

ORIGINAL

1,099,226

ATTESTATION PAPER.

No. 1099226

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?.....
- 1a. What are your Christian names?.....
- 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?.....
- 4. What is the address of your next-of-kin?.....
- 4a. What is the relationship 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 re-vaccinated and inoculated?.....
- 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 your engagement?.....
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

*Morrison*  
*Lymon Westly*  
*Tomstown RD Ont*  
*Muskoka Parry Sound Dist*  
*Mrs Nancy Morrison*  
*Tomstown RD*  
*Mother*  
*Oct 16 - 1898*  
*Lumber*  
*no*  
*yes*  
*no*  
*no*  
*yes*  
*yes*

13 Have you ever been discharged from any Branch of His Majesty's Forces as 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.

I, *Lymon W 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.

+ *L W Morrison* (Signature of Recruit)

Date *July 27<sup>th</sup>* 1917 *J Anderson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Lymon W 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.

+ *L W Morrison* (Signature of Recruit)

Date *July 27<sup>th</sup>* 1917 *J Anderson* (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 *South Bay* this *27<sup>th</sup>* day of *July* 1917

*John H Donald* (Signature of Justice)

*Notary Public*

*Noted 5-14-17*  
*87*

Description of

*Lynnan Wesley Morrison*

on Enlistment.

Apparent Age *18* 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. *2 1/4* ins.

*Nil*

Chest measurement: Girth when fully expanded *32* ins.  
Range of expansion *3* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

Church of England *Yes*

Presbyterian

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* for the Canadian Over-Seas Expeditionary Force.

Date *January 30* 1917. *Am W. M. O. M. D.*

Place *North Bay*

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:—

REJECTED AS MEDICALLY UNFIT  
BECAUSE OF *Under weight*  
BY MEDICAL BOARD  
TORONTO RECRUITING DEPOT  
*C. R. Frankish* M.O.  
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

*L. W. 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.

*L. W. Morrison* (Signature of Officer)

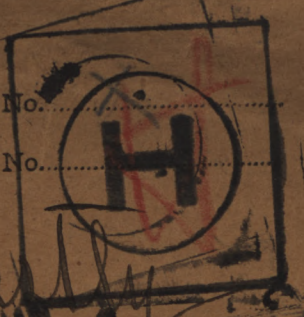
Date *10/2* 1917.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

DISCHARGE DOCUMENTS

Name Morrison, Lijman, W  
 Regt. No. 1099226 Rank pte  
 Corps 256<sup>th</sup> Bn. I. E. F.

R. O. No. ....  
 H. Q. No. ....



*Med. Unfit*

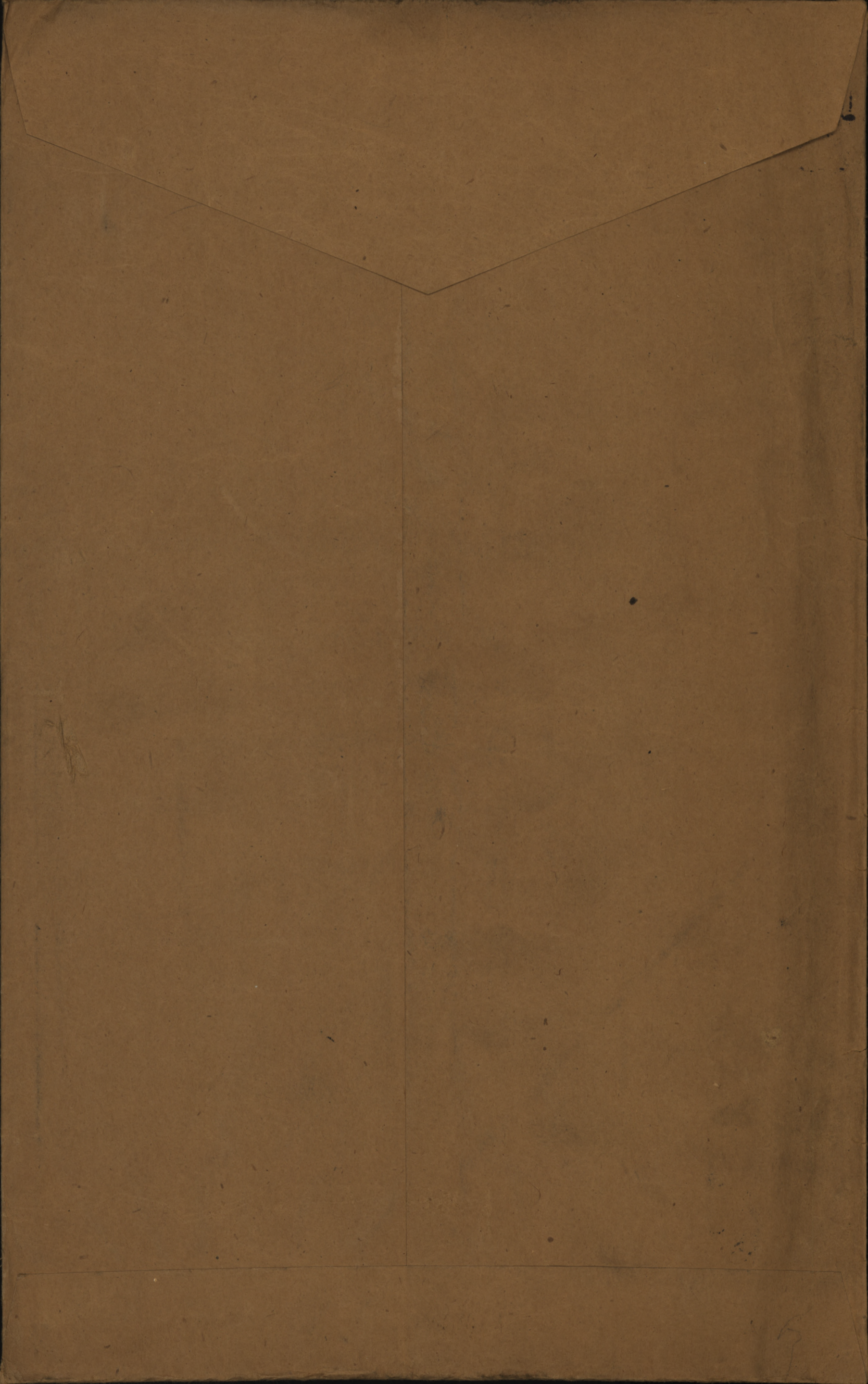
34463

*M. F. W. 167-2*  
*Pay card*



*am H*

*B. G.*



No. 1099226 RANK

Plt;

NAME

Morrison L. W.

T. O. S. 27-1-17

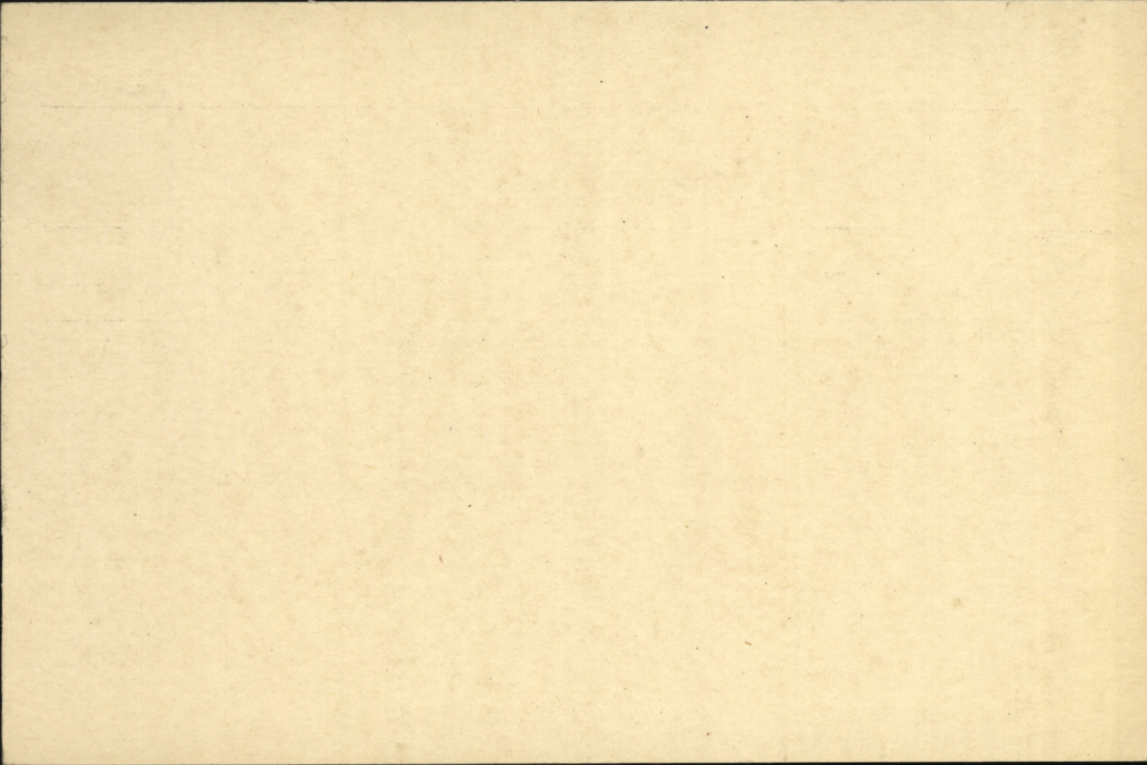
(DO 31 of 31-1-17)

UNIT

256th Reg. Construction Bn.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan. 27 Feb. 1	1917 Jan. 31 Feb. 12	✓ ✓	Dischgd M. U. 12-2-17	DO 50 of 19-2-17
Ac. closed by payment C.				



SURNAME.

Morrison,

649-m-13538

CARD NO.

H

CHRISTIAN NAMES

Ryman Westly

FOLL.

S.O.S. Dis. 12-2-17 E.

D.F.

REGL. No.

1099226

RANK

Pt

UNIT

256th

Do not put me on  
- 3 5 7 10 12  
- 2 Det. G.S.R.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Nancy.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Timstown, Ont.

COUNTRY OF BIRTH

Canada. Muskoka, Ont

DATE

Oct. 16<sup>th</sup>, 1898

PLACE OF ATTESTATION

North Bay, Ont.

DATE

Jan. 29<sup>th</sup>, 1914

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Yes*  
*Rabonster*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*18*

YEARS

*3*

MONTHS

HEIGHT

*5-*

FEET

*2 1/4*

INCHES

CHEST MEASUREMENT

*32.*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*North Bay, Ont.*

DATE

*Jan. 30, 1914<sup>th</sup>*

*Present Address, Tamstown, Ont.*



To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

*256. P.S. Py Court. Bath. C.E.F.*

(2) Regimental Number.....

*1099. 226*

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

*Morrison Lyman Westly*

(4) Place of Birth.....

*Huskoka Perry Sound Ont.*

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

*No*

(6) If married, state,

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

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(9) Is your Father alive?.....

If so, state name and address .....

(10) Is your Mother alive?.....

If so, state name and address.....

*Yes*  
*Mrs. Nancy Harrison*  
*Louistown, P.O. Ont.*

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

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

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....

*70/2/17*

*W. M. James*  
.....  
Officer Commanding.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

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- (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.....

*256. P.S. Ry Coast. Batt. C.E.F.*

(2) Regimental Number.....

*1099. 226.*

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

*Harrison Lyman Westley*

(4) Place of Birth.....

*Muskoka, Parry Sound, Ont.*

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

*No*

(6) If married, state,

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

DUPLICATE

(9) Is your Father alive?.....

If so, state name and address .....

(10) Is your Mother alive?.....

If so, state name and address.....

*Yes*  
*Mrs Nancy Morrison*  
*Louistown, P. O. Ont.*

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

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

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....

*10/2/17*

*Wm. Lawrence*  
Officer Commanding.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No 99226 Rank Private Name L. W. Morrison

Coros 256th Bn. who was\* Discharged "Med Unfit"

On 2/2/17 1917, to

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Febr 1st 1917, to 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	8	50
Advances by Cheques } No. ....			Regt'l Pay <u>12</u> days at \$ <u>1</u> c	12	00
} No. ....			Field Allow. <u>12</u> days at \$ <u>10</u> c	1	20
Assigned Pay No. ....			Other Allowances* <u>subsistence</u>	7	20
Other Charges* .....			Other Credits* .....		
Payment on transfer or discharge No. <u>892</u>	28	90	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
<b>Total</b> .....	<b>28</b>	<b>90</b>	<b>Total</b> .....	<b>28</b>	<b>90</b>

\*Give Particulars.

A monthly stoppage of \$ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 1917 to (Assignee) .....

(Address) .....

(†) 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.

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

**REMARKS:—**

State (1) date of enlistment 27/1/17

(2) if married and if a Separation Allowance Card has been submitted single

(3) cause of discharge and authority D.O.50

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 20/2/17

Place Toronto

*R. C. Bishop*  
Paymaster

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (See Articles 125, 130 and 141 Financial Instructions, S.E.F. 1916.)

Regimental Name: Rank: Name: who was: Direct discharge or transferred: The following is a statement of the amount of the above named from (to) the inclusive date of transfer or discharge.

Table with columns for various pay items: Bal. Dr. from previous month, Advances, Change, Assured Pay, Other charges, Payment on transfer or discharge, Bal. Dr. to be paid by the new unit, Other credits, Bal. Dr. to be deducted by new unit, Total.

Pay for the month of: A month's escape of: (Address):

(1) Insert amount to be assigned, whether it has been paid or not. (2) Insert "no" if amount has not been paid for period of account.

On Transfer of an Officer

On Transfer of an Officer: (1) Date of enlistment: (2) If married and a separation allowance card has been submitted: (3) Cause of discharge and authority: It is directed that the amount of \$... has been assigned to the account of the above named officer and that it is to be carried on the credit of the unit.

I have carefully examined this statement of account and find it to be correct and that it is to be carried on the credit of the unit. Date: Place: Signature: (Signature of Paymaster)

18- For part of this certificate to be used in connection with the transfer of a soldier from one unit to another. One copy to be retained by the paymaster of the unit to which the soldier is transferred and one copy to be retained by the paymaster of the unit from which the soldier is transferred. For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers and one copy to accompany papers at the end of the month and the retention as a record. M. F. W. 41

MEDICAL HISTORY SHEET

Name Worinson Christian Name Sydney Wesley

Examined { on 30 day of Jan 1917  
 at North Bay Ont

Approved by A. W. Murray M.D.

Birthplace { City or Town Muskoka  
 County Muskoka, Parry &

Rank \_\_\_\_\_ M.O.

Apparent age 18

Trade or occupation Laborer

Height 5 feet 2 1/4 Inches

Weight 98 lbs.

Chest measurement { Minimum 29 inches  
 Maximum expansion 32 inches

Physical development Fair

Small-pox Marks 0

Vaccination Marks { Arm Right Left  
 Number 5 7

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease nie

(b) Slight defects but not sufficient to cause rejection nie

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		REJECTED AS MEDICALLY UNFIT M.O.
		BECAUSE OF <u>Under weight</u> M.O.
		BY MEDICAL BOARD, M.O.
		TORONTO RECRUITING DEPOT M.O.
		<u>C. R. Frankish</u> M.O.
		for PRESIDENT M.O.

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 27 day of January 1917 at North Bay

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>256 Bn.</u>	<u>1099226</u>		<u>30/1/17.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.






This space to be for numbers.

# Proceedings on Discharge.

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

No. 1099226	
Rank Private	
Name Morrison, Lyman, Westly <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 256th Battalion	
Date of Discharge February 12th, 1917	
Place of Discharge Toronto	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 18.....years.....months.	<div style="text-align: center;">Descriptive Marks</div> 
Height 5.....feet.....24.....inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Laborer	
Intended place of residence Welland Canal Force <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of being  "Medically unfit"	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  <i>Good</i>
	<small>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:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 213.

100m.—6-16.

H. Q. 1772-39-113

*Noted 5-14-17.  
E.P.*

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

Nil

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

6. Medals and Decorations.....

Nil

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.

(Place).....Toronto.....

*W. J. Lawrence*

(Date).....February 15th, 1917.....

Commanding 256th Battalion

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)..... *S. Morrison* ..... (Signature of Soldier.)

(Date)..... (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.

(Place).....Toronto.....

(Signature) *W. J. Lawrence*

(Date).....February 15th, 1917.....

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.)

No reservations.

✓ *L. Morrison*.....;

## List of Discharge Documents.

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<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 Cer-          tificate, " 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> <hr/> <p style="text-align: center;">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.*

Name of Man *Lyman Nestly Morrison Tomstown P.O. Ont.*  
 Next of Kin *Nancy Morrison Tomstown P.O. Ont.*  
 Mother *Examined on enlistment by A. McMurphy North Bay Ont.*

**MEDICAL HISTORY OF AN INVALID.**

1. Station. *Toronto Can* 8. General remarks on his :—  
 2. Regiment or Corps. *256<sup>th</sup> Battr* (a) Conduct.  
 3. Regimental No. and Rank. *Pte* (b) Habits.

NO. 2  
 MILITARY DISTRICT  
 FEB 20 1917  
*41100-152*

4. Name. *Lyman Nestly Morrison* (c) Temperance.  
 5. Age last Birthday. *18* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on *27 Jan 1917*  
 at *North Bay Ont.*  
 7. Former Trade or Occupation *Labourer* Date. *8<sup>th</sup> Feb 1917*

DEPT. OF  
 MILITIA & DEFENCE  
 MAR -2 1917  
 CANADA

9. Service. Years. Days. *13*

	PERIODS.	
	FROM.	To.
	<i>27<sup>th</sup> Jan 1917</i>	<i>8<sup>th</sup> Feb 1917</i>

10. (a) Disease or disability. *Under age and under weight*  
 (b) Date of origin. *✓*  
 (c) Place of origin. *✓*  
 (d) Cause. *✓*

11. Present Condition. (Most Important).  
 (To include full description of present disabling condition or conditions.)

*Weight 96 pounds  
 Admitted age 17 years*

12. (a) Is the disability the result of service or climate? *No*  
 (b) Has it been aggravated by intemperance, vice or misconduct? *No*

*Noted 13-3-17.  
 E.P.*

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

(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?

(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.

14. Treatment

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

*No aggravated by service*

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

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

*not more than before enlisting*

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

*Unfitness for service*

*E. R. Frankish Lt*

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

*Yes*

11.

*Yes*

12.

*Yes*

15.

*Yes*

16.

*Yes*

17.

*Yes*

18 Is he unfit for Military Service.

*Yes*

Recommendations :

*He be discharged as medically unfit*

Signatures :—

*H. G. Lergerson Capt.* President.

*E. R. Frankish Lt.*

*W. S. Shaw Capt.*

Station.

*Toronto Can*

Date.

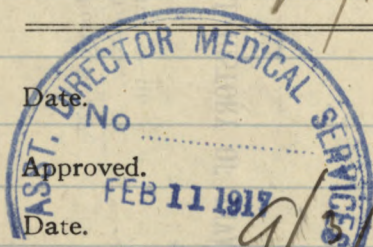
*Feb 8/17*

Members.

Date.

Approved.

Date.



*9/17*

*H. S. Famer Capt.*  
Asst. Director of Medical Services  
*D. B. Neely Capt.*  
Director-General of Medical Services  
*Nov 17-3-17 EPD*

OPINION OF THE MEDICAL BOARD.

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	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.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
 150 m-5-16.  
 H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.