. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) JAN 21 1918

(Date) QUEBEC

L. A. Morrison (Signature of Soldier)
P. J. Brooks (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 2 1/8 (date)

(Place) JAN 21 1918

(Date) QUEBEC

W. J. Leman
Signature Lt. Batta. C. "E" UNIT M. H. C. C. Regiment.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.

E. A. Harrison

Cpl. J. J. Brooks.

His
T
mark.

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Sept. 1. 16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 748109
 Rank Cpl Promoted _____ Reverted _____ Discharge _____
 Soldier's Name C. A. Morrison
 Battalion B. Co. 117 Battn
 Beneficiary Mrs Bridget Morrison
 Relationship Wife
 Address Bury Compton Co. Que

PARTICULARS OF ASSIGNMENT

Name Mrs Bridgett Morrison
 Address Bury. Que.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<u>1917</u> <u>Dec 31</u>	<u>✓</u>	<u>440</u>	<u>300</u>	<u>740</u>

REMARKS

*Sd. acct closed 31¹²/₁₇. Retd per Olympia 6¹¹/₁₇. FX 28¹¹/₁₇
 @ Pacet closed 31¹¹/₁₇. FX 27¹¹/₁₇*

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE 30/5/19

C. P.
FEB
11
1918

Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

SECTION
"D"

DEPT.
MILITIA & DEFENCE
FEB -6 1918

No. 748109 Rank Pte. Name and Corps of disabled Soldier: Morrison, Ernest, Alexander. 117th. Bn.

Previous civilian occupation:— Farmer.

Cause of Disability:— Over age. Hammer toes 2nd. 3rd. left. Old fracture of rt. thumb and index finger causing loss movement due to bony callus.

649-M 28617

Condition, in detail, which prevents the soldier earning a full livelihood:—

Nine months in France. Soldier states that in March 1916 while doing P.T., he sustained an accident, breaking his right hand and injuring his elbow and shoulder. That ever since then he has been unable to use his right arm or hand. Complains in addition of pain in left foot. States his toes were frost-bitten in the winter of 1916. Cannot double, route march, etc. States he was born Jan. 16th. 1867. Physical exam.— Signs of old fracture proximal phalanx metatarsal bone right thumb. Same - right index finger. No signs of injury to elbow or right elbow joint. No muscular atrophy. No impairment of sensation. Apparently grip is lost and flexors and extensors of right arm are weak, whether intentionally so or not, impossible to state, but there is no apparent reason, as arm is well developed muscularly. 2nd. & 3rd. toe left foot - Hammer toes. Otherwise exam. neg.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 15%

Probable duration of incapacity:— Permanent.

Does it render him permanently unfit for Military Service? *Yes.*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

Conv. Home, for observation and exam of right arm electrically.

Signature:—

E. Robertson
President.

Station:— Quebec.

P. G. Bruns Capt.
J. M. ... Capt.
Members

Date:— December 2nd. 1917

APPROVED.

Date:— *2¹²/₁₇*

W. C. ...
Asst. Director Medical Services.

Date:—

Director General Medical Services.

B. P. C. FOLIO
FALSE DOCKET
Disc Section
6-2-18
af m

Casualty Form—Active Service.

Rank *Pte* Regiment or Corps.....
 Surname *Morrison* Christian Name *E.A.*

748109

Religion..... Age on Enlistment..... years..... months.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

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

Temporary

Signature of Officer.

Report		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.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>25/9/17</i>	<i>I.O. 513 CR D.</i>		<i>Seaford</i>	<i>25/9/17</i>	<i>P1200195</i>
<i>25/10/17</i>	<i>2 CR D on command to</i>		<i>CD Buxton</i>	<i>25/10/17</i>	<i>P1200219</i>
	<i>H. Williams</i>		<i>Lieut. Williams</i>		<i>2 CR D</i>
<i>23 OCT 1917</i>	<i>TAKEN ON STRENGTH CD. BUXTON DE H ORDER No. 287</i>		<i>Commanding</i>		<i>R.M. Williams</i>
<i>1161 AON 9</i>			<i>Canadian Discharge Depot.</i>		
	<i>EMBARKED FOR CANADA FROM LIVERPOOL</i>		<i>Commanding</i>		<i>R.M. Williams</i>
			<i>Canadian Discharge Depot.</i>		<i>Lieut.-Col.</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) Signaller, Shoeing-Smith, &c.

Duplicate

Military District No. 5
Quebec, Que.
17-1918
17-M-53
M. D. No. 3

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Savard Park Co. Hosp. DATE Jan. 9th. 1918

1. (a) Unit 2nd. C.L.B. (b) Regimental No. 748109 (c) Rank Pte.
(d) Surname Morrison (e) Christian name Ernest Alexander

2. Age last birthday 51 years Date of birth Jan. 17th. 1867

3. Enlisted at Somerville on 7-12-15

4. Personal description :-

(a) Height 5'7" (b) Weight 175 lbs. (c) Complexion Fair
(d) Colour of hair Grey (e) Colour of eyes Grey (f) Identification marks One

vaccination mark on left arm.

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

P.O. Bury, County of Compton, Prov. of Quebec.

6. Former trade or occupation Labourer

7. (a) Service Canada - France Years 2 Days 31

	PERIODS	
	From	To
<u>117th. Bn., C.E.F.</u>	<u>7-12-15</u>	<u>Present.</u>
<u>2nd. C.L.B.</u>		

(b) Has he been Overseas? Yes
(1) Overage.
(2) Corn on third toe, left.
(3) Impaired function of right hand due to accident.

8. Present disease or disability (use authorized nomenclature if possible).
(a) Date of origin (2) 1916 (3) 1915 (b) Place of origin (2) In France (3) During training.
(c) Cause* (2) Marches. (3) Physical training.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

(1) Man of age stated. (2) Has corn on the third left toe. Claims he has to walk on his left heel the greater part of the time, but since the last few days this condition has greatly improved and causes very little disability. (3) Has also impaired function of right hand due to bony callus following fracture of proximal phalanx, metatarsal bone, right thumb. Movements of thumb and index fingers are reduced to 1/4 of normal and the power of the whole hand has certainly lost 1/2 of normal. There is no atrophy, but complete loss of sensation over area supplied by median nerve. Flexors and extensors of fingers are weak. No wrist drop.

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

~~still possible but very weak.~~

10. History ;

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

II. Corn was noticed in France after prolonged marches.

III. Fracture was due to a fall when doing P.T. in Canada. After proper treatment invalid went to France where he spent 9 months. It was then only that the trouble in his hand was noticed.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

II. 5%)
III 30%) 35%

12. Did the disability arise on or off duty? II and III. Yes.

13. Was a Court of Inquiry held?

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

Yes. No. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? II and III. No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? II. Impossible to state. III. Yes.

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

II. Antiseptics. III. Massage.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations That he be discharged from service as medically unfit, category "E", further Home treatment being useless.

Spencer [Signature]

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.)

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

E. H. Morrison

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

yes

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
- (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).

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

J. B. [Signature] President.
E. [Signature]
[Signature] Members.

STATION S.P.C.H.

DATE Jan. 9th. 1918.

APPROVED BY

JAN 16 1918

DATE

[Signature] Lt Col
 Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

12. Is the soldier fit for:

(a) General service
 (b) Service abroad, not general service
 (c) Home service, (Canada only), (classified)
 (d) Temporary service
 (e) Unit for service in Categories A, B and C.

13. Does the soldier require treatment?

(a) Does require treatment
 (b) Should not pass under his own control
 (c) Should pass under his own control
 (d) Should not pass under his own control
 (e) It is recommended that the soldier be discharged. (When not for discharge and special recommendation.)

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

175

To Whom *Mrs Budgett Morrison*

By Whom Assigned *Morrison E. A*

Address *Bury Lane*

Regtl. No. *748109*

Rank *Plt*

Corps *C Co 117 Bn*

Rate *20⁰⁰/_{XX}*

SEP 1 1918

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



File 013133-E-15

11/24/11

11/24/11

11/24/11

