

Unit Ambs Rank Capt Name J. B. Morrison

**OFFICERS' DECLARATION PAPER**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

Presented to the R. Division  
in an envelope addressed  
SECRETARY MILITIA COUNCIL

NOV 3 1919

*Lab 27.10.19  
372-14-55*

**QUESTIONS TO BE ANSWERED BY OFFICER**

[ANSWERS]

1. (a) What is your Surname?..... MORRISON
- (b) What are your Christian Names?..... JAMES BERNARD
2. (a) Where were you born? (State place and country)..... Milltown N.B.
- (b) What is your present address?..... Milltown N.B.
3. What is the date of your birth?..... Nov. 21st 1891
4. What is (a) the name of your next-of-kin?..... Joy H. Morrison
- (b) the address of your next-of-kin?..... Milltown N.B.
- (c) the relationship of your next-of-kin?..... wife
5. What is your profession or occupation?..... Physician & Surgeon
6. What is your religion?..... Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
8. To what Unit of the Active Militia do you belong?..... A.M.C.
9. State particulars of any former Military Service..... nil
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. B. Morrison (Signature of Officer)  
Capt.

Taken on strength (place)..... H. John N.B.  
(date)..... Oct. 28th/18

A. C. Ford  
(Signature of Commanding Officer.)  
Adms Wdy

**CERTIFICATE OF MEDICAL EXAMINATION**

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... 28 Oct. 1918

Place..... H. John N.B.

J. A. L. G. G. G.  
Medical Officer.

\*Insert here "fit" or "unfit"

2/8  
1891  
20



OFFICERS-DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

Answered

1. What is your name and rank?

2. What is your present position and duties?

3. What is your present assignment?

4. What is the name of your unit?

5. What is the name of your command?

6. What is the name of your theatre of operations?

7. What is your present status (e.g., active, reserve, etc.)?

8. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

(Signature of Officer)

Date

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the requirements of the Medical Services Branch and find him fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date

(Signature of Medical Officer)







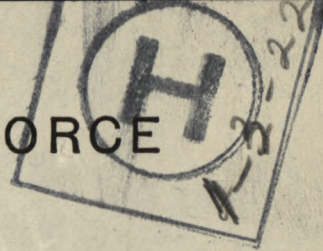
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CANADIAN EXPEDITIONARY FORCE

P.I. 7-41.  
L.B.

Certificate of Service



ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain.

(Name in full)..... James Bernard MORRISON.

Enlisted in..... The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty-Eighth day

of..... October 191..... 8

He SERVED in CANADA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the..... Twenty-Seventh day

of..... October 191..... by reason of..... General Demobilisation.

Dated at Ottawa, this..... Second. day

of..... February 22 1920. 191.....

*J.M.*  
for..... E. R. J.  
It. Col.  
Director of Personal Services.

*J.W.*



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Name)

has served in the CANADIAN EXPEDITIONARY FORCE on the

day of \_\_\_\_\_ 1917 and was appointed to Commission rank

of \_\_\_\_\_ in the CANADIAN EXPEDITIONARY FORCE on the

day

he served in CANADA

and was struck off the strength on the \_\_\_\_\_ day

of \_\_\_\_\_ 1917 by reason of

being at home on the \_\_\_\_\_ day

of \_\_\_\_\_ 1917

Director of Personnel Services



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

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. .... Rank **CAPTAIN** Surname **MORRISON,**  
(Given name in full)  
**James Bernard.**  
 Unit or Corps **C.A.M.C.** Birthplace **Milltown, N.B.**

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

1. GENERAL DESCRIPTION:

Physique **Good** Weight **150** lbs. Height **5** ft. **9½** in. Colour of Eyes **Brown.**  
 Nutrition **Good**  
 Pulse **72**  
 Condition of arteries **Normal.**  
 Vision Rt. **20/30** Left **20/60**  
 Hearing (conversational voice) Rt. **12** ft.  
 Left **12** ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
**2" oblique scar 2" above rt. wrist, anterior surface.**

Opinion as to general health and physical condition ..... **Good**

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 System **No** Cardio-Vascular System **No**  
 Special Senses **No** Integumentary System **No** Respiratory System **No**  
 Disturbance of mentality **No** Muscular System **No** 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.

H.A.



# 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 **Fredericton.** .....(Canada)

Date **17-10-19** ..... Signed *W. Macleary, Capt. M.C.* 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 *J. M. ...* .....

(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.)

Opinion as to general health and physical condition  
Has Officer or Other Rank ever suffered from or had he any affection of the following systems?  
(Answer "Yes" or "No") (Supportive evidence may be submitted in certain cases.)  
Nervous System  
Special Senses  
Respiratory System  
Circulatory System  
Digestive System  
Genito-urinary System  
Other special conditions

If in answer to any part of Section 3 above "Yes" name the full particulars with cause and date clearly and also a description of the present condition.



Name

*Morrison*

*Enl. 28-10-18.*

Date of Embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

*Canada only*

P.R. 2855.

*left 2/24  
30/1/24*



THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILL.

1952



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

Surname MORRISON Christian name JAMES BERNARD

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street) and number if any) Millettown N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 28 day of October 1918, by the undersigned medical board sitting at St. John N.B.

5. Age as stated 26 Years 11 Months. 6. Apparent age 26 Years 4 Month
7. Height 5 Feet 8 1/2 Inches. 8. Weight 153 Pounds.
9. Chest measurement { Minimum 36 Ins. 10. Complexion Fair { Eyes Brown  
Maximum 40 Ins. Hair Auburn
11. Physical development Good { Good Fair Poor 12. Smallpox marks nil
13. Number of vaccination marks { Right arm 0 14. When vaccinated last 1917  
Left arm 1
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, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(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

A II

17. (a) Vision. R. W/30 L. W/30  
(b) Hearing. R. 20 ft L. 20 ft

Signature of Man

President. James Cairns  
Member. James Cairns

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Joined 31<sup>st</sup> day of October 1918 at St John.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>St John Mil. Hosp. Capt.</u>			<u>31/10/18.</u>
Transferred to	<u>adms indy</u>			<u>1/2/19.</u>
	<u>New Brunswick Military Hospital</u>			
	<u>209 on discharge</u>	<u>224 3-19</u>	<u>Lermia</u>	<u>25-10-19</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

If raised in category, record category in a square The M. O. will initial and date.







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

M. F. W. 54. (A. F. D. 10s.)

500M.—9-16

H. Q. 1772-39-9-20.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *CAME.*

Regimental No. .... Rank *Capt.* Name *Jame Bernard Monson*

C. E. F.

Enlisted (a) *28/10/18* Terms of Service (a) ..... Service reckons from (a) *31/10/18.*

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) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<i>Priv. St. Ame. Act Mil. Capt CAME. C.S.F. St John Mil. Hosp.</i>	<i>St John N.B.</i>	<i>31/10/18.</i>	
		<i>ADMS MDY Staff.</i>		<i>1/2/19</i>	<i>D.C. 228. 25/1/19</i>
		<i>Transferred N.B. Mil Hosp. bat.</i>	<i>Frederickton</i>	<i>24/3/19</i>	<i>Capt Order 1609. 22/3/19 AC PROSO Col. ADMS MDY</i>
<i>25-10-19</i>		<i>S.O. on discharge from Frederickton N.B. 25-10-19 General Remuneration</i>			<i>BACKUP (Gv. 16/23) 22.10.18 No. 15.420</i>

*J. Monson*  
..... Major, A. M. C.  
O. C. N. B. Military Hospital

1) 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.  
2) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.











