

SUBSIDIARY MOBILIZATION CENTRE

ATTESTATION PAPER.

No. 2009252

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... MORRISON.
- 1a. What are your Christian names?..... George, Archibald,
- 1b. What is your present address?..... Sault Ste. Marie Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Sault Ste. Marie Ont.
- 3. What is the name of your next-of-kin?..... John Morrison
- 4. What is the address of your next-of-kin?..... 154 Alexander Street, Soo. Ont.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feby. 6th. 1899
- 6. What is your Trade or Calling?..... Mechanic.
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? .. Nil.
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason?..... Nil.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,.....George Archibald 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.

*George Archibald Morrison* (Signature of Recruit)

Date..... May 28th..... 1918. *J. Anderson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,.....George Archibald 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.

*George Archibald Morrison* (Signature of Recruit)

Date..... May 28th..... 1918. *C. H. Beath* (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..... Sudbury Ont..... this..... 28th..... day of..... May..... 1918.

*C. H. Beath* (Signature of Justice)

# Description of MORRISON, George Archibald on Enlistment.

Apparent Age 19 years 3 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 ins.

Chest measurement { Girth when fully expanded..... 34 ins.  
 Range of expansion..... 37 ins.

Complexion ..... Fair

Eyes ..... Brown

Hair ..... Brown

NIL

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\* Fit A 2 for the Canadian Over-Seas Expeditionary Force.

Date..... May 28th 191 8

Place..... Sudbury, Ontario.

DECLARED FIT BY MEDICAL BOARD  
 SUDBURY MOBILIZATION CENTRE

*H. M. Jamieson*  
 Medical Officer,

\*Insert here "fit" or "unfit."

PRESIDENT

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.

.....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.

*George Morrison*  
 ..... (Signature of Officer)

Date..... 30-5-18 191 .

*H. C. B.*  
 O. C. Engineer Depot

MW  
5-2-19

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for

Purchase Money and Amount.....

Discharge Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

MW 129 - 1  
MTB 468 - 1  
MTW 91 - 1

# DISCHARGE DOCUMENTS

Name MORRISON GEORGE ARCHIBALD

Regt. No. 209252 Rank PTE

Corps 2<sup>nd</sup> BN. CAN GARR. TREAT

DEMOB'N

*Handwritten scribble*

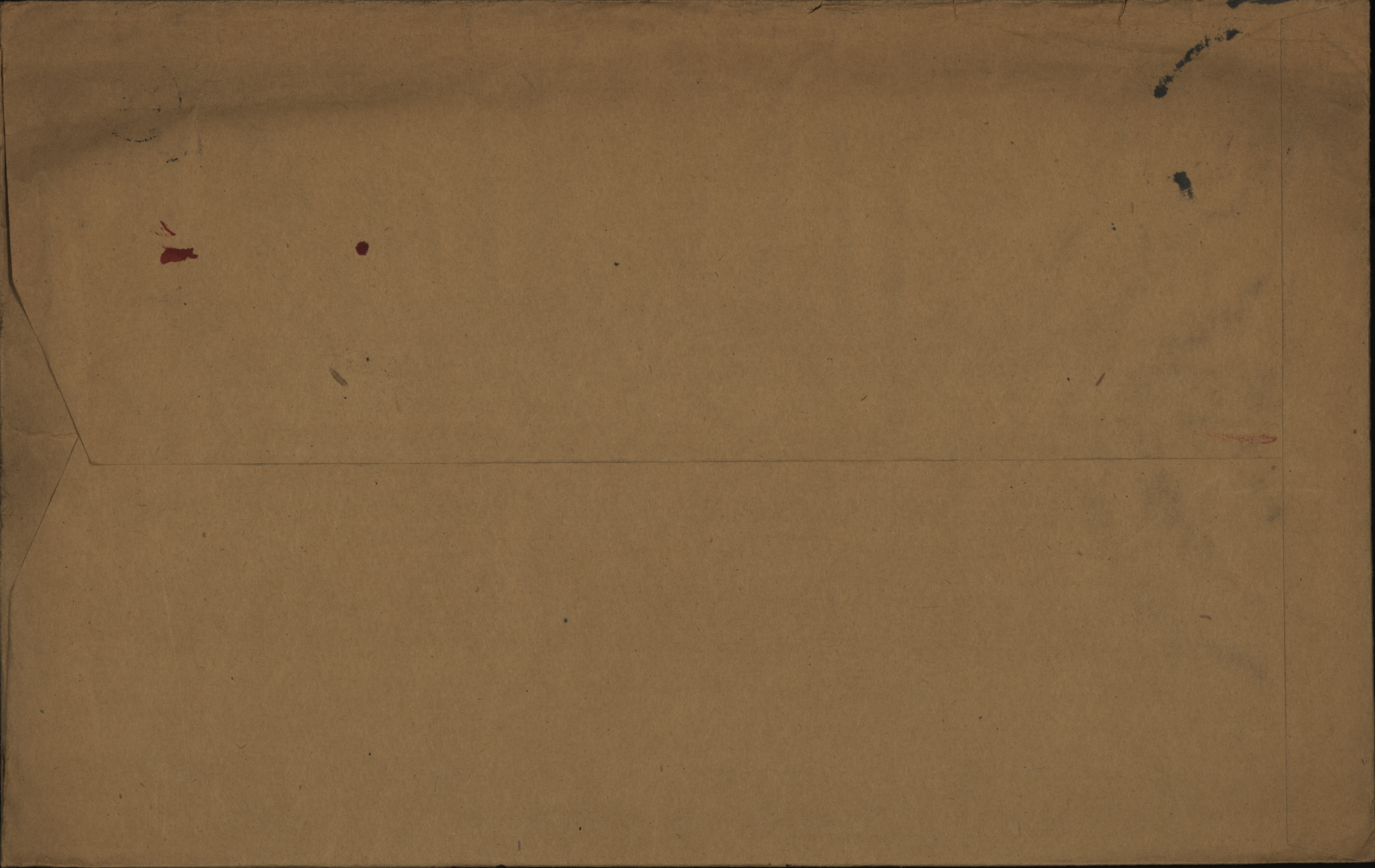
R. O. No.....

H. Q. No.....



34115





NAME

Morrison, G. A.

REGIMENTAL NO.

2009254

RANK

1st

ENLISTED AT

PROMOTIONS, &c.  
AND DATE

DATE,

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

John Morrison

RELATIONSHIP

Father

ADDRESS OF

154. Alexander St. Los Ont

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Ct

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2009852 Rank Pte Surname MORRISON  
(Given name in full)  
George Archibald  
 Unit or Corps 2nd C.G.R. Birthplace Calumet Mich U.S.A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 133 lbs. Height 5 ft. 7 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 73  
 Condition of arteries good  
 Vision Rt. 20 Left 20  
 Hearing (conversational voice) Rt. 2' Left 2'

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
 Small scar sized 5 cent piece on outer surface of upper 1/3 of Rt. leg due to dog bite in childhood. No disability nor aggravation.

Opinion as to general health and physical condition Ct

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System Yes Digestive System No  
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Muscular System - incomplete inguinal hernia present. Slight hernia only. Present prior to enlistment, no disability nor any aggravation by service.  
 Urinalysis neg. nit. - no Haemorrhoid albumen - nil. no Varicose Veins

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *Ex Camp. Toronto* ..... (Canada)

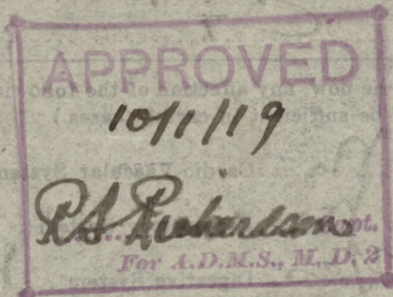
Date *10-1-19* ..... Signed *O. F. Banting* ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *Geo. D. Morrison* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



[OVER]



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

NAME OF SOLDIER

*Macmillan*

REGIMENT

*Can Eng*

RANK

*Sgt*

No.

*2009252*



## 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.

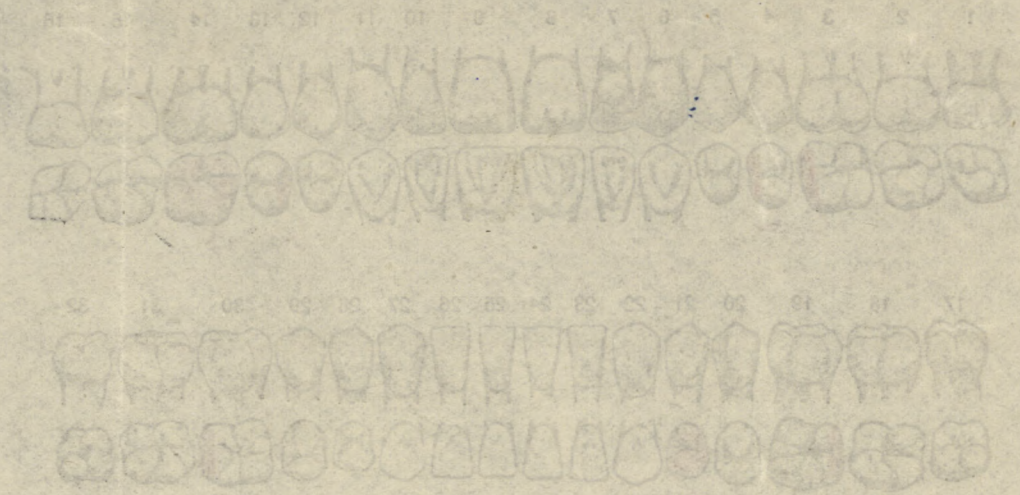
Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>																					
	<i>6 10 2/3</i>																					<i>Capt. Oliver's Complete</i>
	DISCHARGE EXAM.																					
	DATE <i>July 19/19.</i>																					<i>Unentitled</i>
																						<i>W. Cairny Capt.</i>

**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



REMARKS	OPERATOR	DATE	Clinical	Case	Chart	Diagnosis	Prognosis	Treatment	Notes	Signature	Initials
ASHTON	W. H. GIBSON	1918									
BIENTRA											
MADE IN CANADA											

DENTIST HIGLEY SHEET  
 THE UNIVERSITY OF TORONTO  
 DENTISTRY DEPARTMENT

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

No. 57

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

Regimental No. 2009252 Rank Rte Name Morrison G.A.  
 Corps 2nd Bn 6GR who was\* Wise  
 On Jan 14 1919, to \_\_\_\_\_  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1919  
 to Jan 14 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	
Advances by Cheques } No. <u>31578</u>	5		Regt'l Pay <u>14</u> days at \$ <u>1</u> c	14	
Assigned Pay and Sep'n Allee. No.			Field Allow. <u>14</u> days at \$ <u>10</u> c	140	
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>32969</u>	55	40	Other Allowances* <u>Clothing</u>	35	
Balance Cr. (to be paid by the new unit)			Other Credits*		
<b>Total</b>	<b>60</b>	<b>40</b>	Bal. Dr. (to be deducted by new unit)		
			<b>Total</b>	<b>60</b>	<b>40</b>

\*Give particulars.

A monthly stoppage of \$ 20.00 (†) has not (‡) been paid on account of Assigned Pay for the month of January 1919 and Sep'n Allee. for month of \_\_\_\_\_ 191\_\_\_\_  
 (Address) \_\_\_\_\_  
 (to) Assignee Mrs G Morrison  
154 Alexander St  
Sault Ste Marie  
Ont.

(†) 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.

Out Allowance of \$ \_\_\_\_\_ has been paid by Paymaster, Military District No. \_\_\_\_\_

**REMARKS:—**

State (1) date of enlistment 28-5-18  
 (2) if married and if a Separation Allowance Card has been submitted no no  
 (3) cause of discharge Demobled authority BDO 13  
 (4) authority for transfer \_\_\_\_\_

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

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

Date Jan 15 - 1919  
 Place Sherbrooke W. Feduley Lt Jm  
Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

THIS CERTIFICATE IS VALID FOR THE PAY OF THE FOLLOWING OFFICER:

Name of Officer: \_\_\_\_\_

Rank: \_\_\_\_\_

Branch: \_\_\_\_\_

Service Number: \_\_\_\_\_

Period of Service: \_\_\_\_\_

Amount of Pay: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Signature of Paymaster: \_\_\_\_\_

Signature of Adjutant: \_\_\_\_\_

Signature of Quartermaster: \_\_\_\_\_

Signature of Chaplain: \_\_\_\_\_

Signature of Medical Officer: \_\_\_\_\_

Signature of Transport Officer: \_\_\_\_\_

Signature of Commissary: \_\_\_\_\_

Signature of Provost Marshal: \_\_\_\_\_

Signature of Paymaster General: \_\_\_\_\_

Signature of Adjutant General: \_\_\_\_\_

Signature of Quartermaster General: \_\_\_\_\_

Signature of Chaplain General: \_\_\_\_\_

Signature of Medical Officer General: \_\_\_\_\_

Signature of Transport Officer General: \_\_\_\_\_

Signature of Commissary General: \_\_\_\_\_

Signature of Provost Marshal General: \_\_\_\_\_

Signature of Paymaster General: \_\_\_\_\_

Signature of Adjutant General: \_\_\_\_\_

Signature of Quartermaster General: \_\_\_\_\_

Signature of Chaplain General: \_\_\_\_\_

Signature of Medical Officer General: \_\_\_\_\_

Signature of Transport Officer General: \_\_\_\_\_

Signature of Commissary General: \_\_\_\_\_

Signature of Provost Marshal General: \_\_\_\_\_

Signature of Paymaster General: \_\_\_\_\_

Signature of Adjutant General: \_\_\_\_\_

Signature of Quartermaster General: \_\_\_\_\_

Signature of Chaplain General: \_\_\_\_\_

Signature of Medical Officer General: \_\_\_\_\_

Signature of Transport Officer General: \_\_\_\_\_

Signature of Commissary General: \_\_\_\_\_

Signature of Provost Marshal General: \_\_\_\_\_

Signature of Paymaster General: \_\_\_\_\_

Signature of Adjutant General: \_\_\_\_\_

Signature of Quartermaster General: \_\_\_\_\_

Signature of Chaplain General: \_\_\_\_\_

Signature of Medical Officer General: \_\_\_\_\_

Signature of Transport Officer General: \_\_\_\_\_

Signature of Commissary General: \_\_\_\_\_

Signature of Provost Marshal General: \_\_\_\_\_

Signature of Paymaster General: \_\_\_\_\_

Signature of Adjutant General: \_\_\_\_\_

Signature of Quartermaster General: \_\_\_\_\_

Signature of Chaplain General: \_\_\_\_\_

Signature of Medical Officer General: \_\_\_\_\_

Signature of Transport Officer General: \_\_\_\_\_

Signature of Commissary General: \_\_\_\_\_

Signature of Provost Marshal General: \_\_\_\_\_

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2009252 (Rank) Private

Name (in full) George Archibald MORRISON enlisted in  
the Engineer Depot

CANADIAN EXPEDITIONARY FORCE at Sudbury, Ont. on the 28th  
day of May 1918.

HE served in CANADA

and is now discharged from the service by reason of

" DEMOBILIZATION "

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

Age 20 Years 6 Months.

Height 5 Ft. 7 In.

Complexion Fair

Eyes Brown

Hair Brown

*Geo. A. Morrison*

Signature of Soldier

Marks or Scars

Small scar size of 5 cent piece  
on outer surface of upper 1/3  
Left Leg. Due to Dog bite in  
Childhood

*O. C. Blakely*

Issuing Officer Major

O. C. 2nd Bn., Canadian Garrison Regt.

Rank

Date of Discharge January 14th. 1919.

Appointment

Signed at TORONTO this 14th day of January 1919

in Military District No. 2.

File Reference No. \_\_\_\_\_

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No: ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

44-m-891

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION.....Brookville.....DATE.....August 30 18

1. 1 (a) Unit.....Can. Engrs. (b) Regimental No.....2009252 (c) Rank.....Spr  
(d) Surname.....Morrison (e) Christian name.....George A.

2. Age last birthday.....19 Date of birth.....Feb. 6th. 1899

3. Enlisted at.....Sault Ste Mainw Ont. on.....May 22nd. 1918.

### 4. Personal description:—

(a) Height.....5.7 (b) Weight.....131 (c) Complexion.....dark  
(d) Colour of hair.....brown (e) Colour of eyes.....brown (f) Identification marks.....  
(stripped)

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

154 Alexander Str. Soo. Ont.

Roll Turner

### 6. Former trade or occupation.....

7. (a) Service	Years	Days
	PERIODS	
	From	To
Canadian Engrs.	May 22nd. 1918	date

(b) Has he been overseas?.....No 8. Original disease or disability.....

Right inguinal hernia

(a) Date of origin.....before enlistment (b) Place of origin.....Canada

(c) Cause\*.....Unknown

(d) Present disease or disability.....Right inguinal hernia

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

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

Subj. Complains of a dull aching pain in right groin after walking one mile or standing for one half hour. After running says there is a swelling in right groin.

9. Present condition.—(Continued.)

Objective. <sup>Hernia</sup> Right inguinal protruding just through external ring  
Impulse on coughing. Ring markedly enlarged.

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

Nervous.....Yes.....Digestive.....Yes.....Respiratory.....Yes.....Cardiac.....Yes.....  
Genito-Urinary.....Yes.....Skin, Middle Ear, Eye or any other part.....No

Right inguinal hernia.

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

Has had hernia as long as he can remember.

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

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

No

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

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?

Permanent

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

None



OPINION OF THE MEDICAL BOARD

14. (Continued)

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

Operation might benefit disability

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

17. Recommendations

Category C 1'

G. Waldmae

Capt. AMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

G. A. Morrison

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the soldier fit for

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

20. It is certified that the soldier

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category C1.

Disability not due to or aggravated by service.

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

*W. Buck* Capt. A.M.C. President.

PLACE... Brockville. Ont.

*W. Buck* Capt. A.M.C. Members.

DATE... Aug. 30 1918

APPROVED BY *W. Cray*  
Assistant Director of Medical Services.

APPROVED BY *P. L. Stauffer*  
Director-General of Medical Services.

DATE... SEP 2 1918

DATE... 7/10/18

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

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# Proceedings on Discharge.

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

No.	2009252
Rank	Private
Surname	MOERISON
Christian Name	George Archibald
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd BN. CANADIAN GARRISON REGIMENT
Date of Discharge	January 14th. 1919.
Place of Discharge	TORONTO
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....20..... years.....0..... months.	Descriptive Marks  Small scar size of 5 cent piece on outer surface of upper 1/3 of Left Leg. Due to dog bite in childhood.
Height.....5..... feet.....7..... inches.	
Complexion Fair	
Eyes Brown	
Hair Brown	
Trade Mechanic	
Intended place of residence } 154 Alexandra St. (To be given as fully as } practicable.) } Sault Ste. Marie	
2. The above-named man is discharged in consequence of	
" DEMOBILIZATION "	
Routine Order No. 1328.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....


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

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

**TORONTO**

(Place).....

(Date) Jan. 14th. 1919. Commanding .....

8. Certificate to be signed by the Soldier on Discharge

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

**TORONTO** George J. Morrison (Signature of Soldier.)

(Place).....

(Date) Jan. 14th. 1919. R. Cameron (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

11. Confirmation of Discharge.

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

**TORONTO**

(Place).....

(Date) Jan. 14th. 1919. R. Blackley Major  
(Signature).....  
O. C. 2nd Bn., Canadian Garrison Regt.

**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.)

**List of Discharge Documents**

" None "

*Geo. A. Morrison*

	<p>Reg. Conduct Sheet, Militia form B. 203</p>
<p>Militia Form B. 232, Attestation Paper,</p>	<p>Militia form B. 203</p>
<p>Proceedings on Discharge, B. 218</p>	<p>Conduct Sheet, B. 203a</p>
<p></p>	<p>Company, Battery, Squadron</p>
<p></p>	<p>Copies of Convictions, by C. P. in MS.</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Med. Hist. Sheet, Militia Form B. 313</p>
<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalids, B. 237</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, B. 217</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Only if discharged "Medically unfit," B. 217</p>
<p></p>	<p></p>
<p>N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.</p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>
<p></p>	<p></p>

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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**N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.**

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

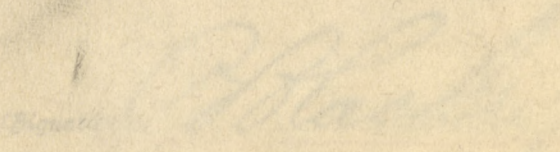
*Statement of Service.*

*Confirmation of Discharge.*

*Confirmation of Discharge.*

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

(Place) \_\_\_\_\_

  
 \_\_\_\_\_  
 \_\_\_\_\_

2nd Det. C.G.R.

AUDITOR *JPh* PAYMASTER

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

REGT. No *2009252* RANK *Pte* NAME (IN FULL) *Morrison G.A.*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
NEXT OF KIN							
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION <i>28-5-18</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Toronto</i>	PLACE DATE <i>1st-1-19</i>	REASON <i>Senobln</i> AUTHORITY <i>BDO</i> IF ENTITLED TO POST DISCHARGE PAY <i>200</i>

MONTH	PAY AND F. A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE			PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	DEBIT		CREDIT	
																					\$
Jan	14	<i>1.10</i>	<i>15.40</i>	<i>35</i>	<i>10</i>	<i>6040</i>	<i>31578</i>	<i>32909</i>	<i>5</i>	<i>5540</i>				<i>6040</i>							

ACCOUNT CLOSED. NOT SIGNED.  
RESPONSIBLE OFFICER S.O.S. PRIOR  
H.Q. CIRCULAR No. 102 (LOCAL 120)  
ABST. DIRECTOR PAY SERVICES, M.D. N





# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... **Brockville** ..... DATE..... **August 30 18** .....

1. 1 (a) Unit..... **Can. Engrs.** ..... (b) Regimental No..... **2009232** ..... (c) Rank..... **Spr** .....  
 (d) Surname..... **Morrison** ..... (e) Christian name..... **George A.** .....

2. Age last birthday..... **19** ..... Date of birth..... **Feb. 6th. 1899** .....

3. Enlisted at..... **Sault Ste Mainw Ont.** ..... on..... **May 22nd. 1916.** .....

4. Personal description:—

(a) Height..... **5.7** ..... (b) Weight..... **131** ..... (c) Complexion..... **dark** .....  
 (d) Colour of hair..... **brown** ..... (e) Colour of eyes..... **brown** ..... (f) Identification marks.....

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

**154 Alexander Str. Soo. Ont.**

6. Former trade or occupation..... **Roll Turner** .....

7. (a) Service	Years	Days
	PERIODS	
	From	To
<b>Canadian Engrs.</b>	<b>May 22nd. 1916</b>	<b>date</b>

(b) Has he been overseas? **No** ..... 8. Original disease or disability.....

**Right inguinal hernia**

(a) Date of origin..... **before enlistment** ..... (b) Place of origin..... **Canada** .....

(c) Cause\*..... **Unknown** .....

(d) Present disease or disability..... **Right inguinal hernia** .....

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

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

**Subj. Complains of a dull aching pain in right groin after walking one mile or standing for one half hour. After running says there is a swelling in right groin.**

9. Present condition.—(Continued.)

Objective. <sup>Small</sup> Right inguinal protruding just through external ring

Impulse on coughing. Ring markedly enlarged.

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

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes  
Genito-Urinary Yes Skin, Middle Ear, Eye or any other part. No

Right inguinal hernia.

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

Has had hernia as long as he can remember.

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

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

No

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

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?

Permanent

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

None

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

Operation might benefit disability

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

17. Recommendations

**Category 0 1'**

*awward need* **Capt. ALC**  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

*G. A. Morrison*  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

**Yes**

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

20. It is certified that the soldier  
(a) ~~Does not require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) Should not pass under his own control.  
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category C1.

Disability not due to or aggravated by service.

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

*[Signature]* Capt. AMC President.

PLACE... Brookville. Ont.

*[Signature]*

Capt. AMC Members.

DATE... Aug. 30 1918

APPROVED BY

*[Signature]*

Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE... SEP 2 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE..... President.

DATE..... Members.

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

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

500M.—9-16

H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. Canadian Engineers

Regimental No. 2009252 Rank Private Name MORRISON, George Archibald  
C. E. F.

Enlisted (a) 28-5-18 Terms of Service (a) Duration of War Service reckons from (a) 28-5-18

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) Civil - Mechanic.

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				
<u>7.9.18.</u>		TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.	<u>from Eng. Dept. SO# 139/10/9/18.</u>		<u>[Signature]</u> Capt. & Adj. No. 3 Bn., Canadian Garrison Regt., C. E. F.
<u>30/9/18.</u>		Transferred to <u>M.D. No. 2</u> and struck off strength.	<u>DO 168 29/9/18</u>		<u>[Signature]</u> Capt. & Adj. No. 3 Bn., Canadian Garrison Regt., C. E. F.
<u>13-1-19</u>	<u>2nd. Bn. C.G.P.</u>	<u>S.O.S. on discharge "Demobilization" R.O. No. 1328</u>	<u>Toronto, Ont</u>	<u>14-1-19</u>	<u>Part II #13. 13-1-19.</u> <u>[Signature]</u> O. I. C. Records, 2nd Bn., Canadian Garrison Regiment

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



MEDICAL HISTORY SHEET.

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

1. Surname **MORRISON** Christian name **George Archibald**

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. **Recruit**

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) **154 Alexander Street, Sault Ste Marie, Ont.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **28th** day of **May** 191**8** by the undersigned medical board sitting at **Sudbury, Ont. M. B. C. #19**

5. Age as stated **19** Years **3** Months. 6. Apparent age **19** Years **3** Months

7. Height **5** Feet **7** Inches. 8. Weight **131** Pounds.

9. Chest measurement { Minimum **34** Ins. Maximum **37** Ins. 10. Complexion **Fair** { Eyes **Brown** Hair **Brown**

11. Physical development **Good** { Good Fair Poor 12. Smallpox marks **Nil**

13. Number of vaccination marks { Right arm **0** Left arm **0** 14. When vaccinated last **Never**

15. Distinctive marks and marks indicating congenital peculiarities or previous disease **Nil**

16. Slight defects but not sufficient to cause rejection **Nil**

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **17.** (a) Vision R. **30** L. **30** (b) Hearing, R. **Nor.** L. **Normal**

*H.M. Jamieson* President *W. Dale* Member *[Signature]* Member

VACCINATIONS		ANTI-TYPHOID INOCULATIONS, ETC.	
Date	Result	Date	Result
JUN 1 3 1918	M.O.	JUN 8 1918	M.O.
	M.O.	JUN 1 3 1918	M.O.
	M.O.		M.O.

Joined **22nd** day of **May** 191**8** at **Brockville**

CORPS	REG'TL NUMBER	HABITS	DATE
Can. Engineers	2009252		28-5-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Brockville, Ont.	4.7.18	Inguinal hernia right	C.I. Under & Kenneth Capt
Brockville Ont Aug 30/18		Refr. inguinal hernia	Abbyon Lieut

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

SUDBURY MOBILIZATION CENTRE

Signature of Man *George Archibald Morrison*

Dis. 14-1-19

