78TH DEPOT BATTERY C.E.F.

ATTESTATION PAPER.

Orgual No. 125/083

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

OUESTIONS TO BE PUT BEFORE ATTESTATION. 1. What is your surname? Morrison 1a. What are your Christian names? .. Suy...... 1b. What is your present address? Lubbridge + 5051/2 Sh I daho Sh Butte woul 2. In what Town, Township or Parish, and in 4. What is the address of your next-of-kin? 10/2 26 th are North Scattle 4a. What is the relationship of your next-of-kin?. Mother 5. What is the date of your birth? 220ch 1890 6 What is your Trade or Calling? Railway - Horst Lugueer 8 Are you willing to be vaccinated or revaccinated and inoculated? Mro 18 th July Butt antigonish (william 9. Do you now belong to the Active Militia?..... 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. 11. Do you understand the nature and terms of Mis your engagement? 12. Are you willing to be attested to serve in the) Mro CANADIAN OVER-SEAS EXPEDITIONARY FORCE? DECLARATION TO BE MADE BY MAN ON ATTESTATION. I, Sun 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 un Mohrer (Signature of Recruit) The Manne (Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jun 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?

Date 9 Och 1916 Alf Mulle Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false apower 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 further this 7 the day of October 191 6

M. F. W. 28 750M--2-16 W. O. 1773-89-841

| | | ears | Distinctive marks, and marks indicating congenital peculiarities or previous disease. |
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| lation | s for Army Modical Service | nstructions given in the Regu- | (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). |
| | | C | Tattoo left arm 3. m |
| | | | |
| Chest measure ment. | pandedange of expansion | 36 ins. | |
| Comple | xion Andry | | |
| Eyes | Brown | | |
| Hair | base | | |
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| denominations B B C B C C C C C C C C C | Saptist or Congregation | nalist | |
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78th Depot Battery. C.E.F. ATTESTATION PAPER. No. 125/083.

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CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| 1. What is your surname? 1. What are your Christian names? 2. In what Town, Township or Parish, and in what Country were you born? 3. What is the address of your next-of-kin? 4. What is the eadiress of your next-of-kin? 5. What is the date of your birth? 6. What is the date of your birth? 6. What is the date of your birth? 6. What is your Trade or Calling? 7. Are you willing to be vaccinated or revaccinated and inoculated? 9. Do you now belong to the Active Militia? 10. Have you ever served in any Military Force? 11. Do you understand the nature and terms of your engagement? 12. Are you willing to be attested to serve in the Carabian Vorke-Stase Expertizons and Pranch of His Majesty's Forces as medically unit? 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unit? 14. If so, what was the nature of the disability? 15. Have you ever offered to serve in the Carabian Vorke-Stase Expertizons Ary Forces? 16. If so, what was the reason? DECLARATION TO BE MADE BY MAN ON ATTESTATION. 1. John Management of the above questions and that they are true, and that I am willing to fulfil the engagement 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 month after the termination of that war provided His Majesty should so long require my services, or until legall discharged. 1916. What was the reason? 1916. What was the reason? 1916. What was the reason 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 month after the termination of that war provided His Majesty should so long require my services, or until legall discharged. 1916. What was the reason? 1917. W | QUESTIONS TO BE PUT | (ANSWERS.) |
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| 1b. What is your present address? 2. In what Town, Township or Parish, and in what Country were you born? 3. What is the name of your next-of-kin? 4a. What is the address of your next-of-kin? 5. What is the date of your birth? 6. What is your Trade or Calling? 7. Are you married? 8. Are you willing to be vaccinated or revaccinated and inoculated ? 9. Do you now belong to the Active Militia? 10. Have you ever served in any Military Frore? 11. Do you understand the nature and terms of your engagement? 12. Are you willing to be attested to serve in the Caranda Novas Saas Expentrosanty Force? 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unft? 14. If so, what was the nature of the disability? 15. Have you ever been discharged from any Branch of His Majesty's Forces and been rejected? 16. If so, what was the reason? DECLARATION TO BE MADE BY MAN ON ATTESTATION. 1. Att August Andrew Saas Expenditionary Force, and to be attached to any sam of the service therein, for the term of one year, or during the war not excitating between Grost Britain and German agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any sam of the service therein, for the term of one year, or during the war not excitating between Grost Britain and German and grave to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any sam of the service therein, for the term of one year, or during the war not excitating between Grost Britain and German Agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any sam of the service therein, for the term of one year, or during the war not excitating between Grost Britain and German | 1. What is your surname? | |
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| 6. What is your Trade or Calling? 7. Are you married? 8. Are you willing to be vaccinated or revaccinated and inoculated? 9. Do you now belong to the Active Militia? 10. Have you ever served in any Military Force? 11. Do you understand the nature and terms of your engagement? 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? 13. Have you ever been dischaged from any Branch of His Majesty's Forces and medically unfit? 14. If so, what was the nature of the disability? 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? 16. If so, what was the reason? DECLARATION TO BE MADE BY MAN ON ATTESTATION. 1, His How you have does does tions and that they are true, and that I am willing to fulfil the engagement by me now midle, and I bereby engage and agree to serve in the Canadian Over-Seas Expeditionar Force, and to be attached to any arm of the service therein, for the term of one year, or during the war nov existing between Great Britain and Germany chould that war last longer than one year, and for six month after the termination of that war provided Ilis Majesty should so long require my services, or until legall; discharged. Date OATH TO BE TAKEN BY MAN ON ATTESTATION. 1, How you have the many controlled that war and the surface of the Majesty His Heirs and Successors, in Person, Orown an indicate of the majest of the surface of the Majesty, His Heirs and Successors, in Person, Orown and Dignity, against all neemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, in Person, Orown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, in Person, Orown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, in Person, Orown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, in Person, Orown and Majesty His Heirs and Suc | | 2202 1890 |
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| 750 M1-17. N.B.—ATTENTION IS DRAVI. TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE | 1, +1 1, .1 | uestion, and that his answer to each question has been s made and signed the declaration and taken the oath |

| Apparent Age 26 years months. | Distinctive marks, and marks indicating congenital |
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| (To be determined according to the instructions given in the Regulations for Army Medical Services.) | peculiarities or previous disease. |
| A CONTRACTOR OF THE PARTY OF TH | (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 ins. | |
| CARL THE TANK OF THE PARTY OF THE PARTY. | Tattoo left arm y.m |
| g (Girth when fully ex- | sauso upi aim J.M |
| panded | Stories the man in the stories of the state |
| Range of expansion 3.8ins. | |
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| Methodist. Baptist or Congregationalist. Roman Catholic. | |
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| Proceedings of Court of Inquiry or on men |
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| resorted Musing on Active Service |
| Attes on Tapers |
| Declaration of change of name |
| |
| Authority for special enlistments |
| Documents of re-enlisted men |
| Regimental Conduct Sheet |
| Compulsory Stoppages |
| Casualty Forms. |
| Proceedings on discharge// |
| Corps History Sheet. |
| Date and No. of Deposit Receipt for |
| Purchase Money and Amount |
| Parchment Certificate |
| Medical Report for Invalids |
| Medical History Sheet |
| Proceedings of Regt. Court Martial |
| Copies of Convictions by Civil Power |
| Company Conduct Sheet. |
| Clothing Transfer Certificate |
| Inventory of Kit/ |
| Last Pay Certificate |

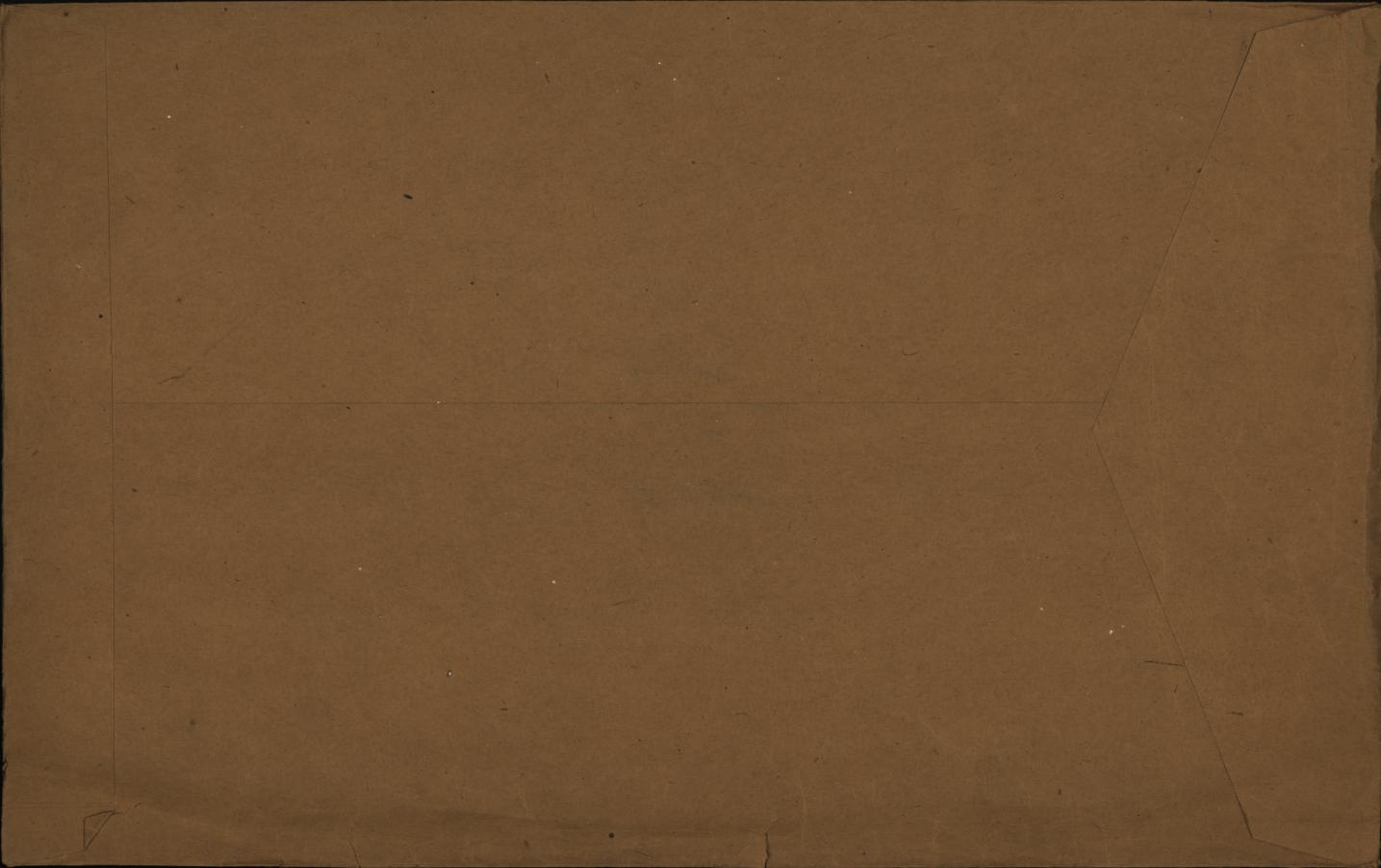
DISCHARGE DOCUMENTS

Name Morrison, July
Regt. No. 125/083 Rank Gnr
Corps 48th Depot Dty
Medically Maple

R. O. No.

34145

M. F. W. 62. 50M.-9-16. H Q. 1772-39 905.



| SURNAME. M. arrison, 649-m. | - 13629 CARD NO. V |
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| CHRISTIAN NAMES REGL. NO. 125-1083 RANK LA | |
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| UNIT 78 th. Bly. | |
| FORMER CORPS /8 Fld. Bn. | |
| NEXT OF KIN. | CHANGE OF ADDRESS |
| NAMES IN FULL Mc Ginity, Mrs. ann | cie |
| RELATIONSHIP TO SOLDIER Mother | |
| ADDRESS 1012 - 26th ave north, Sea | ttle, |
| Wash., | 24.8.0. |
| | |
| PLACE OF ATTESTATION Lethbridge alla | M. S. DATE Oct. 22 1 1890 |
| PLACE OF ATTESTATION Lethbridge all | C. DATE aug. 7th. 1916. |
| | |
| L. L. 6945. M. & D. 6994; | W. 22. 100m.—8-16. H. Q. 1772-39-359. |
| | |

SINGLELLES! MARRIED TRADE OR CALLING Railway haist RELIGION Roman Catholic.

Engineer. DESCRIPTION.

APPARENT AGE

26 YEARS

MONTHS' HEIGHT 5 FEET 5 INCHES CHEST MEASUREMENT 36 INCHES EXPANSION 2. INCHES COMPLEXION RUddy EYES Brown HAIR Wark.

DISTINGUISHING MARKS Tattoo, Lift arm "G. M." MEDICAL EXAMINATION. PLACE Lethbridge, P. Q. DATE Oct. 7 1/1916. Present address, 505112 St. Idaho St., Butte, Mont.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

| This form to be used for all Ranks (Vide Ar | ticles 1 | 122. 13 | 30 and 141, Financial Instructions, 25715c, C.E. | F.,191 | 6). |
|--|----------|-----------------|---|---------|--------|
| Regimental No. 1257083 Rank | un | me | 1 Name G. morris | 0 | 1 |
| | | | as* Discharged | | |
| on Februar | | IIO W | 7, to | | |
| *Insert | "disc | harged | d" or "transferred." | | |
| The following is a statement of the | | 1000 | | | 1 |
| to 191 the inclus | sive da | ate of | f transfer or discharge. | 1 | 91 |
| Dr. | \$ | c | Cr. | \$ | c |
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | | |
| 1 | 15 | | Regt'l Pay/9days at \$/c | 19 | |
| Cheques No. | | | Field Allow. / G days at \$ c/O | 4 | 90 |
| Assigned Pay No. | | | Other Allowances* | | / |
| Other Charges * The Holage | | 47 | Other Credits* Clothing | 10 | |
| Payment on transfer or discharge No. 942 | 15 | 43 | Other Credits* Quantum g | /0 | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 30 | 90 | Total | 30 | 96 |
| 1000 | 9.0 | *Give | Particulars. | | 1- |
| | | | to (Assignee) | of Assi | igned |
| (Address) | | | | | |
| (†) Insert amount to (‡) Insert "not" if ar | be assi | igned, has n | whether it has been paid or not. ot been paid for period of account. | | |
| | | | of an Officer. iid by Paymaster, Military District No | | |
| REMARKS:— State (1) date of enlistment. | 10- | -16 | | | |
| (2) if married and if a Separation (3) cause of discharge and author | n Allov | wance | | 1/17 | |
| | | | ent advice for Assigned Pay has been forwarded | d, and | date |
| | | | | | |
| | | | | | |
| of the unit. | nent o | facco | ount and find it to be a correct extract from t | the Pa | y-list |
| Date 20/19. 11. | | | | | |
| Place Lethbridge, | | | Whelsonlient | | |
| | | | quadruplicate. One copy to Paymaster of new unit; on | Payma | ster |
| Paymaster: one to accompany the pay-list at the end | of the | month, | and; one for retention as a record. One copy to accompany discharge papers; one copy t | | |

M. F. W. 44. 200m.—6-16. H. Q. 1772-39-903 GANADIAN CONTINGENT EXPEDITIONARY FORCE LAST PAY CERTIFICATE Toron Telephone (1911) N. S.

| . / | TOR | CY | SHEE | |
|--|---------|--------------|--|------|
| Surname Mossison Chi | ristian | Name. | rug | -8- |
| on To day of better 1916 | App | roved by | BARN | |
| (City or Town Quity onish | | Ran | Cant Sellica | |
| Birthplace County | Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT | mer. |
| Apparent age. | | Onic | | - |
| Trade or occupation MailRoading | | | M.C | |
| Height Inches | | 7 | M.C |). |
| Weight 14 5 lbs. | | | |). |
| Chest measurement \{ Minimum \ 36 \ inches | | | | Э. |
| (Maximum expansioninches | | | M.0 | Э. |
| Physical development Social | | | M.C | Э. |
| Small-pox Marks | | | M.C | Э. |
| Vaccination Marks Arm Right Left upper | Date | Result | Vaccinations | - |
| Number | 1916 | Fish | and and man | _ |
| When Vaccinated last | est.II | 19/0 | Or 30 house M. | |
| (a) Marks indicating congential peculiarities or | | | M. | J. |
| previous disease | | | M. | O. |
| (b) Slight defects but not sufficient to cause rejection | 1996 | Result | ANTI-TYPHOID INCCULATIONS, ETC. | |
| (b) Shight delects but not summered to educe rejection | bet.9 | Typ | Me Polipouson M. | 0. |
| | 11.16 | Typ. | The wolfhouson M. | 0. |
| | 60tos | 14b | 3 Polyhouson M. | 0. |
| 1 60 HSC- | | 1 | LABERA ROLL | = |
| Enlisted on day of Olifon | 19 | 10 at | noncegue, | _ |
| CORPS REGT'L I | NUMBER | н | TABITS DATE | - |
| Joined on enlistment | 083 | | October 7 1 | 71 |
| | | | | |
| Transferred to | | | | |
| | | | | |
| EXAMINED OR DISCHARGE | ED BY | AN | MEDICAL BOARD | - |
| STATION DATE | Dis | SEASE | Result | |
| | | | | |
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N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

Christian Name Surname

| , | | Date of Arrival | | | DAT | ES OF | | | | ** ** | Number of | Remarks on nature of the disease; how induced; if mild or severe; if com- | |
|-----|-------------|-----------------|-----|----------------|------------|----------|--------------------|-------------|--------|---------|-----------|--|------------------------------|
| | STATION | at the | in | Admission Hosp | on ital | fro | Dischar om Host | ge pital | 1 | DISEASE | days in | 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 |
| | | Station | 130 | Month | Year | Day | Month | Year | | | Hospital | appliances supplied. Particulars of prophylactic inoculations. | |
| | Kethbridge. | 19/1/16 | 25 | | | April 19 | | | | N 2001 | a stay | | |
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Proceedings on Discharge.

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

| No. 1251083. |
|--|
| Rank Gunner. |
| Name Guy Morrison Note—The name must agree strictly with that on enlistment unless changed subsequently by authority. |
| Corps (Squadron, Battery or Company) 78th Defot Battery C&F |
| |
| Date of Discharge 19th Sebruary 1914. Place of Discharge Lethbridge alla. |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. |
| Age |
| Eyes Brown Hair Dark Trade Raily Hoist Engineer |
| Intended place of residence (To be given as fully as practicable.) |
| 2. The above-named man is discharged in consequence of leing medically linght "Squint" |
| 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. **Topic officer commanding his Squadron, Battery or Company: **Topic officer commanding his Squa |
| N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company: |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Railway Horsh Engineer 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) |
| To be in the certification of |

M. F. B. 218.

H. Q. 1772-39-113.

Notw122-3-14.

| 5. He is in possession of the following number of G. C. Badges: |
|--|
| Toone |
| No reference to G. C. Badges is to be made on either the discharge or character certificate. |
| 6. Medals and Decorations |
| 7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations. |
| (Place) Lethbridge alla Morelson Lieux |
| (Date) 19 Lety 1917 Commanding 18th Defot Battery |
| 8. Certificate to be signed by the Soldier on Discharge |
| I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page. |
| (Place) Lethbridge alla Lyng In Frank (Signature of Soldier.) (Date) 19 h Letty 1917 John Stellhouse (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)yearsdays. Totalyearsdays. |
| 11. Confirmation of Discharge. |
| The discharge of the above-named man is hereby confirmed. |
| (Place) Leth Fridge alla |
| (Date) 19 Leby 1917 (Signature) |

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.)

Me ...

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Attestation Paper, Squadron Battery Company Conduct Sheet, Proceedings on Discharge Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* B. 227. Statement of Man's Account on Transfer and Last Pay Cer-(b) Attestation. tificate, D. 877. *Only if discharged "Medically unfit."

Militia Form B. 235.

B. 218.

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

- (a) Proceedings on Discharge.
- (c) Medical History Sheet (in the event of such having been prepared.)

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.

Mc Pherson PO antigonish Co. Nova Scotia MEDICAL HISTORY OF AN INVALID. 160 1. Station. Lethbridge 8. General remarks on his: — gang well (a) &1 2. Regiment or Corps. 78th Bb-(a) Conduct. 8000 3. Regimental No. and Rank. 1251 083 (b) Habits. 4. Name. Buy morrison (c) Temperance. 5. Age last Birthday. 26. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.) 9th oct 6. Enlisted on Lethbridge Former Trade or Occupation. Stationer Ingunes Date. 9. Service. PERIODS. 78th Bly-Oct 9th/16 dale Squint + old wounds of right andle 10. (a) Disease or disability. Congental -(b) Date of origin. Mova Scotia : (c) Place of origin. (d) Cause. Congental Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Mufif for active mulitary Dervice. Scars of severe injury & right andle which occurred fine years ago. Droubilit - not caused & notul 14-3-17 12. (a) Is the disability the result of service or climate? no (b) Has it been aggravated by intemperance, vice no or misconduct?

M. F. B. 227.

150 M-5-16.

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

Scaro over right ankle Squint.

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

na.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

na

14. Treatment

none

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

not aggravated

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

permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

none

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

yes

666ragg Capt Ramb

OPINION OF THE MEDICAL BOARD.

| Does the Board concur with | |
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| | Station and Hospital Hospital |
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| 16. Yes | |
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| 17. Yes | Form, the second |
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| Brand recommended under Modern Briefler | Juanin President. |
| Brand recommended und Moderate und Armenteren Station. Letteriffe Date. In 18/17 | Juanin President. |
| Brand recommended und Modernerlier Signatures:— Station. Lewenife | Juanin President. Capi Kame Capt Amc Capt A |
| Station. Letteriffe Date. 49 18/17 Date. FEB 171917 | Juanin President. "apr Rame Capt Ramb. Members. Capt Amc |
| Station. Letteriffe Date. In 18/17 FEB 17 1917 | Juanin President. Capi Kame Capt Amc Capt A |

OPINION OF THE MEDICAL BOARD.

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

(At Station or Hospital where finally disposed of.) Station and Arrived Hospital from Date. If admitted. If under treatment. How fully Date of Disease. disposed of. Discharge, &c. Index No. From From Date Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt. Date of final Medical Board or decision. Administrative Medical Officer. Date of final disposal How finally disposed of Hospital or Station transferred to for final disposal. Corps Name The original Report is invariably to discharge documents of invalids. Disability Station DETAILED MEDICAL HISTORY Regimental No. Militia Form B. 227 150 m-5-16. H. Q. 1772-39-117. accompany the