

TRIPPLICATE  
ATTESTATION PAPER

Duplicate  
No. 90889  
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Mathew Lindsay Morrison*
2. In what Town, Township, or Parish, and in what Country were you born? *Morris Forest, Ont.*
3. What is the name of your next-of-kin? *L. H. Morrison (brother)*
4. What is the address of your next-of-kin? *Bancroft Ont.*
5. What is the date of your birth? *23 Nov. 1874*
6. What is your trade or calling? *Butcher*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

TELEGRAPHIC ADDRESS N. of K. 173 Jam. Street Jarvis

*M. L. Morrison* (Signature of Man.)  
*Geo Denech* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Mathew Lindsay Morrison*, do solemnly declare that the above answers made by me to the above questions 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.

*M. L. Morrison* (Signature of Recruit.)  
*Geo Denech* (Signature of Witness.)

Date *JUN 18 1915* 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Mathew Lindsay 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.

*M. L. Morrison* (Signature of Recruit.)  
*Geo Denech* (Signature of Witness.)

Date *JUN 18 1915* 191 .

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 *Barra* this *18<sup>th</sup>* day of *June* 1915.

*W. Macvicar* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*W. Macvicar Major* (Approving Officer.)

207



DESCRIPTION OF Matthew Lindsay Morrison ON ENLISTMENT.

Apparent Age 40 years \_\_\_\_\_ 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 5-9 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 3 ins.

Complexion dark

Eyes grey

Hair iron grey

- Religious Denominations { Church of England \_\_\_\_\_  
 Presbyterian \_\_\_\_\_  
 Methodist \_\_\_\_\_  
 Baptist or Congregationalist \_\_\_\_\_  
 Other Protestants \_\_\_\_\_  
 (Denomination to be stated.)  
 Roman Catholic \_\_\_\_\_  
 Jewish \_\_\_\_\_

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 June 19 1915 Thos Bradley Colburn

Place Carriacou \_\_\_\_\_  
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Matthew Lindsay 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.

Thos Bradley Colburn (Signature of Officer.)

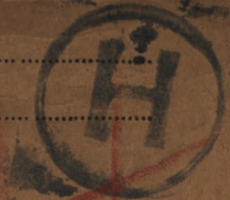
Date 23/6/15 1915



DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name MORRISON MATHEW, LINDSAY

Regt. No. 90889 Rank Gvt

Corps 29<sup>th</sup> Bty.

*med unfit  
KOD 25/2/20*

*Att. 23<sup>rd</sup> Div  
Med 45/7/20*

*Crosses forwarded to B.P.C.  
on M.F.W. 2505, 26/18  
B.P.C. 624/9/19/20  
Returned 27/1/20*

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *1*
- Declaration of change of name..... *card-1*
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *2, 1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Disch* Parchment Certificate..... *1*
- 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*

*a & B 122 - 2*  
*M & B 465 - 1*  
*M & W 192 - 1*  
*M & B 227 - 1*  
*a & B 179 - 1*

34472

47	—	24
38		24
7		24
		1



*passage*  
*19122 7 Ind*







NAME *Morrison. Mathew Lindsay I* ✓  
RANK & No. *lyr.*  
CORPS *29<sup>th</sup> Bty. (1<sup>st</sup> R. D.)* *S.O.S. Dis. 20.12.18. 90889.*  
*20.2462 19.12.18-18.12.18. b.F.A.*  
ENLISTMENT, PLACE *Sarnia, Ont.* DATE *June 18<sup>th</sup>, 1915. S.*  
FORMER CORPS *Nil.*  
COUNTRY OF BIRTH *Canada. Mount Forest, Ont.*  
NEXT OF KIN *Morrison. D. H. (Brother)*  
ADDRESS OF NEXT OF KIN *Bancroft, Ont., Canada.*

DISCHARGE, PLACE

DATE

*0/8.18/12/15  $\frac{292}{2}$ .*

*R/C 30-11-18  $\frac{234}{7}$*

M. F. W. 22. 100 m. - 9-15.







No. 90889 RANK *Plt.*

NAME *Morrison M. L.*

T. O. S. 28-6-15. UNIT *29th Battery Co. F. A. 11th Howitzer Brigade*  
 20.8 28-6-15.

M. D. 1

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

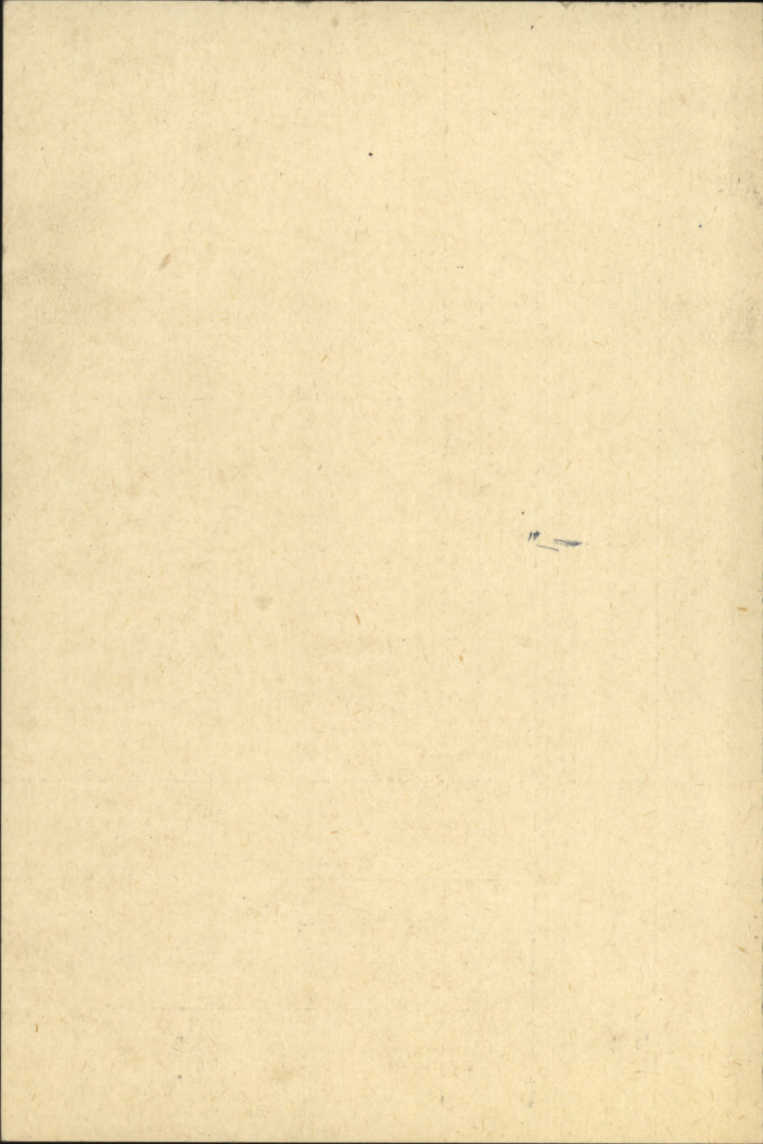
PAID FROM	PAID TO	SIG. OR REC'T
-----------	---------	---------------

<i>1915</i> <i>June 18</i>	<i>1915</i> <i>June 30</i>	<i>✓</i>
<i>July</i>		<i>✓</i>
<i>Aug</i>		<i>✓</i>
<i>Sept</i>		<i>✓</i>
<i>Oct</i>		<i>✓</i>
<i>Nov.</i>		<i>✓</i>
<i>Dec 1</i>	<i>Dec. 16</i>	<i>✓</i>

*on draft,*

*Sec. pay list*







*gcs*  
*will*

Number. *90889* Rank. : *Yvr*

Surname. . . . . *MORRISON*

Christian Name. *Mathew Lindsay*

Units . . . . . *C. F. A.* Theatre of War. *France*

Date of Service. . . . . *2/3/16*

Remarks. . . . . *849 Burrard St.*

Latest Address. . . . . *Vancouver*  
~~*173 Front St B.C.*~~

. . . . . ~~*Carma*~~

. . . . . ~~*Out*~~

Roll No. *Page 7456*

*B*  
*X*



No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
				DESP. OCT 22 1921 REGN. NO. 448891



NAME

Morrison M L

RANK AND CORPS

Sgt

REGT'L. No.

90889

H. Q. FILE No. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Can Act.



LIST No.

HOSPITAL

DATE OF  
ADMISSIONcan. Art.  
REMARKS.

4302

#11 Can. Fed. Amb.

20-7-18

Debility Gen.

a 303.

#12. Can. Fed. amb.

21-7-18.

Debility Gen.

a 314.

#42 Stat Carriers

1-8-18.

Gen. Debility

a 322<sup>3</sup>

No. 6 Com. Dep. Staples

12-8-18

" "

4328

#5 Com Dep Capers

14-8-18

Debility

a 350<sup>2</sup>

" " "Sisch."

4-9-18.

" " Gen.











Name MORRISON, Matthew Lindsay, Rank Gnr. Regtl. No. 90889

Original unit C.F.A. Present unit C.F.A. M. or S. S Age 43 Religion C.M. Ref. H.Q. ID-30-M-1631  
Fyle Depot IDD 10-M-295

Port, ship and date of arrival St John's N.B. Scandinavian 30-11-18.

Next of kin Brother, D.H. Morrison, Pancroft, Ontario

Address on leave 173 Prince St. Sarnia, Ont.

Address on discharge 173 Front St. Sarnia Ont.

Transportation issued  Yes  No Date ..... Character on discharge .....

Previous occupation Cutter Date and place of enlistment Sarnia, Jun. 18, 1915.

Diagnosis Debility Date of Medical Boards London, Ont. Dec. 17th. 1918

Date	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>19-11-18.</u>	<u>No. 1. District Depot.</u>	
<u>4- 12-18.</u>	<u>posted to Gas Co.</u>	<u>2312</u>
<u>16-12-18.</u>	<u>Subsistence allowance from 4-12-18. to 26-12-18.</u>	<u>243.</u>







URNAME	CHRISTIAN NAME OR NAMES	REG. No.
MORRISON.	M.L.	90889.
RANK	UNIT	Co. TROOP BATTY.
Gnr.	C.A. 2B.	
HOSPITAL		DATE OF ADMISSION

11. C.F. Amb.	20-7-18.
12. C.F. Amb.	21-7-18.

1.	HOSP.	
42. Stat. Carriers	1. 8. 18.	
2. 6 Cow D. Etaples	HOSP. 12. 8. 18.	
3. 6 " " " Coyent	HOSP. 14- 8- 18	
4.	HOSP.	

DIAGNOSIS Debility. Gen. a<sup>s</sup>

- 1.
- 2.
- 3.

DISPOSITION

C.L. 25-7-18. A302.  
26-7-18. A303.

DATE

Disch. 4 9. 18  
REMARKS

8. 8. 18 a 314/2.  
17. 8. 18 A322. 3.  
25. 8-18 A328. 2.  
18. 9. 18 a 350-5



# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



LAST PAY CERTIFICATE

Regt. No **90889** Rank **Gnr.** Name **MORRISON Mathew Lindsay**  
 Corps **C.F.A.** who was **Discharged**  
 on **20-12-18** to

TRIPPLICATE

The following is a statement of the account of the above named  
 from **1-11-18** to **20-12-18**

Bal Dr from mon. of from L.P.C. ASSIGNED PAY;	51. 49	Bal Cr from mon. of from L.P.C. Regt Pay <b>50</b> days at \$ <b>1.</b>	50.
SEPARATION ALLOWANCE:		Field ALP <b>50</b> days at \$ <b>.10</b>	5.
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS: <b>7056</b>	48. 91	OTHER CREDITS: Clothing Allowance	35.
		Subsistence, 4-12-18 to 16-12-18	10. 40
Bal Cr (to be paid)		Bal Dr. (to be deducted)	
<b>OVERSEAS P.D.P.</b>	100. 40	(from soldier \$ " Dependant \$)	100.40

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month has been to	at \$ <b>20.</b> per month has been paid to <b>31-12-18</b> by Ottawa and closed	Subscribed \$ Paid by Other Units \$ Paid by this Unit \$ <b>NIL</b>
<b>NIL</b>		

Dependant or Beneficiary; **Miss Stella Conne,**  
 Address; **Sarnia, Ont.**

REMARKS;  
**Discharged 20-12-18 D.O. 246**  
**medically unfit**

Date of Enlistment **21-6-15**  
 If married and if Separation Allowance card submitted **no no**

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

date; **London, Ont.**  
 \_\_\_\_\_ Captain,  
 Paymaster, District Depot No. 1

MASTER  
 District Depot No. 1  
 DEC 20 1918  
 LONDON, ONT.











1901

1901

REVOLYAGKA MELLOE

1901

1901

1901

1901



Army Form B. 103.

Regimental Number 90889.

### Casualty Form—Active Service.

Regiment or Corps.....

Rank *C.M.* Surname *Morrison* Christian Name *Matthew Lindsay*

Religion..... Age on Enlistment.....years.....months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....  
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>18-9-18</i>	<i>C. A. R. D.</i>	<i>T.O.S. on Posting From 2nd Bde. C.F.A. Aldershot Company</i>	<i>Witley</i>	<i>17-9-18</i>	<i>200/261 269-18</i>
<i>7-10-78</i>	<i>CCRS</i>	<i>Lowered in Category to B</i>	<i>Witley</i>	<i>5-10-78</i>	<i>500/2280</i>
<i>16-10-78</i>	<i>CCRS</i>	<i>of the C.O.D. Battalion</i>	<i>Witley</i>	<i>16-10-78</i>	<i>500/289</i>
					<i>LIEUT.</i>
					<i>OFFICER 1/c RECORDS,</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)







*Bert R 2-2-91*  
*R 75 8117*  
 Fill in Only.—Unit, Number, Rank and Name.

## Casualty Form—Active Service.

Unit, Regiment or Corps 29th Battery C.F.A.

Regimental No. 90889 Rank Gunner Name Mathew Lindsay Morrison  
C. E. F.

Enlisted (a) 18.6.15 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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) \_\_\_\_\_

M. F. W. 54.  
 150M. 10-15.  
 H.Q. 1772-39-920.  
 CERTIFIED CORRECT.  
 Canadian Record Office,  
 Westminster House,  
 7, Millbank, S.W.

207  
441

Date	Report From whom received	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.
------	------------------------------	--	-------	------	---

Drafted by 1st Lt. D. A. C. February 1916

Arrived in France Havre 2/3/16

W. R. Rindou Mayor  
N. R. of A. fol 1443.

4-3-16	C.B.D.	Arrived. Taken on 1st CDAC	C.B.D.	"	101/BD/3/238 Pt. 2 O. 21/3/16.
11-3-16	"	Left	"	9-3-16	101/BD/3/245.
14-3-16	G.O.C. 1st Can. Div. Art.	Posted to 2nd C.F.A. Bde. A.H. Q. 9-10 d/-14-3-16.	Field.	14-3-16	KR 7-23 16-3-16 Pt. 2 O d/-21-3-16.

D <sup>o</sup>	D <sup>o</sup>	Taken on strength of 2 Bde C.F.A.	D <sup>o</sup>	15 <sup>3</sup> / <sub>16</sub>	D <sup>o</sup> 12.04.21/16.
15.9.17	Unit	Proceeded on leave to England		11.9.17	B213 P. 11 Ord 145
29.9.17	"	Rejoined from " "		24.9.17	B210 P. 11 Ord 153

(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				
4.10.17	Unit	10 days F. P. No. 1. 27.9.17 Absence without leave from 9 pm to 5 pm 24.9.17. (Forfeit 3 days pay RW)			Proleg P. 11 Ord 156.
21-7-18.	11 C. I. Amb.	Debility. (Gen) <sup>Incisions</sup> adu	11 C. I. Amb.	20-7-18.	H 36/5988.
22-7-18.	do	do do do	12 do	21-7-18	H 36/6070.
21-7-18.	12 do	do do do	12 do	21-7-18	H 36/0016.
27-7-18	2nd Bn Cdb	Do Develop Inc	N.S.	20-7-18	B 213.
30-7-18.	12 C. I. Amb.	Debility (Gen)	to 7. C. C. S.	30-7-18.	H 36/6418.
31-7-18.	7. C. C. S.	do 307/8	to 22. F. T.	31-7-18.	H 36/6464
1-8-18.	42. St. Hope.	do	21 St. Hope.	1-8-18.	H 36/48629.
12-8-18	6 Bon Dye	do	6 Bon Dye	12-8-18.	do/9923
15-8-18	do	do	5 do	14-8-18	do/376
12-8-18	42 St. Hope	do	6 do	12-8-18	do/9774.
14-8-18.	5 Bon Dye	do	5 do	14-8-18.	do/76.
5-9-18.	C. G. B. D.	T. O. S. "T. B" from 5 Bon Dye	C. G. B. D.	4-9-18.	N.A. 1258.
9-9-18	7.17 Cdb C. G. B. D.	Classified by Medl. Board U.S.F. for Discharge (Aged, Influenza, Debility).	do	9-9-18.	N 3339. TR 703. T 50. 96. Date KE. 33572.
15-9-18.	06. C. G. B. D.	Transferred to England for Discharge as unfit for further service & posted to C. G. B. D. Witley		15-9-18	N.A. Dd/1704 of 159/8. TR 461. Page 506 Ke. 33572. T 50. 96.

Thos. B. Chapwell

for Lt-Col. F. R. G.

CONDN SECTN



Rank *Qm.* Name **MORRISON, Mathew Lindsay**

Reg'l No. **90889**

Unit **1st Draft-29th Bty.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **C.F.A., C.E.F. Sarma, 18th June 1915.**

Place of Birth **Mnt. Forest. Ont.**

Name and Address, Next-of-Kin **D.H. Morrison,**

**Bancroft, Ontario, Canada.**

Relationship **Brother**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

NIE R.B. No. *6989*  
 File R.L.  
 Category *Conck*

Discharge, Date and Place

Reason

Character

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS
		Arrived in England Rec'd S. Missandiel		27-12-15	
30-12-15	Ob. A. Bde	Taken on Sh. 3rd Bty Shoncliffe		29-12-15	PT II O. 242.
1-3-16	" " "	Transfd to 1st D.A.C. France	"	29-2-16	PT II O. 52. <i>a7b103 CK.</i>
21. 3. 16	of 1. D.A.C.	Taken on Strength " "	France	2. 3. 16	" " 13
" " "	" " "	Posted to 2nd Coy C.F.A.	"	14. 3. 16	" " 13
" " "	of 2nd Bde	Taken on strength of Bde	"	15-3-16	" " 13.
18-9-18.	C.A.R.D.	T.O.S. on Posting From 2 Bde C.F.A. Gm. Witley		17-9-18	PT II O. 261 of 2 Bde C.F.A. PT II O. 96 D 20-9-18.
		Classified unfit for Further service in France (aged) and R.L. 28-26 D 24-9-18.			
16-10-18.	es do es.	Shown on Command to CDD Buxton Gm. es do es.		16-10-18.	PT II O. 289.
6-12-18	"	Recess on com. to CDD Buxton + " S O S to Canada	Borden	19-11-18	PT II O 310

**A.F.B. 103 CHECKED** (N.R)  
 Taken from Official Documents  
**3 - JAN. 1917**

✓







# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

COPY ONLY

This is to Certify that No. 90889 (Rank) Gunner

Name (in full) MORRISON, Matthew Lindsay enlisted in  
the 29th Battery C.F.A.

CANADIAN EXPEDITIONARY FORCE at Barnia, Ontario on the NINETEENTH  
day of JUNE 19 15.

HE served in FRANCE (with Canadian Field Artillery)

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 47

Height 5' 8"

Complexion Dark

Eyes Blue

Hair Grey

Marks or Scars

N I L

Signature of Soldier

DISCHARGE SECTION  
DEC 20 1918  
No. 1 District Depot

Date of Discharge

*Wm. M. Gillingham*  
Issuing Officer  
LIEUT.

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at LONDON, ONT. this TWENTIETH day of DECEMBER 19 18.

in Military District No. ONE

File Reference No. 1 D.D. 10-N-295

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at LONDON, ONT. this ..... day of ..... 19

Name of Officer

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment



# ORIGINAL MEDICAL HISTORY SHEET.

90889

Surname Morrison Christian Name Mathew Lindsay

Examined { on 19<sup>th</sup> day of June 1915  
 at Sarnia  
 Birthplace { City or Town Mount Forest  
 County Wellington

Approved by W. P. Bradley  
 Rank C. A. M. C. M.O.

Apparent age 40  
 Trade or occupation Cutter  
 Height 5 Feet 9 1/2 Inches.  
 Weight 155 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 38 inches.  
 Physical development Good.  
 Small-Pox Marks none.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		21 SEP 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right / Left.  
 Number 1

Date	Result	VACCINATIONS.
<u>Oct 5<sup>th</sup></u>	<u>(Satisfactory)</u>	M.O.
	<u>(Satisfactory)</u>	M.O.
		M.O.

When Vaccinated last Infant.  
 (a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Jan 5<sup>th</sup></u>	<u>(Satisfactory)</u>	M.O.
<u>Feb 20<sup>th</sup></u>	<u>(Satisfactory)</u>	M.O.
		M.O.

Enlisted on 19<sup>th</sup> day of June 1915 at Sarnia

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>2<sup>d</sup> O.S. Battery</u> <u>C. I. R.</u>	<u>90889</u>		<u>June 19<sup>th</sup> 1915</u>
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley.</u>	<u>3-10-18</u>	<u>Debatable</u> CAPTAIN, For A.D.M.S. CANADIAN TROOPS, WITLEY.	<u>Bin under the</u> <u>hand under the</u> <u>shoulder</u>
<u>London, Ontario</u>	<u>17-12-18</u>	<u>Slight weakness</u>	<u>"C"II</u> <u>C. C. Richardson</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.

CANADIAN







Rank Name **MORRISON, Mathew Lindsay** Reg'l No. **90889**  
 Unit **1st Draft-29th Bty.** If in perm. Corps, }  
What Unit? Married or Single **Single**  
**C.F.A., C.E.F.** Place and Date of Enlistment **Sarna, 18th June 1915.** Place of Birth **Mnt. Forest, Ont.**

Name and Address, Next-of-Kin **D.H. Morrison,**  
**Bancroft, Ontario, Canada.** Relationship **Brother**

Assigned Pay Monthly \$ **20.** Payable to *Miss Stella Cowse, Sarnia P.O. Ont.*  
Relationship

Separation Allowance \$ Payable to  
Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
	1915																
	17 Dec. 31	15	1	15	15	10	1 50		16 50							16 50	
	1 Jan. 31	31	"	31	31		3 10		34 10		7 29	20		27 29	23 31		
	1 Feb 29	29	1	29	29	10	2 90		31 90		4 87	20		24 87	30 34		To 1 <sup>st</sup> Dec 1916
	1 Mch 31	31	1	31	31	10	3 10		34 10		4 86	20	1 10	25 46	38 98		To 2 <sup>nd</sup> A B Co 20/3/16 Friday Band.
				106			10 60		116 60		16 52	60	1 10	44 62			
	Mar 31	1		1	1		10		1 10		2 62			2 62	37 46		
				107				10 70	117 70			19 14 60	119 10 80	24 37 46			

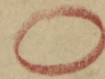






# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



*Handwritten signature/initials*

Name **Morrison, Matthew**  
Surname Christian Name

Regimental Number **90889** Rank **Gnr.** Address (in full) **173 Front St.**  
 Unit **C.F.A.** **Sarnia, Ont.**

Original Unit

District where paid **M.D.1**

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem: Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.  
 50M - 6 17.  
 1772 93-1140.

Remarks: **1st cheque issued 20-12-18.**







MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

2nd. Contingent

To Whom *Miss Stella Louise*  
Address *Sarnia*  
*Ont*By Whom Assigned *Morrison, M.L.*  
Regtl. No. *90889.*  
Rank *Gr.*  
Corps *29th Batty C.S.A.*Rate *\$ 20.* JAN 1- 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>10215</i>	<i>20</i>	
Feb.		<i>114699</i>	<i>20</i>	
March		<i>116532</i>	<i>20-</i>	









MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 80m.-12-15.  
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. Miss Stella Louise

Name of Soldier Morrison M.L.

**PAYMENTS.**

90889

29<sup>th</sup> Batty.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			60	\$20 <sup>00</sup>
April	1916	2357	20	
May		5793	20	
June		6336	20	
July		10852	20	
Aug.		12062	20	
Sept.		19066	20	
Oct.		24137	20	
Nov.		28525	20	
Dec.		30617	20	
Jan.	1917	740592	20	
Feb.		746549	20	
March		852403	20	20-Ch
April		7927	20	20-Ch
May		10668	20	20-Po
June		17547	20	B.
July		24265	20	B.
Aug.		30563	20	
Sept.		37333	20	B.
Oct.		44625	20	
Nov.		51201	20	
Dec.		61422	20	
Jan.	1918		480	
Feb.				
March				
April				
May				
June				
July				

26



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

**PAYMENTS.**

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.				











ASSIGNED PAY **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**  
EFFECTIVE DATE: *1-1-16* *1 Jan 1918* EFFECTIVE DATE: *1 Jan 1918*  
AMOUNT: *20<sup>00</sup>* AMOUNT: *---*

NAME: *MORRISON Matthew J*  
NUMBER: *90889*

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 Stella Louise  
Sarnia P.O. Ont.*

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

UNIT AND TRANSFERS  
ORIGINAL UNIT: *---*  
DATE ACCOUNT FIRST OPENED: *---*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO
			<i>2 Buca</i>
			<i>26/11/18 N.E.G.</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

**17-2-19 CANADA SECTN.**

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *31/10/18 Discharged to Canada. CAR 24 185 1/10/18 Balance 44.84*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>B.P.</i>								<i>101.91</i>		
<i>April</i>	<i>S.P.</i>	<i>33-</i>		<i>AP</i>				<i>20-</i>			
				<i>AR 24 11/4/18 2 Bde</i>	<i>4.46</i>						
				<i>74 21/4/18</i>	<i>3.57</i>				<i>106.88</i>		
		<i>33-</i>			<i>8.03</i>			<i>20-</i>			
<i>May</i>	<i>---</i>	<i>34-10</i>		<i>AP</i>				<i>20-</i>			
				<i>128 2/5/18 2 Bde</i>	<i>4.46</i>						
				<i>185 10/5/18</i>	<i>3.57</i>				<i>112.95</i>		
		<i>34-10</i>			<i>8.03</i>			<i>20-</i>			
<i>June</i>	<i>---</i>	<i>33-</i>		<i>AP</i>				<i>20-</i>			
				<i>AR 24 1/6/18 2 Bde</i>	<i>4.46</i>						
				<i>307 20/6/18</i>	<i>3.57</i>				<i>117.92</i>		
		<i>33-</i>			<i>8.03</i>			<i>50</i>			
<i>July</i>	<i>---</i>	<i>34-10</i>		<i>AP</i>				<i>20-</i>			
				<i>348 3/7/18</i>	<i>4.46</i>				<i>127.56</i>		
		<i>34-10</i>			<i>4.46</i>			<i>20</i>			
<i>Aug</i>	<i>Gray</i>	<i>34-10</i>		<i>Cur</i>				<i>20-</i>	<i>141.66</i>		
				<i>8068 6/8/18 18/8/18</i>	<i>8.92</i>				<i>132.74</i>		
		<i>34-10</i>			<i>8.92</i>			<i>20</i>			
<i>Sept</i>	<i>West C.I.</i>	<i>33-</i>		<i>CR 37523</i>	<i>24.918</i>	<i>97.33</i>					
				<i>AR 1409</i>	<i>nos 8.18</i>	<i>1.78</i>					
				<i>2371</i>	<i>nos 26.8.18</i>	<i>1.78</i>					
				<i>9565</i>	<i>CSAD 8.9.18</i>	<i>4.46</i>					
					<i>AR</i>	<i>105.33</i>		<i>20-</i>			
				<i>ONAR 4717</i>	<i>ORA 24.9</i>	<i>4.87</i>					
				<i>3214</i>	<i>nos Cont. 2.9</i>	<i>1.78</i>			<i>33.74</i>		
		<i>34-10</i>		<i>AR</i>		<i>112.80</i>		<i>20</i>	<i>44.84</i>		
		<i>33</i>						<i>20</i>			



NUMBER 90889

RANK *Gm*

NAME MORRISON - M.L

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Prot Fund</i>	<i>3410</i>							<i>3374</i>		
<i>Oct</i>	<i>Pay</i>	<i>3410</i>		<i>Abay</i>				<i>20</i>	<i>4784</i>		
				<i>985 122/10 Bxtn</i>	<i>973</i>				<i>3811</i>		
		<i>3410</i>			<i>973</i>			<i>20</i>			
<i>Nov</i>				<i>AB 1621 5/11/18 Indorred</i>	<i>973</i>				<i>2938</i>		
				<i>CR 1621</i>	<i>973</i>						





This space to be for numbers

# Proceedings on Discharge.

13-5-31

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

No. 90889

Rank Gunner

Surname MORRISON

Christian Name Matthew Lindsay  
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 29th Battery, C.F.A.

Date of Discharge DEC 20 1918 20.0.246.4.19.12.18

Place of Discharge LONDON, ONT.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

DESCRIPTION AT THE TIME OF DISCHARGE.		Descriptive Marks
Age..... 47..... years..... months.		N I L
Height..... 5..... feet..... 8..... inches.		
Complexion Dark		
Eyes Blue		
Hair Grey		
Trade Tailor		
Intended place of residence (To be given as fully as practicable.)	173 Front Street, Sarnia, Ontario.	

2. The above-named man is discharged in consequence of **MEDICALLY UNFIT**

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

*Handwritten notes and signatures:*  
31-3-12  
15-2  
K.C.W.  
25-5-18  
K.C.W.  
25-5-18



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

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

6. Medals and Decorations.....

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

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

(Place) LONDON, ONT.

(Date).....

O. C. Discharge Section, No. 1 D. II  
Commanding .....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) LONDON, ONT. *M. P. Morrison* (Signature of Soldier.)

(Date) DEC 20 1918 *[Signature]* (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) LONDON, ONT.

(Date) DEC 20 1918

*Wm. M. Gillingham*  
(Signature) .....  
O. C. Discharge Section, No. 1 D. D.



**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.)

*M. J. Morrison*

<p>Attestation Paper Militia Form B 333</p>	<p>Reg. Conduct Sheet Militia Form B 303</p>
<p>Proceedings on Discharge Militia Form B 313</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet on the occasion such having been prepared</p>	<p>Spashon Battery Company Conduct Sheet B 303a</p> <p>Copies of Convictions by C.P. in M.S.</p> <p>Med. Hist. Sheet Militia Form B 313</p> <p>Medical Report for Inquiry B 327</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate D 877</p> <p>*Only if discharged "Medically unfit."</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted herein.



Reservations referred to at Para 8.  
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></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 style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
--	--

***N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.***

Statement of Service

Confirmation of Discharge

LONDON, ONT.











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... London, Ontario... DATE... Dec. 17th, 1918...

1. 1 (a) Unit... No. 1 Dtd. Depot (b) Regimental No... 90889 (c) Rank... Enr.  
 (d) Surname... MORRISON (e) Christian name... Matthew Lindsay  
 (f) Home address... 173 Front St., Sarnia, Ontario  
 (g) Next of Kin... D.H. Morrison (h) Relationship... Brother  
 (i) Address of Next of Kin... Bancroft, Ontario

2. Age last birthday... 47 Date of birth... Nov. 23rd, 1871

3. Enlistment, or Appointment (if an Officer) (a) Place... Sarnia, Ontario (b) Date... 21-6-15

4. Personal description:  
 (a) Height... 5' 8" (b) Weight... 136 lbs. (c) Complexion... Dark  
(stripped)  
 (d) Colour of hair... Grey (e) Colour of eyes... Blue (f) Identification marks, Scars, etc. ....  
None.

5. Former trade or occupation... Tailor

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
	3	180

	PERIODS	
	From	To
Canada	21-6-15 9-12-18	16-12-15 17-12-18
England	16-12-15 16-9-18	2-3-16 7-12-18
France or other theatres of War	2-3-16	16-9-18

7. Original disease, or injury... Debility

(a) Date of origin... 1 9 17 (b) Place of origin... France  
 (c) Cause... Age and exposure.



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.)

Slight weakness due to loss of weight and debility.

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.)

SUBJECTIVE—Has lost weight. Does not feel as strong as on enlistment.

OBJECTIVE— Weight on enlistment 155 lbs. Present weight 136 lbs. Man looks more than age stated. Radial arteries moderately sclerosed.

(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).)

States that he gradually lost weight during 31 months in France with an artillery battery. Had influenza in July, 1918 and was sent to Hospital. To England in September 1918.



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, scar, and deformities.)

None.

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? 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 lessening.

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? (If the answer is "yes" state nature of treatment required and probable duration)

NO

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

17. Recommendations. Category "C"II

A. F. Lawrence 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, H. C. Morrison, have heard the description of my disability and present condition read, and am satisfied (satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H. C. Morrison Rank. Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

Board agrees.

Systolic Blood pressure, 170. Diastolic Blood Pressure, 110.

apex beat inside nipple line.

Compensation well carried, as to heart and blood pressure.

19. Is the invalid fit for

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

Placed in category "C"II

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.

PLACE London, Ontario.

DATE Dec. 17th, 1918.

C. C. Richardson capt. CAMC President.

J. C. Eakin capt. CAMC

A. J. McKay capt. CAMC

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.

PLACE

DATE

President.

Members

APPROVED BY

APPROVED BY

G. C. Bond Capt. CAMC for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE Dec 18/18

DATE



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

# M

20054

Jan 1-1916

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. *90889*  
 Rank *Gr.* Promoted Reverted Discharge  
 Soldier's Name *M. L. Morrison*  
 Battalion *29 a. Batty*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Miss Stella Couse*  
 Address *Sarnia Ont*  
 Change of Address  
 1  
 2  
 3  
 4

*482-ml*

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	/	/	480	480	
Jan 1918	68110 X		20	20	✓
Feb 0	75121		20	20	✓
Mar. N	92496		20	20	✓
Apr. N	10512		20	20	✓
May R	17735		20	20	✓
June N	21967		20	20	✓
July H	31380		20	20	✓
Aug P	40669		20	20	✓
Sep U	42956		20	20	✓
Oct. X	54200		20	20	✓
Nov. X	57399		20	20	✓
Dec. X	67689		20	20	✓

013137-M-33 REMARKS

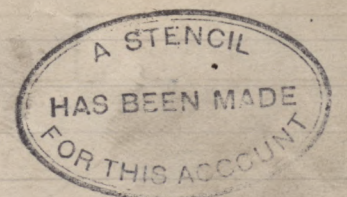
" M. R. O Des. 14297 " 6-12-18

M. F. W. 128  
400M-6-17-1772-89-1141  
L. L. 22220-M. & D. 7693.

A.P. \$720

.....A/c Closed 31-12-18  
 Ret'd per... *Scandinavian*  
 Date 30-11-18 F.X. 6-11-18  
 Clerk... *H. J. Radley*

M.D.#1





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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 23320-M. & D. 1983.



Reserved for M.H.C.

Regt. No. 90889 Rank. G.N.R. Surname. MORRISON Christian Name MATHEW LINDSAY

Unit or Corps—(a) Overseas from United Kingdom. 7th Bn. 2nd Regt. (b) In United Kingdom. C.A.R.D.

Born at—Town. Mount Forest County or Province. Ont. Country. Canada

Date of Birth—Day. 23 Month. Nov. Year. 1871 Age. 47 yrs. 10 months.

Joined at. Samia, Ont., Canada Date. 22nd-1915

Former Trade or Occupation. Tailor's Cutter

Permanent marks or peculiarities that will serve for future identification:—  
nil

Height—feet. 5 inches. 9 1/2 Colour of eyes. grey

Signature of Soldier (for identification purposes). M. L. Morrison

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

DEBILITY

Disabilities Group (b)

NIL

Disabilities Group (c)

NIL

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>AGE AND EXPOSURE</u>	<u>France</u>	<u>1918</u>
(ii.) As to Group (b) above.	<u>NIL</u>		
(iii.) As to Group (c) above.	<u>NIL</u>		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes
- (ii.) As to Group (b) above? nil If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? nil If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? yes
- (ii.) As to Group (b) above? nil
- (iii.) As to Group (c) above? nil



5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? *no*
- (ii) While off duty? *no*
- (iii) Was a Court of Inquiry held? *no*
- (iv) Where? *no*
- (v) When? *no*
- (vi) Opinion of the Court? *no*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

He states:- He was healthy previous to enlistment. For some months he has tired easily & has not been able to carry on. He went to base in July with the "flu" & has not been able to do any duty since that date. He has lost 30 lbs in weight. He was in France 3 months in the artillery - med. Hist. sheet - nil.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Height 5 ft 7 in. Weight about 130 lbs. General condition poor. Apparent age 47 years. Arteries are sclerosed. Heart slightly enlarged & sounds are weak & muffled, no murmurs present. Lungs normal. This man seems to be generally run down, but has no organic disease. Urine normal. All other systems normal.

8. OPERATION. (i) Was one performed? *no*

(ii) If so, state what.

(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? *yes*

(ii) If so, describe. *Five extracted*

10. DO YOU RECOMMEND:—

(a) Fit for duty? *no*

(b) Fit for base duty? *yes, possibly likely to raise in Cat. in six months.*

(c) Invalid to Canada? *no*

(d) Discharge from the Service as permanently unfit? *no*

Date of Report *19-9-1918* 191*8*

Signed *F. H. P. [Signature]* Capt  
Officer in medical charge of case.

Station *Witley Camp - Surrey - Eng.*

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

*Gen. F. R. Fuller*

{ Officer i/c Hospital } Strike out one  
{ S.M.O. Brigade } of these.

Dated at *Witley Camp, Surrey, Eng.* Station, on *1-10* 191*8*

\* Delete if inapplicable.



Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

Aggravated?

No

(b) Misconduct of the Soldier

Caused?

Aggravated?

No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

N.A.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all.)

N.A.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

N.A.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

18. Remarks.

Looks at least 55 years of age and is obviously much below par in general health. S.P.P. 165. D.P.P. 110.

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

Not suitable to be named in six mos.

(c) Invalid to Canada?

(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 4-10-18

Station

Witley

Signatures of the Board.

McIntosh - M.D. President.  
Cane  
McGroves - Capt

Approved

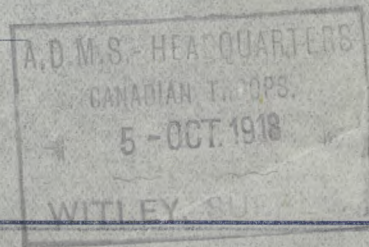
[Signature]

A.D.M.S.

Dated at

For A.D.M.S. CANADIAN TROOPS, WITLEY.

Station





Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*AW*  
*AW*  
*AW*  
*Recommendation: 22 years of the soldier's service should be taken into account in the award of a pension.*

Classification for the award of a pension: \_\_\_\_\_  
Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of the Board

President.

*[Handwritten signatures]*