

Original

ATTESTATION PAPER.

No. 1257290

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?..... John Roland
- 1b. What is your present address?..... 211 3rd. Ave. W., Calgary Alta.
- 2. In what Town, Township or Parish, and in what Country were you born?..... ~~Quebec~~ County, Ontario
- 3. What is the name of your next-of-kin?..... Bella Morrison
- 4. What is the address of your next-of-kin?..... 211. 3rd. Ave. W. Calgary Alta.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Apl. 25th. 1893
- 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? }
- 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? ..
- 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?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Roland 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.

Date June 16th 1917 J. R. Morrison (Signature of Recruit)
W. J. McCreary (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Roland 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 June 16th 1917 J. R. Morrison (Signature of Recruit)
W. J. McCreary (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 Calgary this 16th day of June 1917.
W. J. McCreary (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Roland Morrison on Enlistment.

Apparent Age... 24 years... 1 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..... 6 ft $\frac{3}{4}$ ins.

Chest measurement. { Girth when fully expanded..... 31 $\frac{3}{4}$ ins.
 { Range of expansion..... 3 $\frac{3}{4}$ ins.

Complexion..... Medium

Eyes..... Blue

Hair..... Brown

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

Vision Normal
 Hearing Normal
J. M. Blow

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 30th 1917..... H. B. Roach

Place..... Calgary, Alta..... Cap. [Signature] Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

APPROVED BY MOBILIZATION BOARD

Calgary, Alta. JUN 1 1917

Class AT
Clerk & Supts.
 Major C. A. M. C., President

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Roland Morrison.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date..... July 6 1917.

Open

6410

No. 1251290 RANK *Pte*NAME *Morrison. John R. Roland.*

T. O. S.

UNIT

*78th Depot Battery C. F. A.*M. D. *18*

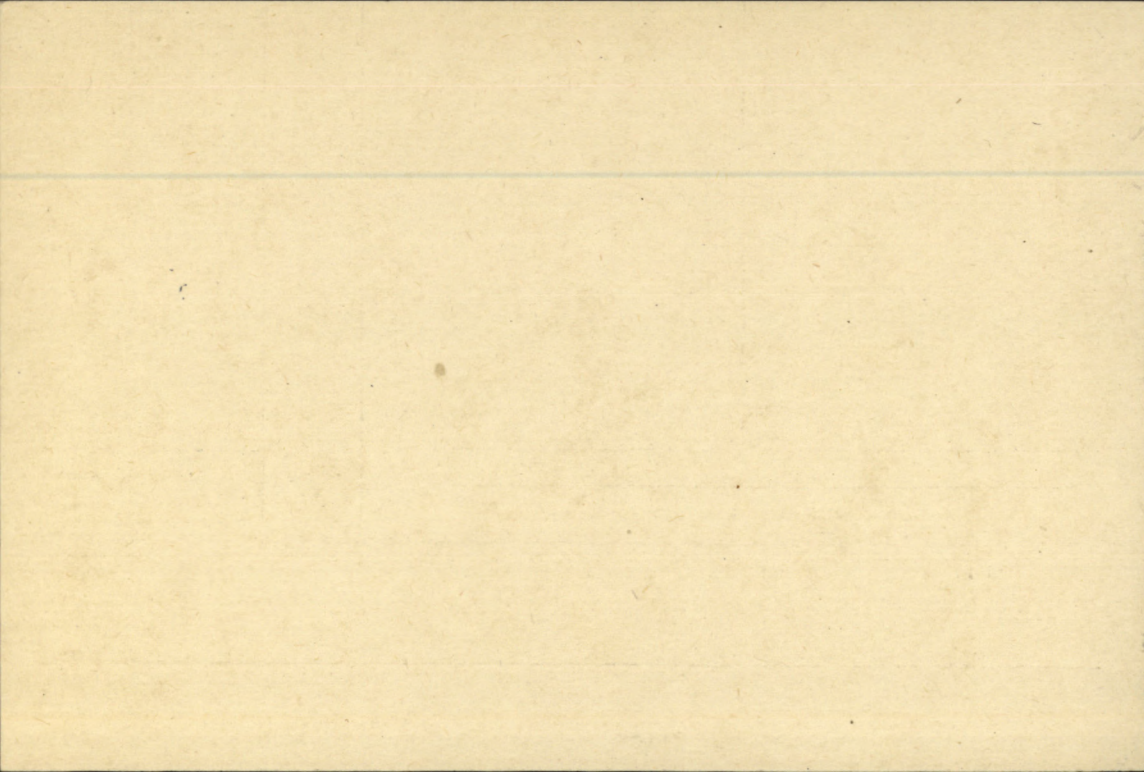
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T.*1917**1917.*

<i>June 20</i>	<i>July 12</i>	<i>u.</i>
<i>July 13</i>	<i>July 31</i>	<i>u.</i>
<i>Aug.</i>		<i>u.</i>
<i>Sept.</i>		<i>u.</i>



SURNAME.

Morrison

CARD NO.

BOS No 31-349

CHRISTIAN NAMES

John Roland

Pl. No. # 299
Do. 1617
ROLL 16-6-19

REGL. No.

1251290

RANK

Gr.

UNIT

78th Bty. C. F.A.

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison Mrs. Bella

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

211-3rd Ave. W. Calgary Alta.

COUNTRY OF BIRTH

Canada Grey Co. Ont.

DATE

Apr. 25th 1893

PLACE OF ATTESTATION

Calgary Alta.

DATE

June 16th 1919

R/C. 25-3-19334
114

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Teamster

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

24 YEARS

1 MONTHS

HEIGHT

5 FEET

3/4 INCHES

CHEST MEASUREMENT

35 3/4 INCHES

EXPANSION

3 3/4 INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Calgary Alta.

DATE

May 30th 1917

Present Address

211-3rd Ave. W.

Calgary Alta.

*Com
1000*

P

~~*B*~~
~~*Y*~~

Number. *1251290* Rank. *Am*

Surname. *MORRISON*

Christian Name. *John Roland*

Units. *67a* Theatre of War. *France*

Date of Service. *27-3-18*

Remarks.

Latest Address. *211 3rd ave*

Calgary

Roll No. *Page 7404*

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIS. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DESP DEC 3 1934
REGN. NO. 2011934

W. S. B. CLASS. A

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

Casualty Form—Active Service.

Unit, Regiment or Corps *78th Depot Battery C.E.F. to C.R.A.*

Regimental No. *1351290* Rank *Private* Name *Morrison John Roland*

Enlisted (a) *16-6-17* Terms of Service (a) *6 1/2* Service reckons from (a) *16-6-17*

Date of promotion to present rank *June 16/17* Date of appointment to lance rank *June 16/17* Numerical position on roll of N. C. Os. *June 16/17*

Extended Re-engaged Qualification (b) *None*

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				

Embarked at <i>Halifax</i>			<i>on H. M. S. no</i>	<i>2810</i>	<i>Date Nov. 20th 1917</i>
Disembarked at <i>Liverpool</i>			<i>from H. M. S. no</i>	<i>2810</i>	<i>Date Dec. 7th 17.</i>

<i>14-12-17</i>	<i>P.O. Res. P.O. C.F.A.</i>	<i>T.O.S. from Canada</i>	<i>Witley</i>	<i>8</i>	<i>12-17 P.O. 1911 27!</i>
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<i>27 MAR 1918</i>	<i>6 F.A.</i>	<i>PROCEEDED O/SEAS TO 6 F.A.</i>	<i>Witley</i>	<i>27 MAR 1918</i>	<i>BoP 1586 559</i>
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A. Delevrie
 LIEUT. & ASST. ADJUTANT.
 RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

<i>CGBD.</i>	<i>Arr'd Reinf't T.O.B. Can Arty Pool.</i>	<i>28/3/18.NR.600</i>	<i>44-XX 2/4/18.</i>
<i>do</i>	<i>Left for CGRC.</i>	<i>30/3/18.NR.1102.</i>	
<i>CGRC.</i>	<i>Arr'd at CGRC.</i>	<i>30/3/18.NR.321.</i>	

13-4-18 AAG Posted to 4th Brigade CPA *do* *18-4-18 R474 Pt. II. 613/9-5-18*
1-4-18 AAG T.O.S. 4th Brigade *do* *18-4-18 R474 598 10-5-18*

(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.

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				
25-1-19	4th Bde CFA.	Leave 24-1-19 to 7-2-19	2nd	24-1-19	B213 Pt II 17d/4.2.19
15-2-19	---	Rejoined	"	13-2-19	"
		Proceeded to England		25-4-19	
<p>S S AQUITANIA Sig. No-77</p> <p>EMB S, HEMPTON 18-5-19</p> <p>Lisemb HLFX 25-5-19</p>					
<p>S.O.S on proceeding to Canada Pt II O# 15-</p> <p><i>J.H.L. H.H.</i> D/ 20-5-18</p> <p>for Lt. Col. O.C. 4th Bde CFA.</p>					
<p>MAY 18 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 161</p> <p>JUN 2 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 161</p> <p>May 31</p>					
<p><i>W.C. Roberts</i></p> <p>Lieut.</p> <p>For O. C. No. 2 District Depot.</p>					

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" - NO. 1

197408

THIS IS TO CERTIFY that No. 1251290 (Rank) Driver
 Name (in full) MORRISON John Roland enlisted in
 the 78th Battery C.F.A.
 CANADIAN EXPEDITIONARY FORCE at Calgary on the 16th
 day of June 1917.
 HE served in 4th Bde C.F.A. in France & England
 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 26 years
 Height 6' 0 3/4"
 Complexion Medium
 Eyes Blue
 Hair Brown

Marks or Scars _____

J R Morrison
 Signature of Soldier

[Signature]
 Issuing Officer

Date of Discharge NO. 2 DISTRICT DEPOT
MAY 31 1919
TORONTO.

For O.C. No. 2 District Depot.
 Rank _____
 Date MAY 31 1919 1919

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.

NOV 1914

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that 1251282 (Rank) Private
 Name (in full) MORRISON James
 the 1st
 CANADIAN EXPEDITIONARY FORCE at 1st
 day of 1914
 HE served in 1st
 and is now discharged from the service by reason of Demobilization
Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER as the DATA below is as follows

Age	
Height	
Complexion	
Eyes	
Hair	
Signature of Soldier	

Date of Discharge	
Place of Discharge	
Signature of Officer	

NOTE:—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, War Office, Ottawa, Canada.

1914
1022
11-11-14

Dft 4th Sec D A C 78th Dp Ety C F A to C R A

TLH Rank Name MORRISON, John Roland, Reg'l No. 1251290
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Calgary, June 16th. 1917. Place of Birth Greyx County,
 Ontario.
 Name and Address, Next-of-Kin Bella Morrison,
 211, 3rd. Ave. W. Calgary, Alta. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Stamp: N.E. R.B. No. 2686
 File R.
 Category

Discharge, Date and Place Reason Character
 H. W. V., Ld.—11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England	7-12-17	8/8 1918	S/S OLYMPIC
14.12.17	Questad C. Ya.	T.O.S. on Avl. from Canada	Witley	8.12.17	Gr. 0. 27
27.3.18	" "	S.O.S. on proceeding overseas	" "	27.3.18	86 Art. Pool 2.4.18
10.5.18	H. Bde	T.O.S. from Pool	Field	18.4.18	59 Art. Pool. Pl. 6 9/5/18
29.4.19	T	Go to Eng	" "	25.4.19	- 45
30.4.	B. King Coo	T.O.S. pending ret to Canada	Brantford	26.4.	- 13
31.5.19	do	S.O.S. to Canada	44-I-65	18.5.19	- 17

33 CHECKED

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.....

78th Depot Battery C. & G.

(2) Regimental Number.....

1251290

(3) Full Name of Soldier.....

John Roland Morrison

(4) Place of Birth.....

Grey County, Ontario

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

Single

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

no

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

If so, give number of boys and girls.....

Also their names and ages.....

18

(9) Is your Father alive?..... No
If so, state name and address.....

(10) Is your Mother alive?..... Yes
If so, state name and address..... Bella Morrison

..... 211-3rd Ave W, Calgary, Alta

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

(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.
\$50 per month — Widow

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
..... Yes

(15) Are you insured?..... Yes
If so, in what Company?..... Prudential
Have you made arrangements for payment of your Insurance premium..... Yes
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date Sept 14/1917

W. A. Spence Capl
Officer Commanding.
78th Battery C.F.A.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) MORRISON J. R.
REGIMENT 19 Battery RANK Gnr No 1251298
Date of Examination in England 27/4/44 Date of Examination in France _____

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.

18
T



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

(a) Full Upper _____

(b) Part Upper _____

(c) Full Lower _____

(d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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 _____

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer C. C. G. [Signature]

ORIGINAL MEDICAL HISTORY SHEET.

1251290
ORIGINAL

Surname Morrison Christian Name John Roland

Examined { on 31st day of May 1917
at Calgary, Alta
Birthplace { City or Town Calgary
County Brace County, Ontario

Approved by _____
Rank _____ M.O.

Apparent age 24 yrs. 1 mon.
Trade or occupation Teamster
Height 6 Feet 3/4 Inches.
Weight 152 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 3/4 inches.
Physical development Good
Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
		APPROVED BY MOBILIZATION BOARD	M.O.
		Calgary, Alta. JUN 1 1917	M.O.
		Class <u>AT II</u>	M.O.
		<u>Clive A. Staples,</u>	M.O.
		Major C. A. M. C., President	M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right. Left. /
Number _____
When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease Slight flatness of left scapula at tip of spine
(b) Slight defects but not sufficient to cause rejection

Date.	Result.	VACCINATIONS.	M.O.
<u>3/8/17</u>		<u>E. A. Haist</u>	M.O.
			M.O.
			M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>28-7-17</u>		<u>JMS 1 E. A. Haist</u>	M.O.
<u>4/8/17</u>		<u>JMS 2 E. A. Haist</u>	M.O.
<u>11-8-17</u>		<u>JMS 3 E. A. Haist</u>	M.O.

Enlisted on 30th day of May 1917 at Calgary, Alta

JOINED ON ENLISTMENT	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>78th. Battery C.F.F.</u>	<u>1251290</u>		
Transferred to	<u>Res Bde 67A</u>			<u>10-12-17</u>
	<u>PROCEEDED O/SEAS TO L.F.A.</u>			<u>27 MAR 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Dransholt</u>	<u>4-5-19</u>	<u>old fracture of mandible</u>	<u>Fit A by medical board</u>

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

O.K. BQR. 20. 6. 17.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Mrs. Bella MorrisonName of Soldier Morrison John RolandAddress 211 - 3rd Ave.Regtl. No. 125-1290West, Calgary
AltaRank Gm.Corps 78th Dep. Bty.

Relation to Soldier

To what Corps belonging

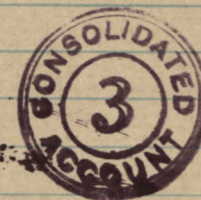
wife, child or mother

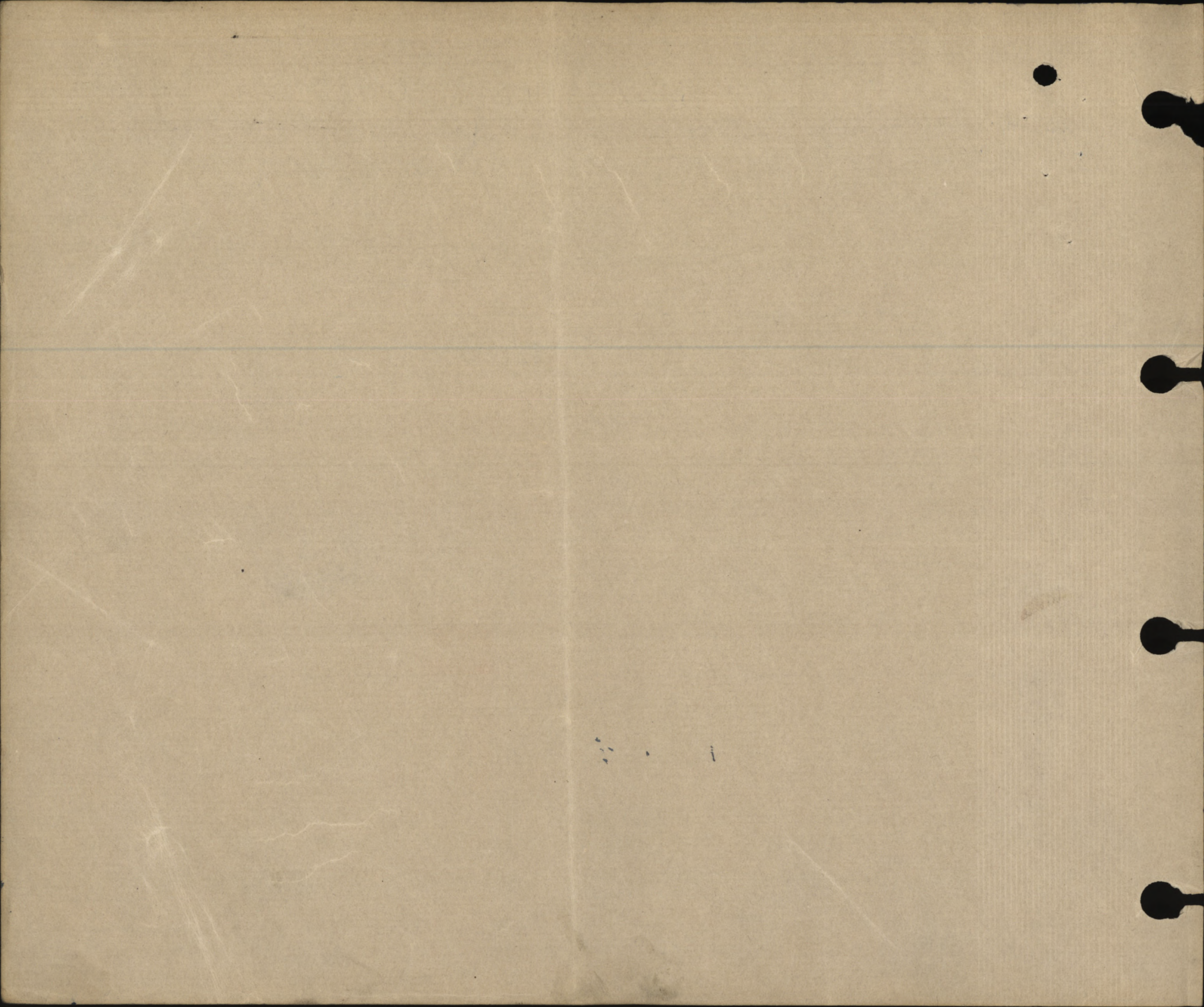
} W. Mother

when called out

PAYMENTS

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





O.K. Bq R. 20. 6. 17.
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

Sheet No. 2. Mrs. Bella Morrison W. Mother Name of Soldier Morrison John R.
OVERSEAS CONTINGENTS
PAYMENTS. Gm. 1257290 78th Dep. Bty.

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		A 7303	27	27 R Mailed 28/7/17
Aug.		S 15000	20	20 H
Sept.		P 18484	20	T
Oct.		X 19757	20	Hold
Nov.		F 2512#	20	D
Dec.		J 27801	20	Ed
Jan.	1918			
Feb.			127	
March				
April				
May				
June				
July				

Future payments made on
consolidated sheet. ENC 13¹²/17.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA.	SEPARATION ALLOWANCE	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-12-17	EFFECTIVE DATE:-	
AMOUNT:-	20.00	AMOUNT:-	

NAME:- *MORRISON John Roads*
NUMBER:- *1251290*

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 Bella Morrison wife
211 - 3rd Ave. W. Calgary, Alberta.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Enr.</i>

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
<i>5/4/19</i>	<i>27</i>	<i>20th Pro.</i>	<i>347</i>				
<i>20/4/19</i>	<i>3059</i>	<i>Base 20th Pro.</i>	<i>365</i>				
<i>1/6/19</i>	<i>974</i>	<i>Wing I 8</i>	<i>3897</i>				
			<i>4607</i>	<i>31.5.19.</i>	<i>5</i>	<i>Lead Pay credit</i>	<i>5162</i>
					<i>4</i>	<i>L.P.C. " "</i>	<i>555</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *SM 76th Bty.*

DATE ACCOUNT FIRST OPENED:- *1-12-17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<i>59</i>	<i>18.4.18</i>	<i>June</i>	<i>6th Bty.</i>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch Canada 31/5/19 Auth: R.C. 8225 B'hatt 10/5/19 2nd 2*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-3-18</i>	<i>Oct. Fort.</i>								<i>22 98</i>		
	<i>Apr. G.P.</i>	<i>33</i>		<i>cap.</i>				<i>20</i>	<i>35 98</i>		
		<i>33</i>						<i>20</i>			
	<i>May G.P.</i>	<i>34 10</i>		<i>cap.</i>				<i>20</i>			
				<i>DRAR 106 + Bde 2/4</i>	<i>3 57</i>						
				<i>" 175 3 " 7/5</i>	<i>8 03</i>				<i>38 48</i>		
		<i>34 10</i>			<i>11 60</i>						
	<i>June G.P.</i>	<i>33</i>		<i>cap.</i>				<i>20</i>			
				<i>Mk 140 + Bde 2/6/18</i>	<i>3 57</i>						
				<i>" 203 " 17/6/18</i>	<i>4 46</i>				<i>43 45</i>		
		<i>33</i>			<i>8 03</i>			<i>20</i>			
	<i>July</i>	<i>34 10</i>		<i>cap.</i>				<i>20</i>			
				<i>" 275 + Bde 1/7/18</i>	<i>4 46</i>						
				<i>" 361 " 19/7/18</i>	<i>3 57</i>				<i>49 52</i>		
		<i>34 10</i>			<i>8 03</i>			<i>20</i>			
	<i>Aug</i>	<i>34 10</i>		<i>cap.</i>				<i>20</i>			
				<i>" 405 + Bde 1/8/18</i>	<i>3 57</i>						
				<i>" 462 " 18/8/18</i>	<i>3 57</i>				<i>56 48</i>		
		<i>34 10</i>			<i>7 14</i>			<i>20</i>	<i>69 48</i>		
	<i>Sept</i>	<i>33</i>		<i>cap.</i>				<i>20</i>	<i>62 34</i>		
				<i>" 585 + Bde 15/9/18</i>	<i>3 57</i>						
				<i>515 " 8/9/18</i>	<i>3 57</i>				<i>62 34</i>		
		<i>33</i>			<i>7 14</i>			<i>20</i>	<i>62 34</i>		
		<i>34 10</i>		<i>A.P.</i>				<i>20</i>	<i>76 44</i>		
				<i>677</i>		<i>5/10</i>			<i>72 71</i>		
		<i>34 10</i>			<i>3 73</i>			<i>20</i>			
					<i>3 73</i>			<i>20</i>			

COMPILED BY *W.H. Stewart*
CHECKED BY *...*

NUMBER 1251290 RANK *Sm* NAME *Morrison - Jr.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Nov</i>	<i>Nov</i>								7271		
	<i>Nov</i>	33		<i>at</i>				20			
				786 8/11 4Bde	746						
				891 21/11	1306						
				994 9/12	373						
<i>Dec</i>		34		<i>at</i>				20			
<i>Jan</i>		34		<i>at</i>				20	8966		
<i>Feb</i>		101			2425			60			
				560 8/1 Bussels	1866						
				1093 21/12 4Bde	373						
				LC117 16/12	4380						
				1406 18/1	373						
				1407 18/1	933						
<i>Mar</i>		64		<i>at</i>				40			
				1869 3/3	365						
				2047 18/3	365				2801		
		64			8655			40			
<i>April</i>		32		<i>at</i>				20	6101		
				AK147 9/4	349				5752		
<i>May</i>		34		<i>at</i>				20	7162		
				AK3059 20/4 Lettave	365				8162		
				27 2/4 4Bde	349						
				AK974 2/5 Betting	3893				555		
		67			4958			40			

S.O.S. Canada 18/5/19 S.P. 77 C.F.A. M.D. 2

DISPERSAL "I"

AUDITOR *W* PAYMASTER *M*

"AJUTANIA" 25.5.19 *m 6647*

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

REGT. NO. 1251290 RANK *Dvr* NAME (IN FULL) MORRISON, J.R. *31*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>4 C. Fa</i>	IF IN P.F. WHAT UNIT? <i>Union Bank of Canada</i>	(BLOCK LETTERS SURNAME FIRST) <i>Calgary Alberta</i>
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION <i>16/6/17</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$ <i>20.00</i>	DATE EFFECTIVE	
<i>Yes closed By Ottawa 31-5-19</i>	<i>31-5-19</i>	<i>see adjustments</i>			<i>closed 31-5-19 By Ottawa</i>		
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
<i>Same</i>					<i>Mrs Bella Morrison (w/mother)</i>		
ADDRESS					ADDRESS		
					<i>211-3rd Ave West, Calgary, Alta.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
					<i>Toronto</i>	<i>Toronto</i>	<i>31.5.19</i>
					REASON		AUTHORITY
					<i>Demob.</i>		<i>D.O. 161</i>
					IF ENTITLED TO POST DISCHARGE PAY		<i>yes</i>

BALANCE FROM PREVIOUS ACCOUNT

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		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																				NO.
<i>31-5-19</i>					<i>5.55</i>																		<i>5.55</i>	<i>Ver bal on eng & P.C.</i>
<i>1-6-19</i>																								<i>Pa 1-6-19 to 2-6-19</i>
<i>2-6-19</i>	<i>2</i>	<i>1.10</i>	<i>2.20</i>																					<i>Clothing allowance</i>
					<i>35.00</i>																			<i>1st found 10-5-19</i>
					<i>70.00</i>																			<i>June 19</i>
																								<i>Train</i>
																								<i>Boat</i>
																								<i>M.P.</i>
				</																				

1850

1850

1850



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

20-6-14. OK BofR

Separation and Assigned Pay Branch

M

20018 Dec 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$25.00	30	
----	---------	----	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 1251290

Rank Emr Promoted Reverted Discharge

Soldier's Name John Roland Morrison

Battalion 78 Dep Batty

Beneficiary Mrs Bella Morrison Retd 28/18

Relationship widowed Mother M.F.W 2554 29/1/18

Address 211-3 Ave West Calgary Alta.

PARTICULARS OF ASSIGNMENT

Name Mrs Bella Morrison

Address 211-3rd ave West, Calgary Alta

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		127	nil	127
Dec	D 62488	20	20	20
Jan 18	H 64749	30	20	50
Feb	H 73552	25	20	45
Mar	N 92460	25	20	45
Apr	N 10475	25	20	45
May	R 17699	25	20	45
June	N 21932	25	20	45
July	H 31345	25	20	45
Aug	P 40633	25	20	45
Sep	U 42918	25	20	45
Oct	H 54163	25	20	45
Nov	U 57362	25	20	45
Dec	P 68229	45	20	65
Jan	U 72658	30	20	50
Feb	W 76942	30	20	50
Mar	M 86182	30	20	50
Apr	P 3795	30	20	50
May	S 8265	30	20	50
		602	360	

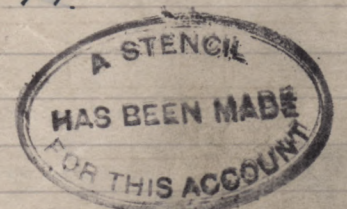
013136-8-49 REMARKS

2nd Series
Emr 13¹² 17

M. F. W. 128.
40M. 6-17-172-38-1161
L. L. 2220-M. & D. 7993

Report by Des. L.P. 108022 2-6-19

A/c Closed 31-5-19
Ret'd per... Aquitana
Date... 25/5/19 M.F.W 187 2-6-19
M.D #13



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	
2	
3	
4	

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

M. P. W. 128.
 40000. 6-17-1772-38-1141
 L. L. 22330-M. & D. 1993

158

WAR SERVICE BADGE

CLASS 'A' NO

197408

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D.A. ~~RT~~
O.C.
M

1. No. 125 1290

2. Rank. Private

3. Name. MORRISON John Roland

4. Unit. 19 Battery

5. Date of Discharge MAY 31 1919 Place Toronto TORONTO, ONT.

6. Reason for Discharge.....
 DEMOBOLIZATION
 I

7. Authority. No. 2 District Depot, Part II, D.O. No. 161

8. Proposed Residence after Discharge. Calgary Alta
211 3rd Ave west.

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. ?.....
 J.R. Morrison
 Signature of Soldier.

10. CONFIRMATION.
 The discharge of the above named man is hereby confirmed.
 Place.....
 Date.....
 No. 2 DISTRICT DEPOT
 MAY 31 1919
 TORONTO.
 Signature.....
 For O.C. No. 2 District Depot.
 (O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE
D.A. #1
MAY 31 1919

1919
MAY 31 1919
M.O. R. 120 N
TORONTO, ONT.

DEMONSTRATION
No. 2 District Dept., Part II, G.O. No. 1

Proposed Residence after Discharge
21 - 1st Ave

CERTIFICATE TO BE SIGNED BY SOLDIER
I hereby acknowledge that at the undated place and date I received my discharge Certificate
M. W. K.
Signature of Soldier

CONFIRMATION
The discharge of the above named man is hereby confirmed.
Place
Date
Signature
G.O. No. 2 District Dept.
G. C. Richardson (Dist)

LIST OF DISCHARGED DOCUMENTS

Serial No.	Description of Document	Date of Discharge
1	Medical Certificate	1912
2	Discharge Certificate	1913
3	Medical Report	1914
4	Discharge Certificate	1915
5	Medical Certificate	1916
6	Discharge Certificate	1917
7	Medical Certificate	1918
8	Discharge Certificate	1919
9	Medical Certificate	1920
10	Discharge Certificate	1921
11	Medical Certificate	1922
12	Discharge Certificate	1923
13	Medical Certificate	1924
14	Discharge Certificate	1925
15	Medical Certificate	1926
16	Discharge Certificate	1927
17	Medical Certificate	1928
18	Discharge Certificate	1929
19	Medical Certificate	1930
20	Discharge Certificate	1931
21	Medical Certificate	1932
22	Discharge Certificate	1933
23	Medical Certificate	1934
24	Discharge Certificate	1935
25	Medical Certificate	1936
26	Discharge Certificate	1937
27	Medical Certificate	1938
28	Discharge Certificate	1939
29	Medical Certificate	1940
30	Discharge Certificate	1941
31	Medical Certificate	1942
32	Discharge Certificate	1943
33	Medical Certificate	1944
34	Discharge Certificate	1945
35	Medical Certificate	1946
36	Discharge Certificate	1947
37	Medical Certificate	1948
38	Discharge Certificate	1949
39	Medical Certificate	1950
40	Discharge Certificate	1951
41	Medical Certificate	1952
42	Discharge Certificate	1953
43	Medical Certificate	1954
44	Discharge Certificate	1955
45	Medical Certificate	1956
46	Discharge Certificate	1957
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49	Medical Certificate	1960
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51	Medical Certificate	1962
52	Discharge Certificate	1963
53	Medical Certificate	1964
54	Discharge Certificate	1965
55	Medical Certificate	1966
56	Discharge Certificate	1967
57	Medical Certificate	1968
58	Discharge Certificate	1969
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89	Medical Certificate	2000
90	Discharge Certificate	2001
91	Medical Certificate	2002
92	Discharge Certificate	2003
93	Medical Certificate	2004
94	Discharge Certificate	2005
95	Medical Certificate	2006
96	Discharge Certificate	2007
97	Medical Certificate	2008
98	Discharge Certificate	2009
99	Medical Certificate	2010
100	Discharge Certificate	2011

[Faint signature]

[Faint text]

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 (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Personal Certificate (C.D. 3)
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851). *↑ P up*
13. Pay Book (A.B. 64)
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B.....

Checked by No. 18.....

Date 15/5/19.....

13/1/18

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 Bramshott DATE 11/3/19

1. 1 (a) Unit 19th Bty CFA (b) Regimental No. 1251290 (c) Rank Lower

(d) Surname MORRISON (e) Christian name John Rowland

(f) Home address Calgary Alta 211 3rd Ave West

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

(i) Address of Next of Kin Calgary Alta 211 3rd Ave West.

2. Age last birthday 26 Date of birth 25/4/193

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary (b) Date 16/6/17

4. Personal description:

(a) Height 6 ^(feet)/_{4 ⁽ⁱⁿ⁾} (b) Weight 160 lbs (c) Complexion Medium
(stripped)

(d) Colour of hair Dark brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

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
	<u>1</u>	<u>318</u>

	PERIODS	
	From	To
Canada	<u>16/6/17</u>	<u>20/11/17</u>
England	<u>20/11/17</u>	<u>27/3/18</u>
France or other theatres of War	<u>27/3/18</u>	<u>24/4/19</u>

7. Original disease, or injury Fracture of mandible

(a) Date of origin April 1919 (b) Place of origin France

(c) Cause Laceration (Hit by baseball)

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.)

Stiffness of jaw, slight disability

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.)

Slight tenderness mandible to right of symphysis. Unable to fully open mouth. Slight swelling present. X-Ray Report 2-5-19

Fracture of the mandible near the symphysis. Inflammation. Fragments in good position. Signed - P. B. Eaton, Capt. C.A.M.C. Teeth - 2nd lower incisor and lower 1st canine are loose.

Subjective - Slight pain when eating. Still unable to masticate solids properly.

(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).)

Struck on lower jaw, right side, by baseball at Haver about April 22nd 1919

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).)

None

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? *no*

(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.)

not applicable

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

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

None

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 *none*

H. W. DeBrisay, Capt. U.S.A.
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, *John Roland Munson*, 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 *nothing*

J. R. Munson

Signature of invalid examined. Rank.

S. H. Munson

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 Cat 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 his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Auth. Tel. 2-9 9053 of 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.

D. Nathan Capt President.

PLACE *Bramshott*

DATE *4-5-19*

C. H. Macdonald Capt Members

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.....

DATE.....

..... Members

APPROVED BY *H. McKenzie Capt*
Assistant Director of Medical Services.

APPROVED BY
Director-General of Medical Services.

DATE *7/5/19*

DATE.....

No.12 Canadian General Hospital.

To:- M.O. 19th. Bty. 4th Bde. C.F.A.

Pl.No.5702 25.19.

No.1251290
Gnr. Morrison, J.B.
C.F.A.

Injury - Jaw (R. Ant)

Fracture of the Mandible near the
symphysis mentis. Fragment^s in good position.

P. B. Eaton
.....Capt. CAMC.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 309

LECTURE 10

PROBABILITY

LECTURE 10: PROBABILITY

PROBABILITY