"13"

ORIGINAL

ATTESTATION PAPER.

No. 226241

Depot Regiment, ~~Canadian Mounted Rifles~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... M C R R I S O N
1a. What are your Christian names? ..... Francis Philip
1b. What is your present address? ..... 256 Erie St, Stratford. Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Stratford, Ont, Canada
3. What is the name of your next-of kin? ..... Mrs Sarah Morrison
4. What is the address of your next-of-kin? ..... 256 Erie St, Stratford, Ont, Canada
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... April 9th 1898
6. What is your Trade or Calling? ..... Teamster
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? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis Philip 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.

Francis Philip Morrison (Signature of Recruit)

Date May 11th 1916. Arthur Barr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Philip 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.

Francis Philip Morrison (Signature of Recruit)

Date May 11th 1916. Arthur Barr (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 Hamilton, Ont. this 11th day of May 1916.

J. C. Brooke Lt. Colonel (Signature of Justice)

O. C. Depot Regt., C. M. R.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Francis Philip Morrison on Enlistment.

Apparent Age 18 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement:
- Girth when fully expanded 34 ins.
- Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Brown

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

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).

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 May 11th 1916 — H. W. Martin

Place Hamilton, Ont. — Capt. 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.

Francis Philip 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.

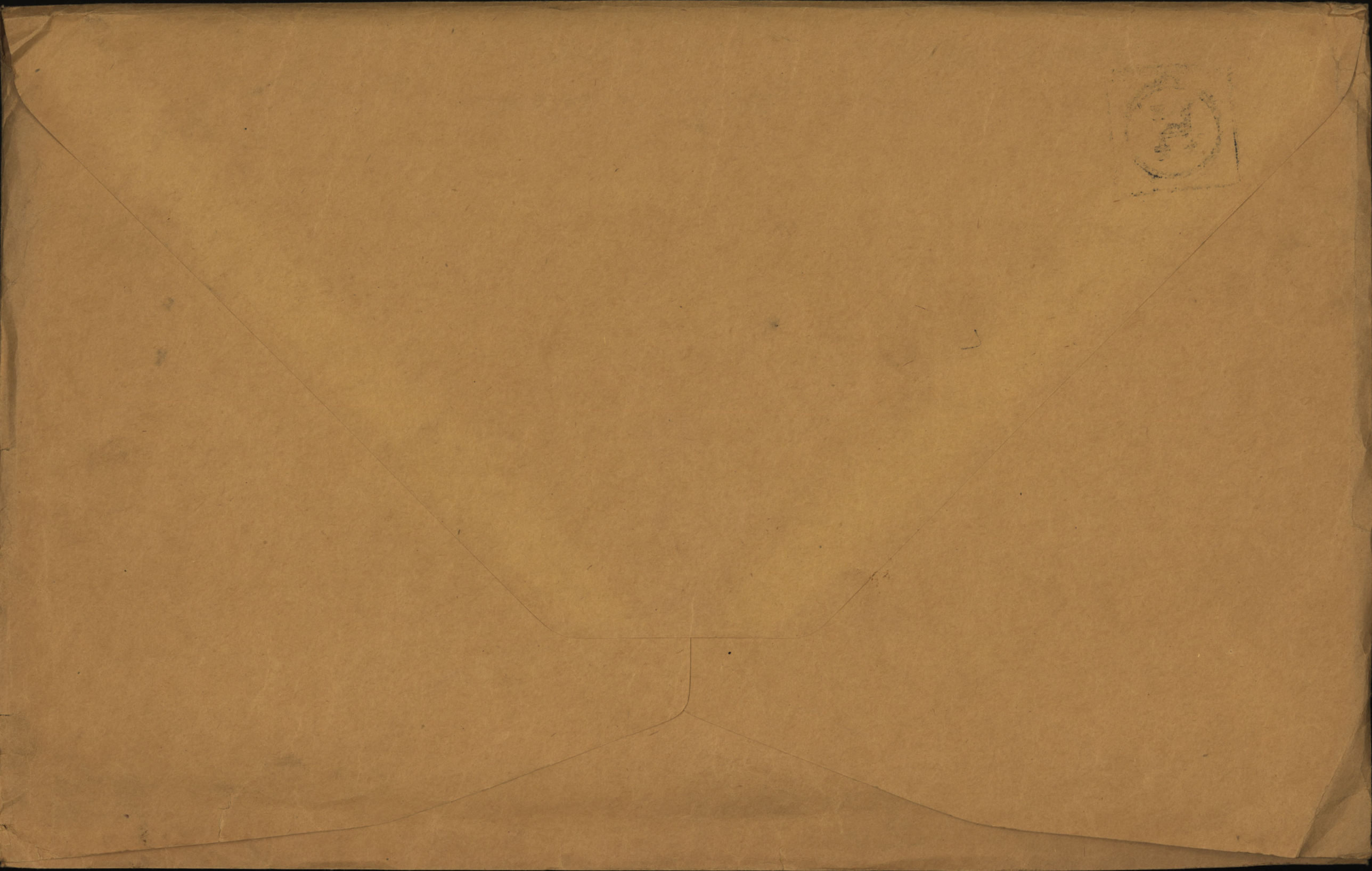
G. C. Brooke Lt. (Signature of Officer)
O. C. Depot Regt., C. M. R.

Date May 11th 1916

MORRISON FRANCIS 226241 C.M.G.D. 34051

DEMOB

H



NAME Morrison, J. P.

REGT'L No. 226241.

H. Q. FILE No. 649.

RANK AND CORPS Pte. Mach. Gun. Corps

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
59	Westcliffe Can. E&E, Folkestone	21-10-16.	Supperative Otitis media.
a 37 1	#7 Can. Gen., Etaples	6-10-17	Otitis Media
a 61 3.	#3 Conv. Dep, Le Treport		
M. Gun. Corps	Disch to Base Details	2-11-17	Otitis Media
a 55 3.	#2 Conv. Dep, Le Treport	28-10-17.	Otitis Media.
a 256.	7 Can. Cav. Fld. Amb.	24-6-18	P.U.O. Infl.
a 264	No 41 Cas. Cl. Stat.	26-6-18.	P.U.O. Inf
a 264	" " " Disch.	29-6-18	P.U.O. Inf
a 324	No 7 Can. Cav. Fd. Amb.	13-9-18.	" " "
a 328	" " Disch.	15-9-18	" " "
a 334	21 Cas. Cly Stat	26-9-18	" " "
a 347.	24 Gen. Etaples	10-10-18	Trench Fever.
a 353	Disch	10-10-18	" "
a 345.	3 Aust Gen. Abbeville	7-10-18.	" "
a 436.	51 Gen. Etaples	26-1-19	P.O.

No. 286241. RANK Spr. NAME Morrison Francis P.

T. O. S. 11-5-16 UNIT Can. Mounted Rifles Depot
D.O. 114. 11-5-16.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
May 11.	May 31.	✓		
June		✓		
July		✓		
Aug. 1.	Aug. 12	✓	awarded 10 dys detention 5 to O/S. Draft.	O.D. 192. 11-8-16.

Deceased 10 Feb 56

Number 226241 Rank Pte.

Surname MORRISON

Christian Name Francis Philip

Units Can. M. G. Bde Theatre of War France

Date of Service 13-9-17

Remarks

Latest Address 56 Stratford St.
Stratford Ont.

Roll No. B Page 6176.

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority

R. 149.

Name MORRISON *Rank* Pte *Reg. No.* 226241

Unit Francis, Phillips.

FORT GARRY HORSE RES REGT.

Next of Kin CANADA.

Date 1916		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
Sep	10.	West Cliff Can E&E Hp.	F'tne.	Supperative Otitis Media	38.			
Oct.	21	do Discharged		do	59.			

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

FORM R. 149.
7106—250m—7/2/17.

Name	MORRISON. Francis Philip	Rank	Pte.	Reg. No.	226241.
Unit	~~4th. C. M. G. CO.~~ Can. Cav. B. M. Sq.				
Next of Kin	Canada				

Date 1917.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-10-		No. 7. Can. Gen. Hosp. HA. 14909.	Etaples. Otitis Media Mild.				
28-	10.	Vad. Con. Depot. Depot.					
2-11.		2 A. 15215 Dis. To Base	Details	Do	255 A60		
1918		AA 15920					
Jan-	6	7 Can. Cav. Fld. Amb.	P.W.O. Inf		A256		32487
26	6	4 D. C. C. S	"		A264		32670
29	6	Dis Duty	"		A264		"
13	9	7 Can Cav. F.A.	P.W.O.		A324		34896
15	9	Dis Duty	"		A328		37088
			PTO				

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							
26	9	21 C.E.S.		P.U.O.	A334		37415
7	10	3c Inf 9 Hobbinette	French Town		A345		4789·10
10	10	2 C.E.H. Etaples	"	"	A347		4811/1
19·10		Discharged 3 Emp. B.D.	"	"	A353		5032/8
1919							
26	1	51 9A Etaples		20	A436		7052·2
		Letter Base 14 5 Tg					

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Morrison	F.P.	226241

Rank	Unit	Co.	Troop	Batty
Pte.	Fort Garry Res.	(6. BMGS)		M. G. 6.

Hospital	Date of Admission
Westcliffe Eye and Ear	10.9.16

Transferred 7 Can. Gen. Staples Hosp. 6-10-17
2 Convac Le Treport Hosp. 28-10-17.
7 Can. Cav. Fld. Amb. Hosp. 24-6-18
41 Cas. Clear. Stat. Hosp. 26-6-18

Diagnosis Supp. Otitis Media

(1) Later Diagnosis (if changed) Otitis Media Jt
(2) P.V.O. Infle.
(3)

Additional Diagnosis: if more than one state present ~~P. U. O.~~ P. U. O.
~~P. W. 6.~~ Trench Fever.
V. D. G.

DISPOSITION		Date
C.L. 14.9.16	38	
26.10.16	59	
16.10.17 A 37-1		
6.11.17 A 55 (2).		
13.11.17 A 61 (3)		
5-7-18 @ 256-2		
15-7-18 @ 264		
21-9-18 a 324-1.		
26-9-18 a 328-1.		
3-10-18 a 334		
16.10.18 a 345-4.		
18.10.18 a 347-2.		
25.10.18 a 353-2.		
5-2-19 a 436		

REMARKS

Dis 21.10.16
Dis. to Base Details 2.11.17.
Dis. 29.6.18
Dis:- 15.9.18.
" 19.10.18

A.M.D. 2 DEPT.
A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
	7 C. Cav. Fld. Amb.	13-9-18
1.	21 C. C. S.	26-9-18
	3. Aust. G. Abbeville.	7.10.18.
2.	24. G. Etaples	10.10.18.
	51 Gen. Etaples	26-1-19
3.		
4.		
5.		
6.		
7.		

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2262241 (Rank) Private

Name (in full) Granas Philip Morrison enlisted in

the Depot Regiment Canadian Mounted Rifles

CANADIAN EXPEDITIONARY FORCE at Hamilton Ont on the 11th

day of May 1916

HE served in France & M.G.D.

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 21 yrs 1 mo

Height 5' 5½"

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Bil.

Signature of Soldier

J. Shiels Lt.

Issuing Officer

Date of Discharge

DISCHARGE SECTION
MAY 23 1919
No. 1 District Depot

for O. C. Dispersal Sta. "K"

Rank

Date MAY 23 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the

day of _____ 19 _____

HE served in _____

and is now discharged from the service by reason of _____ Demobilization.

Medical Authority

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date _____ 19 _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

R—122

TLH. Rank | Name MORRISON, Francis Philip, | Reg'l No. 226241.

Unit Dft. Depot Regt. C.M.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Hamilton, Ont. May 11th. 1916. | Place of Birth Stratford, Ont. Canada.

Name and Address, Next-of-Kin Mrs Sarah Morrison,

256, Erie Street, Stratford, Ont. Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship MD 1

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 14005 File R.L.

OR CAN

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per Grampian		24.8.16	
31.8.16	FGHRR	TAKEN ON STRENGTH, S, Clife		25.8.16	PII-DO. 81
14.9.16	FGHRR	Adm to Westcliffe Hosp.	Folkestone	10.9.16	C.L. 38. Sup Bliss Medal
26.10.16	"	Dischgd do do	do.	21.10.16	C.L. 59 Pt II 0 138 "
6.3.17	C.R.C.R.	T.O.S. on reorganisation A3	S'cliffe	6.3.17	Pt II / App. "B"
3.5.17	CMGD	Posted to CMGD	C'boro	2.5.17	— 123 & Pt II 058 a/25.5.17 CRCR.
18.7.17	"	S.O.S. to MGRD & on Com to Marsefield	Thr.	" 18.7.17	— 199 & MGRD Pt II 0140 a/29.7.17.
13.9.17	MGRD	Ceases to be on Com. at Marsefield & is S.O.S. to CMGD	"	Seaford 10.9.17	— 188 CMGD 25-6 a/13.9.17.
12.9.17	CMGD	Posted to MG Pool	"	" 11.9.17	— 254.
30.9.17	CCBMGSq.	T.O.S. as reinforcement	Pte	Field 13.9.17	— 67.
8.10.17	CMGD	Pt II D.O. 254 amended to read S.O.S. to CCB. MG Squad.		" 11.9.17	— 281.

Report. Date.	Report. From whom received.	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.
15.10.17	CCBMGSq.	Adm. No. 7 Can. Gen. Hosp.		Staples	6.10.17	S.R.A37 Otitis Media.
5.11.17	✓	To: 2 Conv: Depot		Le Tréport	28.10.17	C.L.A55. ✓
12-11-17.	✓	Disch. to Base Details.	Pte.	"	2-11-17.	" A.61. ✓
10-7-18	do.	S.O.S. to M.G.C. & Posted to CBMGSq.		Field	1-6-18	R.D.O. 33.
25/2/19.	BMGD.	T.O.S. from BMGD.	Pte	Seaford	20.2.19.	Pte 47. & BMGD. Pte 59 dy. 25/2/19.
25/2/19.	BMGD.	T.O.S. from Overseas	Pte.	do.	20.2.19	Pte 59. & CCBMGS 15 dy 1-4-19
27.3.19.	BMGD.	Forfeits & deferred pay by PA Regs for AWL fm m/r 16.3.19. to 1800 18/2/19.	Pte.	do.	—	— 73.
17.4.19.	BMGD	S.O.S. to MDCW.	Pte.	do.	17.4.19	— 91. & MDCW 93 dy 19-4-19.
Sailing 65—K—65 d/11.5.19.						
12-5-19	MDCW	SoS to Can	Pte	Rhyl	11-5-19	— 111

Name Morrison Enl. 11-5-16.

Date of Embarkation for England 15-8-16.

Proceeded to France. 11-9-17 Returned to England. 19-2-19

demob.

Date returned to Canada. 11-5-19

P.R. 2855.

"Rtd" 31.5.28 (over)

Geo. Shea.

6-10-17 - Chronic Otitis Media - To duty 2-11-17

24-6-18 - P. U. O. - Influenza - To duty 29-6-18

13-9-18 - P. U. O. - To duty 16-9-18

7-10-18 - French Fever - Otitis Media - To duty 22-11-18

26-1-19 - V. D. S. - To duty N. S.

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

War Service Badge
Class "A" No.

M. F. W. 54.
150M. 10-15.
H.Q. 1172-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: Depot. C.M.R's

Regimental No. 326241 Rank Pte Name Morrison Francis Philip

C. E. F.

Enlisted (a) 11/5/16 Terms of Service (a) to of W. Service reckons from (a) 11/5/16

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) Teamster

Report: Date	Report: 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.
31.8.16 ~~28.8.16~~	Taken on Strength O.C. F.G.H.R.R.		S.S. Shorncliffe	25/8/16	Regt'l Order ~~27~~ 81 Part II 28/8/16
		Embarkation	Canada	15/8/16	
		Disembarkation	England	24/8/16	S.S. Grampian
7-3-17	OC. FGHRR	S.C.B. to Canadian Res. Cavalry Regiment.	Shorncliffe	6-3-17	FGHRR. Pt. 2. Order No. 83 dated 7-3-17. Lieut. a/Adjutant. Fort Garry Horse R.R.
6-3-17	OC. CRCR	Taken on strength of Can. Res. Cav. Regiment.	Shorncliffe	6-3-17	CRCR. Pt. 2. Order No. 1. dated 6-3-17.
2.5.17	O.C. CRCR	Transferred to Canadian Machine Gun Depot	S,cliffe	2-5-17	Part 11 Order No 58 MAJOR & ADJUTANT FOR OFFICER COMMANDING CANADIAN RESERVE CAVALRY REGIMENT.
3/5/17	Com C.M.G.D.	Taken on Strength, C.M.G.D.	Crowborough	3/5/17	Auth. Depot Order Pt. II No. 123
11/9/17	C.M.G.D.	Transferred to C.M.G. Bde	Seaford	12/9/17	Depot Order Pt. II No. 254 A/Adjutant, C.M.G. Depot

(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.

(P.T.O.)

CERTIFIED CORRECT.

Report: Date	Report: 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.
18.7.17	CMRD.	Sol to M.F. R.D. rou Coming to Marsfield	Crowboro	18.7.17	P.O. 199 L. Col. Lieut For Lt Col Pb. Records Com I.
13/9/17	Camers	T.O.S. CCB MGS as Kein	Field.	13/9/17	N.R. 6 30/9/17
6.10.17	7 b. Gen.	Otitis Media M. Adm.		6.10.17	W3034 (A.4594
25.10.17	6 CCS	Chr Dur Otitis Adm		25/10/17	W3034 (A.8212)
28.10.17	3 Con Bde.	Chr Otitis Media Adm		28/10/17	DO
2/11/17	DO	DO To Base		2/11/17	DO (B1352)
8/11/17	Camers	Returned from hr Report		5/11/17	NR 143 11/11/17
9-12-17	DO	To Unit		4/12/17	164
15.12.17	Unit	Joined Unit		11/12/17	B213
24.6.18	7 C.C.F.A.	Rels 18/3/19 Ill. Inf. Adm. To 41 C.C.S.		24.6.18	F. 9192. A. 4562.
26.6.18	7 b. F.A.	Influenza. Adm. To 41 C.C.S.		26.6.18	F. 9581. A. 4783.
29.6.18	41 CCS.	Ill. Adm. To Duty via Rest b.		29.6.18	G. 163. A. 4987.
29.6.18	9C unit.	Rej. from Hosp. Fd.			B. 213.
1-6-18	A.G.H.Q	Transfd. to M.G. Corps & posted to Adv. Base Base Mch Gun Squad		1-6-18	a/6864 d/16-4-17 KA 8487 Pu 0 88 d/10-7-18

Army Form B. 103. Regimental Number 226241

Casualty Form—Active Service.

Regiment or Corps.....

Rank Pte Surname Morrison Christian Name J P

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.....

Occupation..... .....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				
		Embarked ...			
		Disembarked...			
26-7-18	M.G.B.D.	Arrived from Unit		26-7-18	N/R 300
25-8-18	Do.	Proceeded to Unit		25-8-18	N/R 371
31-8-18	O.C. Unit	Joined Unit	Field	26-8-18	B313
14-9-18	Do.	Evacuated to Hospital		14-9-18	B313
14-9-18	7 Bad. F.A.	P.U.O. aam	7 Bad. F.A.	13-9-18	a/36 K417
20-9-18	Do.	P.U.O. To Unit		15-9-18	a/36 K3188
21-9-18	O.C. Unit	Rejoined Unit from	Hospital	16-9-18	B313
28-9-18	21 C.C.S.	P.U.O. aam	21 C.C.S.	26-9-18	a/36 K4504
5-10-18	O.C.	Evacuated to F.A.		26-9-18	B313
14-10-18	21 C.C.S.	P.U.O. To	37 A.T.	7-10-18	B2/83/886 K17-31
11-10-18	24 Genl	P.U.O. aam	24 Genl	11-10-18	W/3634 W1794

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

226241 Pte Morrison J.P.

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				
12-10-18	21 bbs.	French fever to H 37	Fld.	7-10-18	L 1573.
7-10-18	3 Aust Gen	do 1 adm	"	do	L 3368.
11-10-18	do	Otitis Media to 24 Gen H.	"	11-10-18	L 3389
20.10.18.	M.G. C.B.D.	Son of from 3 Aust Gen	"	19.10.18	B 213
19.10.18	24 Gen	Otitis Media To 3 Emp Bat		19.10.18	W 3034/L 9223
22.11.18.	M.G.C.B.D.	To Unit		22.11.18	NR 341
2.12.18.	C.M.G.Sqd.	Granted 14 days Leave	UK	5.12.18	B 213. Pt II 71 d/17.12.18
7.12.18.	— " —	Reported from Hospital		3.12.18	B 213.
26.1.19	51. Genl	V. D. G.	51. Genl	26.1.19	W 3034 & 6293
14/2/19.	C.M.G.B.D.	Proceeded to England		14/2/19.	NR E15.
					C. Hewett Lieut. for Lt. Col., A.A.G., Canadian Section
25.2.19	C.M.G.D.	T.O.S. from C.M.G.B.D	Seaford	20.2.19	Pt II 2047
18/4/19	C.M.G.	T.O.S. to M.D. No. I WING SEAFORD		17/4/19	D.O. Pt II No. 92
19-4-19		RHYL			R Emmons Asst. Adjt.
O.C.M.D.C.W.I. T.O.S. For return to Canada, Rhyl				17/4/19 D.O. No. 93	
S.O.S. on Proceeding to C.E.F. Can. Rhyl				D.O. No. 111	12/5/19
					Glasgow May 11 1919
		S S Coombs Lieut.			

Officer i/c W.D.O, for O.C.M.D.C.W.I.

Embarked S S Saxonia Glasgow May 11/19

ORDERLY ROOM MAY 11 1919 No. 13 P.C.S.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Depot C.M.R. C.E.F.

Regimental No. 226241 Rank Pte. Name Morrison

Enlisted (a) 11-5-16 Terms of Service (a) Dofw Service reckons from (a) 11-5-16

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		ToS No.1 Dist Depot Displ.Stn.K.11-5-19 SOS Dispersed 23,5,19 D.O,No,144 for O. C. Dispersal Area Sta. "K."			

(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.

[P.T.O.

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				

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET.

Surname MCRRISON *Christian Name* Francis Philip

Examined { on 11th day of May 1916 / at Hamilton, Ont.

Birthplace { City or Town Stratford. / County Ont. Canada

Apparent age 18-1

Trade or occupation Teamster

Height 5 Feet 5½ Inches.

Weight 135 Lbs.

Chest measurement { Minimum 31 inches. / Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last none

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by H.W. Martin

Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
2/8/16	X	H.W. Martin capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
14/7/16	+	H.W. Martin capt M.O.
25/7/16	+	H.W. Martin capt M.O.
2/8/16	+	H.W. Martin capt M.O.

Enlisted on 11th *day of* May 1916 *at* Hamilton, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Depot Regt C.M.R	226241	Good	11/5/16
Transferred to	C.M.G.R.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	9. 4. 19.	Nil	A Attm Manning Capt

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Morrison Christian Name Francis Philip

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				

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.

---

(1) Name of Overseas Unit which Soldier joins DEPOT REGIMENT? CANADIAN MOUNTED RIFLES

(2) Regimental Number 226241

(3) Full Name of Soldier MORRISON

Francis Philip

(4) Place of Birth Stratford, Ontario

(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?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Morrison 259 Erie St., Stratford, Ontario

(10) Is your Mother alive? Yes

If so, state name and address Sarah Morrison

259 Erie St., Stratford, Ontario

(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.

(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.

(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.

R. J. Hall Capt & Adj
for Lt.-Colonel
Officer Commanding.
O. C. Depot Regt., C. M. R.

Date Aug. 5th, 1916

10/7/19

To the R.P.C.

Re Morrison - F.P. #226241

Hearing - Rt - normal C.V.
Lt - C.V. at 10 ft.

Extent of loss:-

Chr. supt. ot. med. - b/s
- discharge offensive - chronic
mastoid.

Recommend X-Ray of mastoids

J. G. Hunt
M.D.

Dr Gordon - B.P.C

Copy.

London, Ont., July 21st. 1919.

Board of Pension Commissioners,
Royal Bank Bldg., City.

Pte. F.P. Morrison # 226241.
X-Ray report No. 1052.

Two 5" x 7" plates were made of the mastoids. The right cells appear normal. The left are denser and apparently obliterated.

H. Gurimer
Captain,
Offfcer i/c X-Ray.

Canadian Machine Gun Depot.

.....31-3.....1919.

To:- Officer i/c ~~Remnxxx~~, Clinic.,
RAVENSCROFT. SEAFORD.

The marginally named, accompanied by his Medical Documents, is reporting to you for special report on:-

.....V.D.9.....

Please return this report to the above Unit on completion.

Morrison J.P.
226241

D.S. MacLennan
Captain C.A.M.C.,
M.O., C.M.G.D.

SPECIALISTS REPORT ON ABOVE.

No evidence V.D.

O Goodman

Seaford.
Date 3-4-19

Captain. C. A. M. C.
Officer i/c Clinic, Ravenscroft.

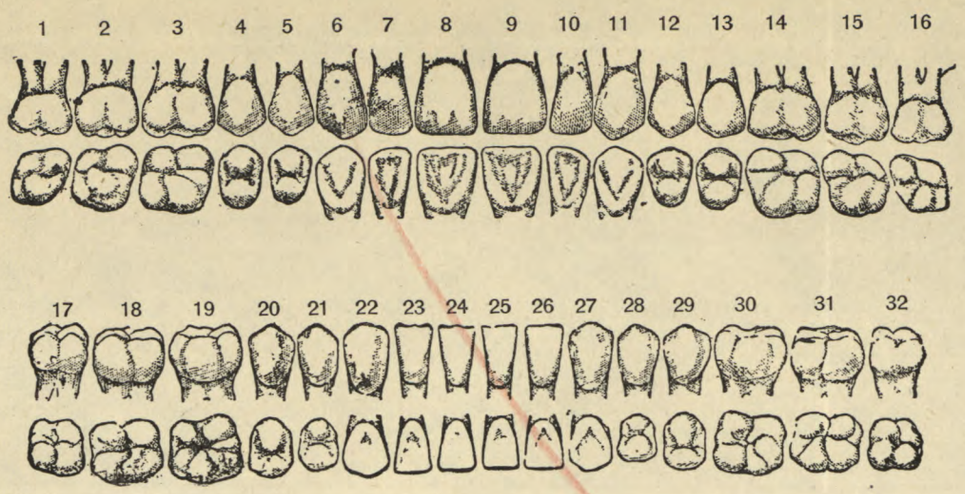
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1.

NAME OF SOLDIER Morrison, Francis P.

REGIMENT C.M.G.C. RANK Pte. No. 226241.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only 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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							Exam. = 2.00
																							2 Comp. Amals. = 4.00
																							3 Simp. " = 4.50.
																							3 Pyorr. treats. = 4.50.
																							Part. Lower 6 teeth & 2
																							clasps = 11.00
																							Total = $26.00.

Completed by Dr. J.A. Beatty at Stratford, Ont. on 20-1-21.

As this man has no original Dental History Sheet, this is created 4-1-21.

S.S. Attenborough

Captain.
D.D.O. M.D. No. 1.

M.F.B. 465.
150M.—4-18.
1772-39-950.

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

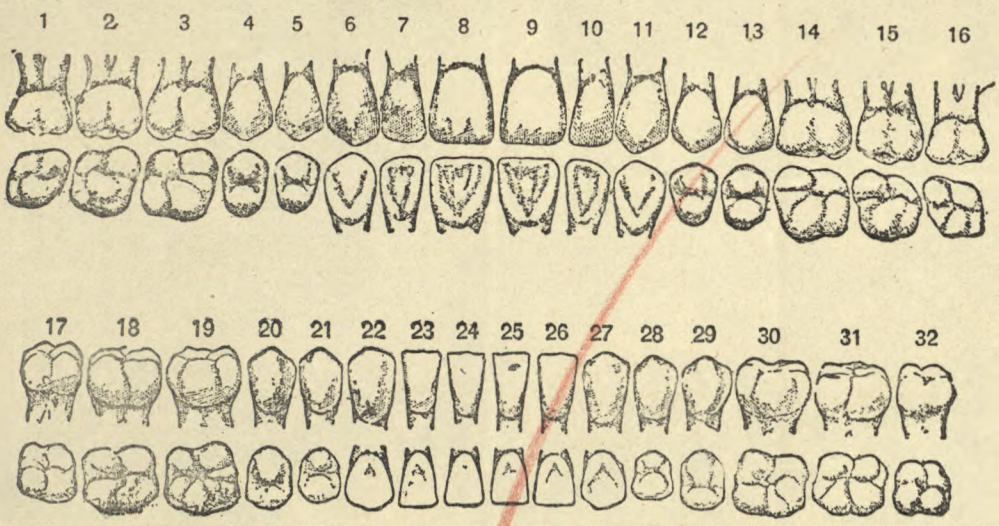
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) MORROSON F.P.

REGIMENT C.M.G.D. RANK PTE No. 226241

Date of Examination in England 22 MAR 1919 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1 2 8 13
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England
- (c) In France YES

Signature of Dental Officer J. A. Stewart Capt.

L. L. Job 4503.—M. & D. 6832.

11-8-16

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Sarah Morrison Wife

Address 259 Erie Street
Stratford Ont.

Rate $20.00 aug 1st 1916

By Whom Assigned Morrison F. P.

Regtl. No. 226241

Rank Tpr

Corps C. M. R. Depot Reg. C. E. F.

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503.—Req. 6832.

Name of Soldier Morison F. P.

Mrs Sarah Morison Wife

PAYMENTS.

b. M.R. Depot Rcd. b. E.F. Tpr.

$20.00

Remarks. 226241

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		U 16399	20	
Sept.		V 18979	20	
Oct.		V 24045	20	
Nov.		V 28440	20	
Dec.		U 30536	20	
Jan.	1917	T 40485	20	
Feb.		T 46440	20	
March		L 52288	20	20 Ch
April		H 3816	20	20 Ch
May		H 10546	20	20 Bo
June		G 17420	20	B.
July		H 24136	20	B.
Aug.		U 30436	20	
Sept.		U 37205	20	B
Oct.		L 44497	20	
Nov.		J 51074	20	
Dec.		J 61304	20	340.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.						

P. 559.

MARRIED OR SINGLE Single.

PLACE OF BIRTH Stratford. Ont. Canada.

NAME AND ADDRESS OF NEXT OF KIN Mrs Sarah Morrison.
~~256~~ 259, Erie Street, Stratford. Ont. Canada.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTH

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

	DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date
															70	20 -						
Aug 13 to Sept	30	49	1.00	49	00	49	.10	4	90							53	90		21 8/4 15/9/16.			
Oct	31			31	.	31	.	3.	10							34.	10					
Nov.	30.			30	.	30	.	3.								33.		25/7 3.10.16	26/8 15.11.16	West cliffe E 65 29.9.16		
Dec	31			31	.	31		3	10							34.	10	2445 30.11.16				
1914				14	10			14	10													
Jan	31			34.	10											34.	10	2816 22.12.16	2904 6.1.17			
Feb	28			30.	80											30	80	3042 31/1/14				
Mar	31			34	10											34	10	3204 28/2/17	3352 31.3.17			
																63	80	3147	3269 15/3/17			
Apl	30			33.												33	.					
																		55 13/4				
May	31			34	10											34	10	117 27/4				
June	30			33												33						
July	31			34	10											34	10					
Aug 1/10	10			11												11						
				399	90										70	419	90					
				399	90										70	419	90					

NS. &c.

CTIVE ATE	AUTHORITY

AL. &c.

NAME OF HOSPITAL

REG'L. No. 226241 RANK Pte NAME Morrison. Francis Philip. 7

IF IN PERMT. CORPS WHAT UNIT } UNIT C.C.D. TRANSFERRED TO to M.G.D. DATE 11/9/17 AUTHORITY Acq Rolls

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Hamilton, Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION May 11th 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~25.00~~ 20.00 DATE EFFECTIVE 1-8-16.

PAYABLE TO Mrs. S. Morrison, 259 Erie St, Stratford, Ont, Can. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TTANCE ROLLS 3 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
												20.				
									20 00							
						9 74			20 00		49 74	24 16.				ASP. Augs Sept.
									20.		20	44 96.				
T/9/16.										6 60						
					14 60	4 87	2 43		20.	1 17	49 67	21 59		- -	21. 59	48 hrs detention + 4 dys. by R.W.R.O. 149. J.O.R. a. 7. Q. 4005-11 11.11.16
									80							
					4 87				20.		24 87	30. 82		- -	30. 82	
1-7					14.60	4.87			20.	1.32	40.79	24.13		- -	24.13	J.O.R8. 6/12/16. J.O.R19 6/1/17
					4 87				20	1 15	26 02	28 91				
3-17					4 87	9 74										
3/17					4 87	4 87			20	56.	44 91	18 10				J.O.R.19. 3 3/7
									20	1 32	21 32	29 78.				JOR. 148 28 3/7
					4 87											
					4 87				20		29 74	34 04				
									20	1 04 06	21 10	46 04				J.O.R. 1035/197/19. 4 5/17 " 1140/121A-18. 9 5/17
									20		20	66 04				
									20		20	51 14				To b M.G.D. 11/9/17 Acq Rolls
					58 47	34 09	4 43		760	13 77	366 16					
					58 47	34 09	4 43		760	13 77	366 16	51 14				

278741 Pte Morrison J.P. 870

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3
			399	90										70	419 90									58 47	300 9	7 43
Aug 21		1/10	23	10											23 10											
Sept 30			33												33	487	1/6							24 33		

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR. 3	DR. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Bal Qt. Forwd		~~62 91~~							62 91		
				DN AR 443 31.5.17 Can Gd.	4 87						
				" 257 15.5.17 " "	9 73						
Oct	P.P.	34 10		Can. Ass pay.				20	62 41		
Nov.		34 10			14 60			20			
		33		Can A pay.				20			
				AR 61. 31.8.17 Can Gd	4 87						
				" 43 15.8.17 " "	12 17						
				Ac 005/3921. 7.9.17.	1 84						
Dec.		34 10		Can. Ass pay				20	70 63		
1918		67 10			18 88			40	34 10		
Jan				Can Ass pay.				20	10 44 73		
"	"	34 10		WD AR. 3368. 26/9 17. 1 C G. Hos	4 46.				54 53		
				" 3997 31/10 17 C.G.B.	8 92						
				" 4178 8/11 17 1 C G.H.	4 46						
				" 4367 20/11 17 1 " "	13 38.						
				" 66 14/9 17 " "	7 30				46 21		
		34 10			38 52.			20	46. 21		
Feb.	"	30 80		" 650. 31.12.17 M.G.S.B.	3 57				30 80		
				" 638. 24.12.17 " "	8 92				77 01		
				" 4461 5.12.17 No 1 G.H.	4 46				36 95		
									40 06		
				Can A Pay				20	40 06		
		30 80			16 95			20			
Mch	"	34 10		" 257 8.2.18 7 C.D.A.	3 57				34 10		
				S.O.R. W. 3069 C.617 31.12.17	28				34 16		
									30 99		
				Can. A Pay				20			
				WD AR 705 12.1.18 C.M.G.S.	3 57						
				" 8 28.2.18 " "	3 57				43 17		
		34 10			10 99			20			

$70 loan

PAYMENTS 3	PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
9 7 43		760	13 77	966 16	51 14				
					74 34				
		210		44 33	62 91				

RS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.

1. P.M. 10 Mo-255. 162.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 226241 RANK Ste. NAME (IN FULL) MORRISON Francis Philip (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Can R. | IF IN P.F. WHAT UNIT? Bank of Toronto & Stratford Ont.

PLACE OF ATTESTATION | TRANSFERRED TO TOS' 125D | DATE 11 5 19 | AUTHORITY DO 1144

DATE OF ATTESTATION 11-5-16. | TRANSFERRED TO Bank of Nova Scotia, Stratford, Ont | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 Paid and Closed by Ottawa | DATE EFFECTIVE 6 3 19 | 17.7.19.

PAYABLE TO Mrs Sarah Morrison | RELATIONSHIP W. | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 259 Erie Street. Stratford Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London. | DATE 23 5 19 | REASON Dem. | AUTHORITY DO 1144 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31 3 19					25 00										18 4/43														56	59	56	59					Pd per SATURNIA 22 3/19
1/19 26 5/19	56	1.10	61	60	70	00			166	60							4 87		5 00		70	00	30	00					19	47	129	34	19	33			
					Wpg Ca.																																
183 days			420	00					420	00											70	00											350	00			
																													19	33			330	67			
																													3	30			327	37			
																					47	37											280	00			
																					70												210				
																					70												140				
																					70	00											70	00			
																					70																
			420	-					420	-											397	37							22	63	420						

WAR SERVICE GRATUITY
Wpg Ca.

Balance Deposited

Full Pay Payment as above
Do as above
Allotment 30.11.19
change to 1st of month date
of this change 3 days @ 1.00
Pd 194567
17/1/19 107476
24/8/19 1204773
SEP 10 1919 1169290
31/12/19 1187396
Pd Giberson

100M-1-19.—L. L. 53962-M. & D. 9723.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	~~ENGLAND or~~ CANADA	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.8.16 / 1.12.18	EFFECTIVE DATE:-	
AMOUNT:-	3 20.00 / $15.00	AMOUNT:-	

NAME:- MORRISON. J

NUMBER:- 226241

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs J Morrison
56 STRATFORD STREET
~~209 Mill St.~~
(a2m 25/11/18) Stratford
(Mother) Ont.
Stopped 1-4-19

PARTICULARS OF RANK OR

AUTHORITY	DATE EFFECTIVE

UNIT AND TRANSF

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
18/3	8129	6 M.G.D	~~4 87~~				
19/3		2 Pay + Allt.	~~2 20~~				

DAILY RATES OF PAY AND

AUTHORITY	PAY
	1 00

Ledger

PARTICULARS OF RENDERING NON-EFFECTIVE:- 1-4-19 6 M G D. K 5164 Seaford 25/3/19 Seaford M.D. 6.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4
1918 Mch 31	Brot. forward							
Apl	S Pay	33 -		CAP.				20
				AR. 28 6. Mg Sq. 15 3/18	3 57			
				53. " 31 3/18	3 57			
				Th. AR. 13. 6 Bn. Mg. Sq. 16 4/18	7 14 3 57			
		33.			10 71			20
May	" "	34 10		C A.P.				20
				11944 6 Lyb B. 12/5.	4 46			
				69 6. Mg Sq. 22/5	3 57			
		34 10			8 03			20
June	" "	33.		C A P				20
				96. 6. Mg Sq. 10/6	3 57			
		33.			3 57			20
July	" "	34 10		C S Pay				20
				129 " 10/7	7 14			
				142 " 23/7	3 57			
		34 10			10 71			20
Aug	P.P	34 10		CAP.				20
				AR 7562 - 11/8/18 - CGBn	4 46			
				" 8677 - 25/8/18	4 46			
				" 141 - 29/8/18 MG Sq.	3 57			
		34 10			12 49			20
Sept	P P	33 -		CAP				20
				" 186 - 9/9/18	3 57			
				" 204 - 23-9-18	3 57			
		33			7 14			20

COMPILED BY W.R. Avis
CHECKED BY J.H. Dwyer

P 820
474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.	NAME:- MORRISON. Francis Philip
EFFECTIVE DATE:-	1.8.16 / 1.12.18	EFFECTIVE DATE:-		NUMBER:- 226241
AMOUNT:-	3 20.00 / $15.00	AMOUNT:-		

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. F. Morrison
56 STRATFORD STREET
~~259 Brock St.~~
(a2m 23/11/18) Stratford
(Mother) Ont.
Stopped 1-4-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:- 13.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.M.G.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
18/3	8129	C.M.G.D.	~~4 67~~				
19/3		2 Pay + All.	~~2 20~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

Ledger Bal. Dr. 49 52

PARTICULARS OF RENDERING NON-EFFECTIVE:- 1-4-19 C.M.G.D. K5164 Seaford 25/3/19 Seaford M.D. L.P.C. Bal. Dr. 56 59

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Brot. forward								43 17		
Apl	Pay	33 -		C.A.P.				20			
				C.A.P. 28 C.M.G.D. 15 3/18	3 57						
				53. " 31 3/18	3 57						
				Th. C.A.P. 13. Can. M.G. Sq. 16 4/18	3 57				45 46		
		33.			10 71			20.			
May	" "	34 10		C.A.P.				20.			
				1944 C.G.B.D. 12/5.	4 46						
				69 C.M.G.D. 22/5	3 57				51 53		
		34 10			8 03			20.			
June	" "	33.		C.A.P.				20.			
				96. C.M.G.D. 10/6	3 57				60 96		
		33.			3 57			20.	95 06		
July	" "	34 10		C.A.P.				20.	30 71		
				129 " 10/7	7 14				64 35		
				142 " 23/7	3 57				64 35		
		34 10			10 71			20			
Aug	P.P	34 10		C.A.P.				20			
				AK7562 - 11/8/18 - C.G.B.D.	4 46						
				" 8677 - 25/8/18 ✓	4 46						
				" 141 - 29/8/18 M.G. Sq.	3 57				65 96		
		34 10			12 49			20			
Sept	P.P	33 -		C.A.P.				20			
				" 186 - 9/9/18 ✓	3 57						
				" 204 - 23-9-18 ✓	3 57				41 82		
		33			7 14			20			

W.R. Davis
J.P. Dwyer

NUMBER 226241 RANK Pte NAME MORRISON F. B

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bal fwd						71 82		
Oct	P P	34 10		CAP					20			
				AR 2107 - 27/10/18 C & B D		9 33						
				AFW 3069 - I.C.R. Iron Rations		- 49				76 10		
		34 10				9 82			20	101 20		
Nov	" "	33 -		CAP					20	177 30		
										144 24		
				AR. 3063 C & B D. 10/11	4	4 66						
Dec.	"	34 10		" 4665 " 24/11	8	13 99						
				CAP.					15			
Jan	"	34 10		" 353 M & Sp. 6/12	13	7 46						
				C.P. 82031 12/12	14	68 13						
				CAP.					15			
	-	101 20				94 21			50	33 06		
				C.P. 1945 8/1	5	19 47				64 90		
Mch	✓	64 90		" 12065 24/1	7	9 73				97 96		
				AR. 5406 3/8	13	29 20 4 66				154 35		
				" 1715 10/2 C. & M.C.	17	7 46						
				I.C.R. 1619 8/1/19 Sundry Items	17	22 63						
				AR 7797 C & B D 27/2	20	9 73						
				" 7968 " 4/3	22	43 80						
				CAP.		117 48			30	49 52		
				" 8429 C & B D. 2/3	26	4 87						
				C & B D. 7/3 27/3 2 days Pub R.								
				for auth. 16/3 18/3			2 20					
		64 90				122 35	2 20		30	56 59		
				400. Chqs 15/4 endorsed		9 73				19 47		
				2259 K.P. 7/5 "		4 87						
				1435 ✓ 26/4 "		4 87						
						19 47				76 06		

Sos Canada 11/5 J.L.S.

226241 RANK Pte NAME MORRISON F. B

PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
			Bal fwd					41 82		
PP	34 10		CAP				20			
			aR 2107 - 27/10/18 C&BD	9 33						
			aFW 3069 - I.C.R. Iron Rations	- 49				76 10		
	34 10			9 82			20	101 20		
" "	33 -		CAP				20	171 30		
								144 24		
			aR. 3063 C&BD. 10/11 4	4 66						
	34 10		" 4665 " 24/11 8	13 99						
			CAP.				15			
	34 10		" 353 MSDy. 6/12 13	7 46						
			CP. 82031 12/12 14	68 13						
			CAP.				15			
	101 20			94 24			50	33 06		
			CP. 1945 8/1 5	19 47				64 90		
	64 90		" 12065 24/1 7	9 73				97 96		
			aR. 5406 3/8 13	29 20 4 66				154 55		
			" 1715 15/2 C. Emb. C. 14	7 46						
			I.C.R. 1619 8/1/19 Sundry Items 14	22 63						
			aR 7497 CmSD 27/2 20	9 73						
			7968 " 4/3 22	43 80						
			CAP.	117 48			30	49 52 Dr.		
			" 8429 CmSD. 21/3 26	4 87						
			CmSD. 7/3 27/3 2 days Pte R.							
			for auth 14/3 18/3		2 20					
	64 90			122 35	2 20		30	56 59		
			400. Chqd 15/4 endorsed	9 73				19 47		
			2259 KP. 7/5 "	4 87						
			1435 ✓ 28/4 "	4 87						
				19 47				36 06		

SOS Canada 11/5 J.L.S.6.

9-11-33

War Service Badge
Class "A" No. 262142
18. 9. 46

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 226240

2 Rank. Pte.

3. Name. MORRISON Francis.

4. Unit. CMR Reserve CMGD.

5 Date of Discharge MAY 23 1919 Place LONDON, ONT.

DEMOBILIZATION
EMBARKED 11 5 19
SATURNIA GLASGOW

6 Reason for Discharge Category A III

Next of Kin Mother

Occup. Group 13

7. Authority. R. C.

Destination Stratford Ont

8. Proposed Residence after Discharge Casualty? Yes.

56 Stratford St
Stratford Ont

Decorations None

Service in France 18 mths.

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.? F. R. Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 23 1919

K CO 23-2-20 GK

Signature J. Ritchie Capt.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M F W 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (D.O.S.)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.O.S.)
11. Equipment Statement (Q.M.G. Form (D.O.S. 2).
    and Clothing.
12. Last Pay Certificate (F.851).
13. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A
Checked by No. 19
JC
Date 10-5-19

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 SEAFORD. DATE 9.4.19.

1. 1 (a) Unit C.M.G.D. (b) Regimental No. 226241 (c) Rank Pte.

(d) Surname Morrison (e) Christian name Francis Phillip.

(f) Home address 56 Stratford St. Stratford Ontario Canada.

(g) Next of Kin Mrs. Morrison. (h) Relationship Mother.

(i) Address of Next of Kin as above.

2. Age last birthday 20 Date of birth April 9th 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton Ont. (b) Date 11.5.16

4. Personal description:

(a) Height 5' 7" (b) Weight 135 (stripped) est. (c) Complexion fair.

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. Scar back of 1st rt. metacarpal bone.

5. Former trade or occupation Teamster.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	353

	Periods	
	From	To
Canada	11.5.16	15.8.16
England	21.8.16	5.9.17
France or other theatres of War	5.9.17	21.2.19

7. Original disease, or injury Ch. Supp. Otitis Media.

(a) Date of origin 5 yrs ago. (b) Place of origin Canada.

(c) Cause (Injury in Canada - hit by puck?) Infection

M. F. B. 227.

400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

None at present.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialist report 5.4.19.

R.	Hearing	L.
21 '	Voice	21 '
2048	Upper Limit	2048
64	Lower Limit	64

As far as ears nose and throat fit for Cat. B.i.

Membrane Tympan - Filled with scar tissue in left ear.

Ch. Sup. Otitis Media - not due to service.

(Sgd) R.A. Hughes. Capt. C.A.M.C.

No discharge at present.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System....No.....Cardio-Vascular System.....No.....Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No.....Respiratory System.....NO.....Integumentary System.....No.....

Disturbances of Mentality.....No.....Digestive System.....No.....Muscular System...No.....

Osseous and Joint Systems.....No.....Any other general condition.....No.....

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

He was hit by puck in winter of '15 - slightly deaf at times since - no haemorrhage or discharge at the time of injury.

Ear first discharged small amount thich pus in Oct. '16. ceased after three months treatment of H2.O2. etc No deafness resulted.

Again ear discharged in Oct. '17 in Hosp. 25.10.17 to 8.11.17 - no deafness resulted - Once since ear has discharged from 19.10.18 to 22.11.18 - deafness resulted.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Small pox 1915. - Ill 28 days - 26.1.19 V.D.G. 3.4.19 No evidence Vdg.
(Sgd). O.F.Eastmans
Capt.

Influenza 24.6.18 to 29.6.18 Recovery.

P.U.O. or Trench Fever. 14.9.18 to 7.10.18. Recovery.

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) Yes. (b) No.

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.)

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

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

Hosp.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

(Sgd) R.C.Weldon. Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid 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 ~~(not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of .....

(Sgd). Pte. F.P. Morrison. ..... Rank.
Signature of invalid 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 criticised.

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or ~~No~~.)	Yes. A.
(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 invalid

(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 discumstances~~
(d) ~~Should not pass under discumstances~~
(Strike out conditions not applicable.)

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

Boarded for retun to Canada. Auth:- A.G.Telegram. 9083
11.11.18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd.) H.K.Manning. Capt. *President.*

PLACE Seaford. (Sgd.) D.P.Byers. Capt. } Members

DATE 9.4.19

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE ..... } Members

DATE .....

APPROVED BY CERTIFIED TRUE COPY APPROVED BY

for W.C.Wearne Capt.
Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE ..... DATE .....

OFFICE STANDING MEDICAL BOARD 14 APR 1919 SEAFORD, SUSSEX.

SPECIAL EAR NOSE AND THROAT REPORT.

Seaford .....5/4/.....1919

Number.	226241	R.	Hearing.	L.
Rank.	Pte.	21'	Voice.	21'
Name.	Morrison	20+8	Upper Limit.	20+8
Unit.	C.M.G.D.	64	Lower Limit.	64

As far as Ears, Nose & Throat are concerned fit for Category:- B1

Membrane Tympani Filled & scar tissue in left Ear

Nose. Ch sup otitis media - not due

Pharynx to service

Remarks.

R. Langhes .....Capt. C.A.M.C

Pte Morrison

Co.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book,	Regimental No.	Rank.	Surname.	Christian Name.
2063.	226241	Pte.	Morrison	F.B.
Year 1916	Unit. 66D F.G.H.		Age. 18	Service. 4/12.

Station and Date. 9.9.16

Disease Ch Sup. Otitis Media

Four years has been hard of hearing in Lt ear
four months ago ear began discharging.

RT	Hearing	Lt
25'	Voice	4'
+	Rinne	–
slight +	Schwabach	+ slight
	Weber	>
2048	High Limit	2048
	Low	

~~Pain & tolerating~~ – ear dry.

Complains of eyes. See Eye clinic.

17-9-16 R.V. = $\frac{6}{6}$ + no hum J1. L.V. $\frac{6}{6}$ + no hum J1.
Ear discharging freely. Stewart
Treatment – H_2O_2 drops ℞ ear t.i.d.
afterwards dry thoroughly. J.A.S.

Sept 24 Put to bed apply hot water bottle
J.A.S.

Oct 5 Ear now dry. J.A.S.

RT	Hearing	Lt
25'		6 feet

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by

(J 3521.) Wt. W 5606—2821. 2,000,000. 7/15. D & S.

Station and Date.	
Oct 13.	Gargle for throat. J. A. Stewart

25' Hammock 20 feet
+ Trunnions –
Wheels 3
Fall for clutch. ~~Schneider's~~ 20½ 8
20½8 Height from
32 feet "
12

Left co foreman on [illegible]
[illegible]

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 19921

Date of Assignment

Aug. 1. 16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~20~~	15		

° 1-12-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 226241

Rank Sgt. Promoted Reverted Discharge

Soldier's Name F. P. Morrison

Battalion C. M. R. Depot. Reg.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Sarah. Morrison. wife

Address 259 Erie Street Stratford Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		013124-71-17 REMARKS
Dec 31			340 -	340 -		°a 2 m 21-12-18. 15.00 from 1/12/18
Jan 1918	W 68789		20	20	✓	alteration 49390. 23-12-18
Feb	H 73458		20	20	✓	
Mch	N 92369		20	20	✓	Jan. cheque will be for $10 to adjust
Apl	N 10382		20	20	✓	$5 overpaid in Dec.
May	R 17601		20	20	✓	
June.	N 21840		20	20	✓	Request Slip rendered 20-1-19
July	H 31252		20	20	✓	Credit Slip rendered 20-1-19.
Aug	P 40542		20	20	✓	adj Ck order 15302 20/1/19 10.00
Sep	U 42817		20	20	✓	
Oct.	H 54059		20	20	✓	
Nov.	H 57258		20	20	✓	
Dec 1919	X 67579		20	20	✓	
Jan.	~~H 72570~~		~~15~~	~~15~~	✓	Cancelled. (2562)
Jan.	O 4536		10	10	✓	23/1/19
Feb	W 76865		15	15	✓	
Mch	M 86108		15	15	✓	"Des. L.P. 86309" 27-5-19. 27/Feb. 27/5/19
Apl	P 3736		15	15	✓	
May	G. 8223		15	15	✓	
			650	650		

A/c Closed 31-5-19

Ret'd per Saturnia

Date 22/5/19 M.F.W.187 27/5/19

M. D. #1

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.