

MORRISON MAXWELL

36244

M.M.G.BDE.

34473

DEMOB.

*Deceased 8-2-56*

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.









No. 36244 RANK Pte.

NAME Morrison M.

T. O. S.

UNIT / St. Dir. Supply Co. C. A. S. C

M. D. Val.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1914 Sept. 13 Sept 22	1914 Sept. 21 Oct 31	✓ m		

UNIT SAILED  
OCT 3 1914





Name **Morrison, Maxwell** Rank **Pte.**

Reg. No. 36244.

Unit **Auto-Machine Gun Brigade.**

**J.A. Morrison, 103 City Rd. Glasgow.**

Next of Kin **Scotland.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
17-6.	3rd. N. Gen. Hosp.	Sheffield.	Acute Nephritis.	B33.		
6-7.	King's C.R.X.C. Hosp.	Bushey Park.	"	B38.		
18-10	Discharged		do	B112		







Reg. No. <b>36244</b>	Rank. <b>a/sgt.</b>	Su name <b>Morrison</b>	Category. <b>B1</b>	Dentally Unfit.
Christian Names (1) <b>Maxwell</b>		(2) .....	Date .....	
(3) .....				

Place of Enlistment: <b>Valcartier</b>	Date of <b>9.9.17</b>	Taken on from <b>C M S. 8</b>	Religion <b>Wesl. Meth.</b>	Inoculations <b>21.4.17.</b>	Company
Province: <b>Que.</b>	Age on <b>25-6.</b>	Date <b>11.3.17.</b>	Vaccination		

On Command <b>Buxton</b>	Hospital	Permanent Cadre Date taken on	Employed as
Date Proceeding <b>3.4.19</b>	Date Admitted		

Record of Overseas Service: <b>Can. Mch. Gen.</b>	Profession or Trade (Civil) <b>Banker</b>
Reason for Return: <b>Wounds.</b>	Transferred or Posted to Date.....

Married or Single <del>Single</del>	LEAVE.			
Address of Next of Kin <b>Mrs. J. Morrison</b>	No of Pass Issued	FROM	To	Free Transportation
<b>123 New City Road</b>		<b>4-8-17</b>	<b>13-8-17.</b>	<b>Free Warrant</b>
<b>3 Grand Parade</b>		<b>29.12.18</b>	<b>7.1.19</b>	<b>Kenya &amp; no war</b>
Country <b>W. X Scotland</b>				







SURNAME.

*Morrison 649-M-20078.*

52 CARD NO.

CHRISTIAN NAMES

*Maxwell*

FOLL.

REGL. NO.

*36244*

RANK

*Pte*

UNIT

*C. A. S. C. (Div. Supply Col, M. T.)*

FORMER CORPS

*Scot. Rifles Terr. (3 1/2 yrs.)*

*Also notify: -* ~~NEXT OF KIN.~~

NAMES IN FULL

*Morrison, John A.*

~~CHANGE OF ADDRESS~~

RELATIONSHIP TO SOLDIER

*not stated*

*Wife of John*  
*Mrs. E. Morrison (wid.)*

ADDRESS

*103 New City Road, Glasgow,  
Scot.*

*90. Mrs Lincoln  
Rice, Dr.,  
St. Marys, Ont.  
(auth. SARR 23-829)  
107-21-00 1-1-19*

COUNTRY OF BIRTH

*Scotland, Glasgow*

DATE

*Mar. 20<sup>th</sup> 1889*

PLACE OF ATTESTATION

*Valcartier, P. Q.*


DATE

*Sept. 28<sup>th</sup> 1914*

*o/s. 9/10/14 - 19/4*

*R/C 12/5/19 - 327/4 a/sgt*



*From Quebec*  *Per. S. Franconia 4/10/14*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Banker*

RELIGION

*Not stated.*

DESCRIPTION.

APPARENT AGE

*25* YEARS

*6*

MONTHS

HEIGHT

*6* FEET

INCHES

CHEST MEASUREMENT

*35* INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Fresh*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*2 Vacc. marks - left arm -*

*Scar - right neck. Scar palm of left hand*

MEDICAL EXAMINATION.

PLACE

*Valcartier, P. Q.*

DATE

*Sept. 19<sup>th</sup> 1914*

*Present address: - not stated*



NAME

*Morrison M.*

H. Q. FILE No. 649-

REGT'L. No. *36244*

RANK AND CORPS

*Pte Can Mach Gun Corps*

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

- |       |                                              |          |                                                |
|-------|----------------------------------------------|----------|------------------------------------------------|
| B 33. | 3 <sup>rd</sup> N. Gen Sheffield             | 17-6-16  | Acute Nephritis.                               |
| B 38  | To Kings Can Red x<br>Cowk. Bushey <u>pk</u> | 6-7-16   |                                                |
| B112. | Kings Can. + Bushey Park                     | 18-10-16 | Nephritis ("1 <sup>st</sup> Can M.L.<br>Coys") |



am  
LB  
P  
12 1/2  
Number..... 36244 .. Rank..... A. J. Sgt  
Surname..... MORRISON  
Christian Names..... Maxwell  
Unit..... C. A. S. B. .... Theatre of War..... France  
Dates of Service.....  
Remarks.....

Latest Address..... ~~70 St. Lincoln St. J.~~  
..... ~~St. James. Ont.~~

Roll No. ~~493~~ 493 Dundas St.  
London Ont.  
Page 944

g 27482 net  
g 54559 Desh

NOV 1 3 1921

JUL 12 1921



Surname

Christian Name or Names

Reg. No.

*Morrison*

*M*

*36244*

Rank

Unit

Co.

Troop

Batty

*Pte.*  
Hospital

*Can Mach Gun Corps*

Date of Admission

Transferred *3 Northern Gen. Sheffield* Hosp.

*14.6.16*

*Miss C. Red + Bushey Pk.* Hosp.

*6.7.16.*

Hosp.

Hosp.

Diagnosis

*Acute nephritis.*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*Dis. 18.10.16*

REMARKS

*6.6.24.6.16. B.33.*

*11.12.7.16. B.38.*

*27.11.16 B.112.*

A.M.D. 2 DEPT.

Dep. of D.G.M.S. O.M.F.C. London,

*Dr*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



URINALYSIS

OFFICE OF SENIOR MEDICAL OFFICER  
CANADIANS, LONDON DISTRICT.

11. 3. 19. 1919

No. 36244. Rank. Sgt Name Morrison

Unit. H.Q. M.F.C. Station.

1 Sp. Gr. 1022 2 Colour Pale yellow clear

3 Reaction Alkaline (slight) 4 Sugar Nil

5 Albumen Nil 6 Pus Nil

7 Microscopic Nil Nil Phosphates present in small amount

I certify that this sample was passed in my presence by the above named.

*G.M.*

*R. J. Basted* Capt. C.A.M.C.  
for S.E.O. i/c London District.



*[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page]*

*W.C.*

*[Faint, illegible text]*

*James G. Thompson*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*



# CANADIAN EXPEDITIONARY FORCE

War Service Badge  
Class "A" No. 203369

## DISCHARGE CERTIFICATE

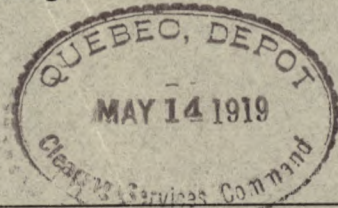
THIS IS TO CERTIFY that No. 36244 (Rank) A/Sgt  
 Name (in full) Maxwell Morrison enlisted in  
 the 1st CASB  
 CANADIAN EXPEDITIONARY FORCE at Valcartier on the 19th  
 day of SEPT 1914  
 HE served in FRANCE. 1 CASB, IMMGB.  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 30  
 Height 5-11 1/2"  
 Complexion FAIR  
 Eyes Blue  
 Hair Brown  
M Morrison  
 Signature of Soldier

Marks or Scars No

Date of Discharge



W. A. Proell  
 Issuing Officer  
Capt. for Lt. Col.  
O. C. Clearing Services Command.  
 Rank  
 Date MAY 14 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.

M.F.B. 39A.  
 1049-D.P.-300M-11-18.  
 H.Q. 1772-39-882.



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2525 (Rank) Private

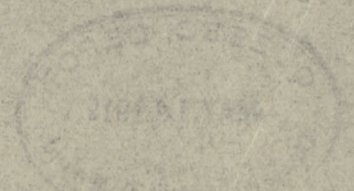
Name (in full) John Joseph [unclear] enlisted in

the Canadian Expeditionary Force on the 15th day of August 1918

HE served in the [unclear]

and is now discharged from the service by reason of Medical Unfitness Demobilization

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

Age <u>25</u> Height <u>5 ft 10 in</u> Complexion <u>Dark</u> Eyes <u>Blue</u> Hair <u>Dark</u> Marks or Scars <u>None</u>	Signature of Soldier <u>[Signature]</u> Date of Discharge <u>15th August 1918</u> 
-------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Rank Private      Date 15th August 1918

Leading Officer [Signature]  
[Signature]  
 Rank [unclear]

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, Military Council, Ottawa, Canada.



BUSHEY PARK HOSPITAL MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No. 36244	Rank. Pte.	Surname. Morrison	Christian Name. M.
Year	Unit. 1st. Can. M.G. Co.		Age. 28	Service. 5/12 17/12
Station and Date.	Disease Nephritis.			
	<p>June 3/16 at Ypres hit by well which crushed rt. foot. Sent to No 3 Gen. Hosp. Boulogne put to bed. then 2 weeks illness diagnosed as acute nephritis, dieted &amp; medicine given. no better sent to Sheffield No 3 written Gen. Hosp. put to bed June 17/16. on 19/16 had retention of urine, given Morphine &amp; Catheter passed &amp; written dilated Catheter left in situ &amp; bladder washed, sent to H.E.R.C.E. Hosp July 5/16.</p>			
Born at Glasgow	<p>Condition, feeling weak, on full diet. no trouble with urine J. S. W. by Lt. Col. Lane</p>			
Married or single	<p>July 30. No symptoms.</p>			
Occupation Bank Clerk	<p>Duty in H.Q. office.</p>			
Enlisted at Vancouver on Aug 10/14	<p>Aug 10 Recommended for Extension Oct. 11 Recommended P.B. J.S.W. Oct 12 Board P.B. written J.S.W.</p>			
T. Inoc. yes				
S.V.P. yes				
Treatment	<p>Rest</p>			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.

Trans. 19/10/16 Can. Casualty Assembly Centre Shrewsbury

R. R. E. G. M.

Capt. C.A.M.C.



# ORIGINAL HISTORY SHEET.

C.S.A.C.  
22 OCT 1916

SP1  
146/48

Surname Morrison

Christian Name Maxwell

Examined on 19 day of Sept. 1914  
at Valcartier, P.Q.

Birthplace { City or Town Glasgow,  
County Scotland,

Apparent age 25 years - 6 months

Trade or occupation \_\_\_\_\_

Height 6 Feet — Inches.

Weight ✓ Lbs.

Chest measurement { Minimum 35 inches.  
Maximum expansion 38 1/4 inches.

Physical development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left ✓  
Number 2 2

When Vaccinated last 10-10-14

(a) Marks indicating congenital peculiarities or previous disease Scar at neck & l. palm

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

Approved by \_\_\_\_\_

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>15/11/17</u>	<u>BT</u>	<u>Signature of Presiding Officer</u> <u>Ch. Wallace Esq.</u>	<u>26 JUN 1916</u>
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>21/4/17</u>	<u>T.A. 5</u>	<u>Gibson Capt.</u>	M.O.
			M.O.
			M.O.

Enlisted on 19 day of September 1914 at Valcartier P.Q.

JOINED ON ENLISTMENT	CORPS.	REG'T NUMBER.	HABITS.	DATE.
	<u>1st Wm. Arty. Col. (M.I.)</u>	<u>36244</u>	<u>The Medical Officer of an Overseas Force must be returned to the Record Office by the Presiding Officer of the Contingent.</u>	
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Sherehan</u>	<u>Oct 23 1916</u>	<u>Nephritis</u>	<u>Permanent Discharge</u>
<u>13 Berwick St. London</u>	<u>17/3/19</u>	<u>Debility</u>	<u>Discharge</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.

If a Medical History Sheet of a man proceeding overseas, must be returned by the Officer commanding the Contingent to the Record Office when he leaves England.  
**W. S. B. WARD,**  
 Colonel in Charge of Records,  
 Canadian Contingents, London.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
3rd: NORTHERN GENERAL		17	6	16	5	7	16	Contusion Rt. Foot Acute Nephritis.	13	Transferred to Can. Conv. Hosp. Bushy Park, Hampton Hill	<i>Am J. J. J.</i> Lt. Colonel, R.A.M.C. (T) O.C. 3rd Northern General Hospital.
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		5	7	16	17	10	16		104	Short of breath. Much below usual weight. No albumen Board for P.B. Discharged to C.C.C.	<i>J. J. J.</i> <i>W. J. J.</i>



00a-1763 Duplicate

War Service Badge

Casualty Form-Active Service.

Class "A" No. ....

Regiment or Corps Divisional Supply Coln.

Regimental No. 36244 Rank Private Name Morrison M.

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

Date of promotion to } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
 present rank } to lance rank } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
5/11/14	S/M Daniels	2 days S.P. forfeits 2 days pay	in Down with	5/11/14	absent without leave
3/1/15	A/M Morrison	5 days C.B. forfeits 5 days pay	Strawton	3/1/15	absent without leave.
20/3/15	O.C.	Returned unit 20.3.15	in the field	20/3/15	Letter from O.C. Dulstle
2 1/2	O.C. D.S.C.	Absent from fatigue	India	14/5/15	A.F. 15 213 A. 21-5-15 1 month less of corps pay 17/5/15
27.11.15	do	Granted 7 days leave	do	22/11/15	B213 Part II Ord 45-11/15
4.12.15	do	Returned from leave	do	4.12.15	DC8 143
15.3.16	O.C. P. H. S. Col.	Transferred to Bay Motor Machine Gun Brigade	Field.	14/3/16	B. 241. also file 2461.
15.3.16	A.A.S. Section	Taken on strength of 1st Lt. M.M. S. Bde.	Field.	15/3/16	B241. File 2461. Part 2 attached 12d/21.3.16.
16-6-16	H/Sgt Dennis	Invalided & transferred to 66 AB Wounded (at front) Folkestone		17-6-16	W3083 Pt. 11 ord 25d/21.6.16

(e) 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				

D. C. Skemin LIEUT.  
OFFICER in RECORDS  
CANADIAN SECTION G.H.Q.  
3RD ECHELON

Taken on strength C.C.A.C. etc. D.O. No. ....

22/10/16

ATTACHED  
TRANSFERRED FROM

Gen. Red X Hosp  
Buishey Park.

PART II D.O. No. ....

24/1/17

O.C.  
C.C.A.C.

Transferred to office  
of Adjutant-General, London.

Pt II Daily Orders no. 27 of 27/1/17.  
C.C.A.C. letter (C) D.O. 1763-24/1/17

*Margaret Cap* ADJUTANT,  
FOR OFFICER COMMANDING  
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL,  
BUSHY PARK, HAMPTON HILL.

29-1-17 *copy sent to* attached to adj. gen. Br London 27-1-17 Pt 20 # 25

12-3-17 *copy sent to* attached to adj. gen. Br London 11-3-17 Pt 20 # 1  
from C.C.A.C. on request  
from adj. gen. Br.



Casualty Form—Active Service.

Regiment or Corps Divisional Supply Column

Rank Pte Surname Morrison Christian Name M

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 \_\_\_\_\_

Signature of Officer i/c Records.

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...			
	<u>H.Q. O.M.F.C.</u>	<u>Granted permission to marry.</u>	<u>London</u>	<u>17-7-17</u>	
<u>11-12-17</u>	<u>do</u>	<u>Appointed a Sgt. with allowances of rank 7 to be graded for pay as Sgt Clerk whilst employed H.Q. O.M.F.C.</u>	<u>do</u>	<u>1-6-17</u>	<u>P.I.D.O. 232</u>
<u>14-12-17</u>	<u>do</u>	<u>Transferred from Can Mac Gun Depot to H.Q. O.M.F.C.</u>	<u>do</u>	<u>14-12-17</u>	<u>P.I.D.O. 235</u>
<u>4-4-19</u>	<u>do</u>	<u>Leaves to be attached to H.Q. O.M.F.C. On <del>posting</del> <sup>command</sup> to <sup>CAD</sup> <u>Buxton</u></u>	<u>do</u>	<u>3-4-19</u>	<u>P.I.D.O. 81</u>
					<u>S. Cray</u> CAPTAIN ADJUTANT, H.Q. O.M.F.C.

(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) Signaller, Shoeing-smith, &c.



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				
4 APR 1919	Attached	C. D. D. Buxton			Part II Order No. 80
3 MAY 1919	Ceases to be attached				for Canada.
					Lt. for Lt. Col.
					Commanding Canadian Discharge Depot.
3-5, 19	EMB'KED	LIVERPOOL			
12-5-19	DISEMB'KED	QUEBEC			
	<i>Agency</i>	Lient. Adjt.			
	SAILING D 12	S. S. MELITA			
<i>37</i> 12-5-19	T. O. S. Quebec Depot	Clearing Services Command			
	Part 11. Order No. <i>13A</i>				
<i>12-5-19</i>	S. O. S. Quebec Depot	Clearing Services Command			
	Part 11. Order No. <i>13A</i>				
					Officer i/c Records
					Clearing Services Command



NAME Morrison Maxwell

Regimental No. 36244

Name and address of next-of-kin Morrison John A

Unit Divisional Supply Column M T

103 New City Rd, Glasgow, Scotland

Date of enlistment Sept 19, 1914

Place of Birth Scotland

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ ~~44~~ <sup>35</sup> ~~25~~ <sup>25<sup>00</sup> Dec</sup> 1915

Reason for discharge

To whom payable Mrs M Morrison

Character on discharge

87 Broxtow Rd, Cambuswell, Dundee S.E.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<u>1914</u>																
<u>Sept 22</u>	<u>Oct 31</u>	<u>40</u>	<u>1.50</u>	<u>60.00</u>	<u>40</u>	<u>.10</u>	<u>4.00</u>		<u>64.00</u>			<u>25.00</u>			<u>25.00</u>	<u>39-00</u>
<u>Nov 1</u>	<u>Nov 30</u>	<u>30</u>		<u>45.00</u>	<u>30</u>		<u>3.00</u>	<u>39.00</u>	<u>87.00</u>			<u>83.80</u>		<u>3.20</u>	<u>87.00</u>	<u>2 days fine</u>
<u>Dec 1</u>	<u>Dec 31</u>	<u>31</u>		<u>46.50</u>	<u>31</u>		<u>3.10</u>		<u>49.60</u>			<u>45.00</u>			<u>45.00</u>	<u>4-60</u>
<u>Jan 1</u>	<u>Jan 31</u>	<u>31</u>		<u>46.50</u>			<u>3.10</u>	<u>46.50</u>	<u>54.20</u>			<u>45.50</u>		<u>8.00</u>	<u>53.50</u>	<u>5 days fine</u>
<u>Feb 1</u>	<u>Feb 28</u>	<u>28</u>		<u>42.00</u>	<u>28</u>		<u>2.80</u>	<u>70.45</u>	<u>50</u>			<u>15.00</u>		<u>30.00</u>	<u>15.00</u>	<u>30<sup>50</sup> paid in cash</u>
<u>Mar 1</u>	<u>Mar 31</u>	<u>31</u>		<u>46.50</u>	<u>31</u>		<u>3.10</u>	<u>50.50</u>	<u>50.10</u>							<u>50-10</u>
<u>Apr 1</u>	<u>Apr 30</u>	<u>30</u>		<u>45.00</u>	<u>30</u>		<u>3.00</u>	<u>58.10</u>	<u>98.10</u>			<u>8.00</u>	<u>35.00</u>		<u>43.00</u>	<u>55-10</u>
<u>May 1</u>	<u>May 31</u>	<u>31</u>		<u>46.50</u>	<u>31</u>		<u>3.10</u>	<u>55.10</u>	<u>104.70</u>			<u>16.00</u>	<u>35.00</u>		<u>51.00</u>	<u>53-70</u>
<u>June 1</u>	<u>June 30</u>	<u>30</u>		<u>45.00</u>	<u>30</u>		<u>3.00</u>	<u>53.70</u>	<u>101.70</u>			<u>3.00</u>	<u>35.00</u>	<u>15.00</u>	<u>53.00</u>	<u>20 days 1 Mo. Corp. Pay</u>
<u>July 1</u>	<u>July 31</u>	<u>31</u>		<u>46.50</u>	<u>31</u>		<u>3.10</u>	<u>48.70</u>	<u>98.30</u>			<u>9.00</u>	<u>35.00</u>		<u>44.00</u>	<u>54-30</u>
<u>adjustment of exchange</u>								<u>54.30</u>								
								<u>6.64</u>								
<u>Aug 1</u>	<u>Aug 31</u>	<u>31</u>	<u>1.00</u>	<u>31</u>	<u>31</u>	<u>.16</u>	<u>3.10</u>	<u>60.97</u>	<u>110.54</u>			<u>5.66</u>	<u>35.</u>		<u>40.66</u>	<u>69.91</u>
<u>Sept 1</u>	<u>Sept 30</u>	<u>30</u>	<u>1.00</u>	<u>30</u>	<u>30</u>	<u>.10</u>	<u>3.00</u>	<u>60.91</u>	<u>117.91</u>			<u>6.33</u>	<u>35.</u>		<u>41.33</u>	<u>76.58</u>
<u>Oct 1</u>	<u>31</u>	<u>31</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>.10</u>	<u>3.10</u>	<u>65.50</u>	<u>126.18</u>			<u>8.78</u>	<u>35.-</u>		<u>42.78</u>	<u>82.40</u>
<u>Nov. 1</u>	<u>30</u>	<u>30</u>		<u>30</u>	<u>30</u>		<u>3</u>	<u>62.40</u>	<u>130.40</u>			<u>58.83</u>	<u>35</u>		<u>93.83</u>	<u>86.57</u>
<u>Dec 1</u>	<u>31</u>	<u>31</u>		<u>31</u>	<u>31</u>		<u>3.10</u>	<u>65.50</u>	<u>86.17</u>			<u>11.33</u>	<u>25</u>		<u>26.33</u>	<u>49.84</u>
<u>Jan 1</u>	<u>31</u>	<u>31</u>		<u>31</u>			<u>3.10</u>	<u>49.84</u>	<u>83.94</u>			<u>16.57</u>	<u>25</u>		<u>41.57</u>	<u>42.37</u>
<u>Feb. 1</u>	<u>29</u>	<u>29</u>		<u>29</u>	<u>29</u>		<u>2.90</u>	<u>47.37</u>	<u>74.27</u>			<u>5.24</u>	<u>25</u>		<u>30.24</u>	<u>44.03</u>
				<u>682.50</u>			<u>52.60</u>	<u>440.31</u>	<u>747.54</u>			<u>393.04</u>	<u>355</u>	<u>262.0</u>	<u>714.24</u>	



36244 Pte W. Morrison

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
1916				682 50			52 60	777 54			393 04	355	26 20	774 24	Trans to 1st. M.M.R. Bde. 1/4/16 Pt. II D.O. 13-21/3/16 50-51
March	31	31	1	21	31	.10	310	1103			262 25		27 62		
<del>Apr</del>	<del>30</del>	<del>30</del>	<del>1</del>	<del>30</del>	<del>30</del>	<del>.10</del>	<del>30</del>	<del>303</del>	<del>1183</del>	<del>51</del>	<del>262</del>	<del>25</del>	<del>31 95</del>	<del>31.56</del>	
				713 50			55 70	777 54			395 66	380	26 20	801 86	

Checked *[Signature]*

BALANCE TRANSFERRED TO NEW LEDGER.



ASSIGNED PAY. ENGLAND CANADA. EFFECTIVE DATE: 1/5/16. 1/7/19. AMOUNT: 20. 20.00

SEPARATION ALLOWANCE. ENGLAND CANADA. EFFECTIVE DATE: 7/12/17. 2/1/18. AMOUNT: 25. 30.00

NAME: MORRISON, Maxwell. NUMBER: 36244. Rsgt.

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 Eileen Morrison~~  
~~2 Grand Parade~~  
~~Tottenham~~  
~~London~~  
~~Wife~~

AUTHORITY: HQ 00. 232. DATE EFFECTIVE: 1/6/17. RANK OR APPOINTMENT: Sgt Clerk.

Mrs. Eileen Morrison  
46 49 High Street  
Clapham SW4.

UNIT AND TRANSFERS  
ORIGINAL UNIT: A.M. 913.  
DATE ACCOUNT FIRST OPENED: 16.4.19

wife  
L.P.C. compiled 2/4/19. Edition  
Dated 2/4/19. No. 582. Ldn to Ldn  
Balance 20/4/19 \$ 3.58

AUTHORITY: HQ 00. 232. DATE EFFECTIVE: 16.4.19. DATE LEDGER SHEET T 5P'D: N E N. UNIT TRANSFERRED TO: N E N.

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
2/3/19	5638	hao	38.95	2/4/19		on loan to Boston	80
2/4/19			19.47				
p862. 4/19. p862. Max D. 1.00							

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
HQ 00. 232	135	50		1.50

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									19.70		
Mar 31	Bal. fwd.										25
April	P.T.A.	8550		PS 9078 £ 9.4.11.			20				23.33
"	"			PS 9079 £ 4.15.10							
"	"			MA 8025 54/6/18 Ldn on 50 <sup>00</sup> Mar loan 20.							
"	"			AR 1365 HQ LAO 1/4/18	24.33						
"	"			AR 3500 HQ LAO 24/4/18	24.33				16.60		
May	P.T.A.	8550			68.66		20				48.33
"	"	88.35		AB 0285 £ 9.4.11.			20				25
"	"			AR 5538 HQ LAO 19/5/18	29.20						
"	"			AR 8299 HQ LAO 29/5/18	24.33				31.42		
June	P.T.A.	88.35			53.53		20				25
"	"	8550		BH 8886 £ 9.4.11.			20				25
"	"			AR 10299 LAO 13/6/18	38.93						
"	"			12790 ✓ 2/6/18	34.07				23.92		
July	P.T.A.	8550			73		20				25
"	"	88.35		B 68451 £ 9.4.11			20				25
"	"			AR 15706 LAO 10/7/18	34.07						
"	"			AR 18723 . 25/7/18	34.07				24.13		
Aug	P.T.A.	88.35			68.14		20				25
"	"	8550		AR 63399 £ 9.4.11			20				25
"	"			AR 23232 L.A.O. 13.8.18	34.07						
"	"			27926. . 28.8.18	34.07				24.34		
Sept	P.T.A.	88.35			68.14		20				25
"	"	8550		AR 31096 LAO 6/9/18	34.07						
"	"			D 13763 £ 9.4.11			20				25
"	"			AR 38251 LAO 25/9/18	34.07				21.70		
"	"	8550			68.14		20				25
Carried Forward.											







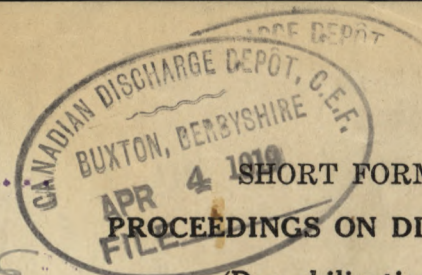








No. of Dependents *2*



*20-9 708*

SHORT FORM.

DISPERSAL AREA *I 2*

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

RELIGION *Coy E*

NAME OF WIFE *Wife*

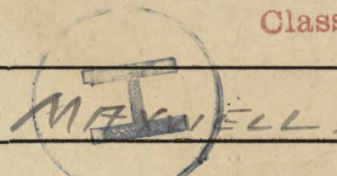
1. No. *36247*

War Service Badge *303369*

2. Rank. *A/Sgt*

Class "A" No. ....

3. Name. *MORRISON*



4. Unit. *HQ. OMEG C*

*ICAD. C. / I M M 9 B 9 5*

5. Date of Discharge *14-5-19*

Place *QUEBEC*

6. Reason for Discharge

*cat. B. 2.*

*Banker*

OCCUPATIONAL GROUPS *3*

SERVICE IN TRADE *16 Mo*

CATEGORY

7. Authority.

8. Proposed Residence after Discharge

*Toronto, ONT*

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. ? *39*

*Deceased in honour*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *QUEBEC*

Date *MAY 12 1919*

*E. R. J. F. H. C. S. 2-2-1919*

*W. Spedding*

Capt. for Col. O. C. Clearing Services Command

Signature

(O. C. Discharging Unit.)







LIST OF DISCHARGE DOCUMENTS

Military Form W-38	Attention Form, Discharge
Military Form W-101	or Particulars of Service
Military Form W-102 or W-103	Field Conduct Sheet
Military Form W-104 or W-105	Discharge Form
Military Form W-106	Last Pay Certificate
	Contains final military documents and instructions
Military Form W-107 or W-108	Medical History Sheet
Military Form W-109 or W-110	Proceedings of Medical Board
Military Form W-111	General History Sheet
M. P. W-112 or W-113	Medical Report
Military Form W-114	Regimental Conduct Sheet
Military Form W-115	Company Conduct Sheet



**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 (M.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. Dispersal Certificate (C.D.S).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *4*  
*O.S.H.*

Date..... *2.5.19.*



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.

CAN. M.G. DEPOT. STATION LONDON. DATE MAR. 11<sup>th</sup> 1919.

1. 1 (a) Unit H.Q. O.M.F. OFC. (b) Regimental No. 36244. (c) Rank A/SERGT.  
 (d) Surname MORRISON (e) Christian name MAXWELL.  
 (f) Home address 49 HIGH STREET, CLAPHAM S.W.  
 (g) Next of Kin MRS EILEEN MORRISON. (h) Relationship WIFE.  
 (i) Address of Next of Kin SAME AS I (f).

2. Age last birthday 29 YEARS Date of birth MAR 20<sup>th</sup> 1889.

3. Enlistment, or Appointment (if an Officer) (a) Place VALCARTIER, (b) Date SEPT 19<sup>th</sup> 1914.

4. Personal description:  
 (a) Height 5' 11 1/2" (b) Weight 120 LBS. (c) Complexion FAIR.  
(stripped)  
 (d) Colour of hair BROWN. (e) Colour of eyes BLUE. (f) Identification marks, Scars, etc. ....  
SCAR RIGHT ELBOW AND RIGHT ANKLE.

5. Former trade or occupation BANKER.

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>4 YEARS.</u>	<u>173 DAYS.</u>

MAN'S STATEMENT.	PERIODS	
	From	To
Canada .....	<u>SEPT 19<sup>th</sup> 1914</u>	<u>OCT 3<sup>rd</sup> 1914.</u>
England .....	<u>OCT 3<sup>rd</sup> 1914</u> <u>JUNE 15<sup>th</sup> 1916</u>	<u>FEB. 3<sup>rd</sup> 1915.</u> <u>MAR 14<sup>th</sup> 1914.</u>
France or other theatres of War .....	<u>FEB 3<sup>rd</sup> 1915.</u>	<u>JUNE 15/1916</u>

7. Original disease, or injury ~~DEBILITY~~ NEPHRITIS.

(a) Date of origin JUNE 1916 (b) Place of origin BODLOGNE, FRANCE.  
 (c) Cause ~~NEPHRITIS~~ 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.)

(DEBILITY). NECESSITY FOR REST OF THE BODY FOR THERAPEUTIC REASONS.

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.)

Man is very thin and fair well nourished pulse is 120 per min sitting, standing is 122 after touching floor four times is 130. Return to 120 in one minute. Systolic B.P. is 110 Diastolic 70. Man states he tires very quickly and has frequent headaches and feeling of weakness. Urinalysis shows no abnormality. See report attached. Man states he is forty - five pounds underweight.

(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).)

In June 1916, Traver, which is Harp with wound of foot suddenly lay on to have severe pain in back, swelling of feet and face, headache and frequency of micturition. After six weeks only a trace of albumin was found in his urine. Man was returned to duty with slight trace of albumen which remained for eight months. Ever since having nephritis man states he has been below weight and lacking in energy.



10.—(b) (If or 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).)

3rd Northern General. — 17-6-16 to 5-7-16. Contusion of feet & acute nephritis — completely healed. Shrapnel wound right elbow. Aug. 1915. Completely healed with no disability.

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

Scar Right elbow and right ankle. healthy, non-adherent.

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

(b) If no, 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.)

Does not apply.

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? SIX MONTHS.

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

Entire M.H.S. — 3rd Northern General. 17-6-16 to 5-7-16. Contusion of feet & acute nephritis. also The King's Cross Convalescent Home 5-7-16 to 17-10-16. Short of breath. much loss weight. no albumen. man states he was in hospital in France 3-6-16 to 16-6-16.

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

A. J. Bastedo Capt. C.M.C. 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, Whomison 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

Whomison

Whomison 1st 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.

The Board concurs.

Proceedings of Medical Board Oct. 14<sup>th</sup> 1916 and Oct. 23<sup>rd</sup> 1916 attached.

19. Is the invalid fit for

- |                                                |              |                          |                    |
|------------------------------------------------|--------------|--------------------------|--------------------|
| (a) General service,                           | (Category A) | ( <del>Yes</del> or No.) | No                 |
| (b) Service abroad, not general service,       | ( " B)       | (Yes or <del>No</del> .) | Yes. B iii (three) |
| (c) Home service (Canada only),                | ( " C)       | (Yes or No.)             | U.A.               |
| (d) Temporarily unfit.                         | ( " D)       | (Yes or No.)             | No                 |
| (e) Unfit for service in Categories A, B and C | ( " E)       | (Yes or No.)             | U.A.               |

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.)

Boarded for return to Canada with A.G. telegram 9183 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.

PLACE 13 Berners St. James H. Howell, Capt. President.  
 DATE 12/3/19. 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..... President.  
 DATE..... Members

APPROVED BY [Signature] APPROVED BY [Signature]  
 Assistant Director of Medical Services. O.A.M.S. Director-General of Medical Services.  
 For A.D.M.S., Canadians, London Area. DATE 13. BERNERS ST. LONDON; W.1





# PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... Oct. 23 .....1916.

No. 36244 Rank P/te Name William J. Hamilton

Local Unit..... Overseas Unit 1st Can. Inf. Brig. Age 28

Examination held at.....

DISABILITY.  
Overseas—Local.  
(scratch one out)

(Nephritis June 1916.)

### PRESENT CONDITION.

Severe Nephritis, after 17 mos in France  
Slight ed of the R ankle  
In bed several  
months — took no exercise. Blood pressure  
135-165 — pulse rate 120 with slight  
dist. heart — Improving — urine normal  
recently

### BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty office work only.....
- 5. Discharge.....

Signatures:—

Chas. Huntley.....President.

Members

Samuel May  
.....  
.....

APPROVED

23 OCT 1916

Dated at.....1916.

William J. Hamilton  
.....

For A.D.M.S.,  
Captain C.A.M.C.  
for A.D.M.S., Canadians, London Area.



21-5-18 B, J. M. ...  
18/7/18 B confirmed C. Wallace  
6/8/18 B confirmed C. Anderson

25-9-18 B confirmed ...  
1818

11/11/18 B confirmed C. Wallace  
Capt. Case

No. Rank  
Local Unit Overseers Unit Age

Examination held at

DISABILITY  
Overseers—Local  
(scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

- 1. Fit for Duty
- 2. Fit for duty after ..... weeks' physical training.
- 3. Fit for Temporary Base Duty ..... weeks.
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures:—

President

Members

APPROVED

Dated at 1918

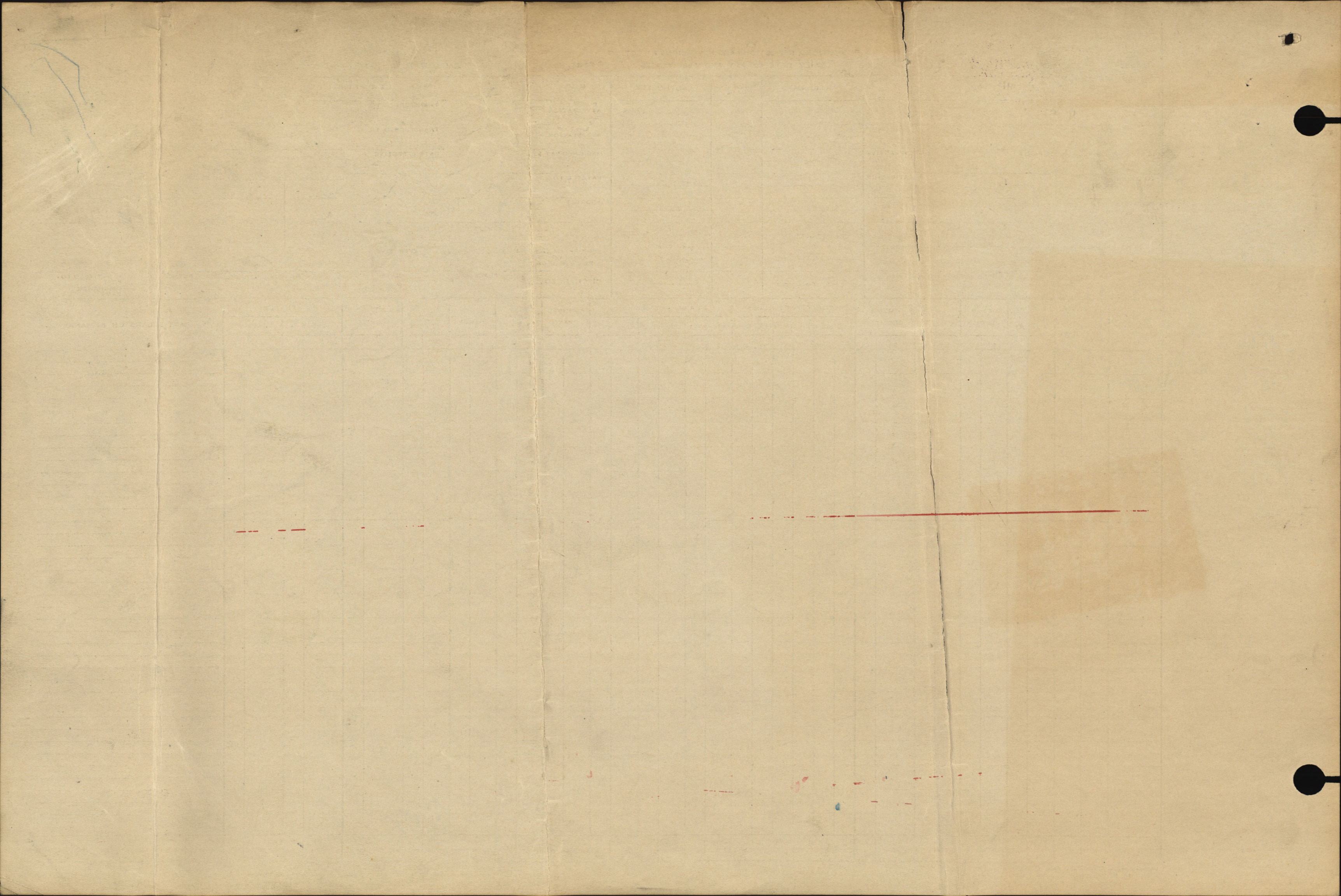
For A.D.M.S.

A.D.M.S. Candidate











## MILITIA AND DEFENCE ASSIGNED PAY.

<p><b>To whom</b> Mrs. M. Morrison, <b>Address</b> No. 3 Flat, Grand Parade, High Street, Teddington, Middlesex.</p> <p><b>Rate</b> £ 20.00</p> <p><b>Date to Commence</b> 1st March 1917</p>		<p><b>By whom assigned</b> Morrison, Maxwell</p> <p><b>Regtl. No.</b> 36244</p> <p><b>Rank</b> Pte.</p> <p><b>Corps, &amp;c.</b> A.G.'s Branch</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------

### PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Spt.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March		436115	20 00	X	checked <i>MA</i>
April					
May					
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					



Mr. C. C. C.

Pay II. G.

Not on list



Unit against the account of the man  
account of pay for the month of \_\_\_\_\_

DATE. \_\_\_\_\_



MILITIA AND DEFENCE

ASSIGNED PAY.

17945

To whom *M Morrison*  
 Address *90 Sans Paree*  
*87 Crofton Rd*  
*Camberwell, London SE.*

By whom assigned *Morrison M.*  
 Regtl. No. *36244*  
 Rank *Pl*  
 Corps, &c. *Div<sup>l</sup> Supply Column*

Rate ~~*£ 35 00*~~  
 Date to Commence ~~*1st May 1915*~~

*M T*  
*66a 12.3.16*  
*Nov. 1st Mo. Mo. G. Bgd. (I.C. 1/4/16) A*

*£ 20.00 1st May 1916* PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.		<i>2232</i>	<i>35</i>	
May		<i>2400</i>	<i>35</i>	
June		<i>10615</i>	<i>35</i>	
July		<i>18943</i>	<i>35</i>	
Aug.		<i>29966</i>	<i>35</i>	
Sept.		<i>42894</i>	<i>35</i>	
Oct.		<i>56807</i>	<i>35</i>	
Nov.		<i>76085</i>	<i>35</i>	
Dec.		<i>90021</i>	<i>25</i>	
Jan.	1916			
Feb.				
March				
			<i>£ 305</i>	<i>Carried Forward</i>

EXTRA



# ASSIGNED PAY.

By whom assigned

*M. Morrison*

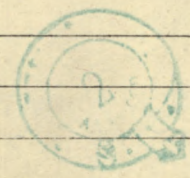
Regtl. No.

*36244 Pte Div S. Col. now 1st M.M.G. Bgde.*

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
		<i>205</i>	<i>305</i>		
Jan.	1916	<i>109909</i>	<i>25</i>	<i>—</i>	
Feb.		<i>132466</i>	<i>25</i>	<i>—</i>	
March		<i>161510</i>	<i>25</i>	<i>—</i>	
Apl.		<i>13689</i>	<i>25</i>	<i>—</i>	
May.		<i>39359</i>	<i>20</i>	<i>—</i>	
June		<i>65442</i>	<i>20</i>	<i>—</i>	
July		<i>96956</i>	<i>20</i>	<i>—</i>	
Aug.		<i>136049</i>	<i>20</i>	<i>—</i>	
Sept.		<i>174107</i>	<i>20</i>	<i>—</i>	
Oct.		<i>205136</i>	<i>20</i>	<i>—</i>	
Nov.		<i>254360</i>	<i>20</i>	<i>—</i>	
Dec.		<i>281854</i>	<i>20</i>	<i>—</i>	
Jan.	1917	<i>223957</i>	<i>20</i>	<i>—</i>	
Feb.		<i>368706</i>	<i>20</i>	<i>—</i>	
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

*4500*

*payment stopped  
as m. term  
7/2/17  
assignee now dependent  
20h*





Rank and Name Morrison Maxwell

Regimental No. 36244

Name and Address of Next-of-kin

Unit Div Supply Col M.T.

~~Morrison John A~~ Mrs. Eileen Morrison

Date of enlistment Sept 19 1914

103 City Road

Place of birth Scotland

~~Glasgow Scotland~~ Jeddington

Married (Yes or No) No

Date and place of discharge

If in Permanent Force Mrs Eileen Morrison (wife)

Reason for discharge

49 High Street Clapham SW4

Character on discharge

Promotions or appointments

R229/A#89

NIE, R.B. NS. 737  
File R.L.  
Category OR Can

b.

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				
5.3.15	Com G.B.D.	Embarked Overseas			Produce 62. a.a.g. Gen 1 4/5
17.5.15	c/o D.S.C.	Loss 1 month Corp's Pay Absent from Fatigue.	Thiennes	17.5.15	Part 2 orders 201
5.11.14	c/o D.S.C.	2 days F.P. 2 days pay	West down North	5.11.14	Part 2 orders 42
4.1.15	c/o D.S.C.	5 days CB 5 days pay	Shrewton	4.1.15	" " 92
31.7.15	—	On Strength	Can Sec 35th	31.7.15	Nov. Roll
11.12.15	—	granted 7 Days Leave fr.	In the Field	22.11.15	Part II order N° 45
21.3.16	of c/o M. Col	transf to Can. Motor Machine Gun Brigade.	—	14.3.16	II + 13 att'd as of 3rd E.C. G. H. Q. file 2761
21.3.16	c/o M. Lt B	Taken on Strength	—	15.3.16	" " 13
24.6.16	M. Lt B	To 3 Northern Genl Hospit	Sheffield	17.6.16	Base Sheet B 33 Acute Nephritis
21.6.16	c/o M. Lt B	Discharged transf to C.B.A.C.	Folkestone	17.6.16	PH 025. Sick
2.7.16	c/o C.C.A.C.	Taken on Strength C.C.A.C.	do	17.6.16	PH 0. 250.



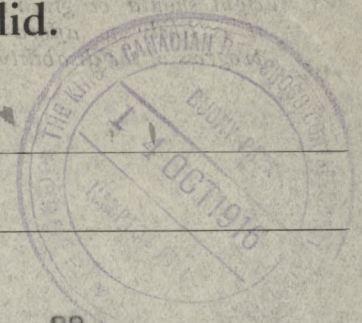
190

# 3624H. The Garrison. H.

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					
12/7/16	De [unclear]	Trans to Kings CR. Red. X. [unclear]		Bushy Park	6/1/16	QB38, September
22.10.16	C.C.A.C.	Kept'd as O.S. Casualty		Shoreham	19/10/16	Pt II 0 462
25.10.16	"	to ban. Com. Nozp. [unclear]		"	24/10/16	Pt II 0 467
26.10.16	Kings CRNP	attached from C.C.A.C.		Bushy Park	26.10.16	Pt 0 301.
27.11.16	6th Lt Col	Disch Kings CR. X. [unclear]		Bushy Park	18.10.16	C.L. B112
28.1.17	Kings CR X. [unclear]	Kept to be att'd on reporting for duty to office of Adjutant Gen. London		"	27.1.17	Pt 0 28
29-1-17	Adj. Gen.	T.O.S. of [unclear] as [unclear]		London	27.1.17	" " 25
23/2/17	C.C.A.C.	R.C.R. + [unclear] to adj. gen. office London.		Hastings	27/1/17	" " 92.
12.3.17	A. G. BR.	Kept to be Att'd On LONDON		IO, 3, 17		Pt D. 0 610 Pt 21
Attachment H. Q. COMF.						d 12 317
18.3.17	McKRN	T.O.S. on Com to A.G. Office London.		C/Gen	10.3.17	Pt 0 09
20-7-17	HQOMFC	Granted perm to marry		London	17-7-17	Pt 0 109
11-12-17	HQOMFC	apptd A/sgt		Pt London	1-6 17	Pt II 0 232
24-12-17	msbcd	and is SOS. to H.Q.O.M.F. of C		Seaford	14-12-17	T.O.S. HQOMFC Pt 0 235 d/14-12-17 Pt II 0 284
4-4-19	HQOMFC	On Com 2nd CWD		Asst London	3-4-19	Pt 0 81
		B 12 I-1		Sailing	3-5-19	
15-5-19	-do-	S.O.S. on R.T.C.		Asst. London	3-5-19	Pt II 0 114



# Medical Report on an Invalid.



Station \_\_\_\_\_

Date \_\_\_\_\_

- |                   |                                |                      |                         |
|-------------------|--------------------------------|----------------------|-------------------------|
| 1. Unit.          | <b>1st Can. M. M. G. Brig.</b> | 5. Age last birthday | <b>28</b>               |
| 2. Regimental No. | <b>36244</b>                   | 6. Enlisted { on     | <b>August 10th 1914</b> |
| 3. Rank           | <b>Private</b>                 | { at                 | <b>Vancouver B.C.</b>   |
| 4. Name           | <b>Morrison M.</b>             | 7. Former Trade {    | <b>Accountant</b>       |
|                   |                                | or Occupation {      |                         |

8. Disability.

**Nephritis**

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **June 11th, 1916**

10. Place of origin of disability. **Boulogne**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**While in hospital suffering from a slight wound in the right foot suddenly began to suffer from severe pain in the back, swelling of feet and face, headache and frequency of micturation (very small quantities) He had a temperature that went as high as 103 and examination of urine showed blood and albumen. During the previous 17 months he had been in France.. During the six months immediately previous he had been in the front line. (16 days in and 16 days out) He was finally evacuated on account of having been buried and having a slight wound of the ankle with splintering of the lower end of the fibula. During the time he was in <sup>the trenches</sup> France he had no symptoms referable to Renal disease. The wound was not badly infected and drainage was not necessary. Was kept in bed for six weeks. All symptoms except a trace of albumen dis-appeared.**

12. (a) Give your opinion as to the causation of the disability. **(a) Acute nephritis.**

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

**(1) Yes**  
**(2) Yes. Disability due to exposure in the trenches.**



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General. 27 lbs. below usual weight. Eats and sleeps well. Looks thin but well nourished.

Symptoms. Plays out easily. Short of breath on exertion.

Signs. Blood pressure 135-65. Pulse 92 - After short run 150. In two minutes 100.

Urinalysis. Nil.

Pupils always dilated - React well.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Not applicable

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

Not applicable

16. Was an operation performed? If so, what?

Not applicable

17. If not, was an operation advised and declined?

Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

Not applicable

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

No Yes No No

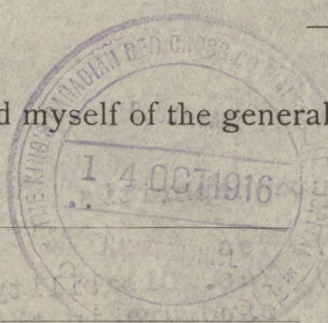
*J. H. Adams*  
Capt. RMC  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_

*W. H. Ellis*  
Capt.  
Officer in charge of Hospital.

Date \_\_\_\_\_



\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

*To be stated in months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit

27. Remarks.

Signatures:—

\_\_\_\_\_  
President.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Members.

Approved.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Administrative Medical Officer.



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Prior Park, Bath, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. Do the Board recommend:
  - (a) Furl for duty?
  - (b) Furl for base duty?
  - (c) Furl for Canada?
  - (d) Discharge as permanently unfit?
- 21. Has the disability been caused or aggravated by the war?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable duration?
- 24. To what extent is his capacity for earning reduced in the general labour market as compared with present conditions?
- 25. In determining the extent of his disability in the labour market, what is the total amount of his earnings?
- 26. Has an operation been advised and declined, or is the refusal unreasonable?
- 27. Has the Board recommended:
  - (a) Furl for duty?
  - (b) Furl for base duty?
  - (c) Furl for Canada?
  - (d) Discharge as permanently unfit?

\_\_\_\_\_  
President.

Signed at Prior Park, Bath, this \_\_\_\_\_ day \_\_\_\_\_ 191\_\_\_\_  
of \_\_\_\_\_  
Members

\_\_\_\_\_  
Administrative Medical Officer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Station

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved.

\_\_\_\_\_  
Station

\_\_\_\_\_  
Date



W. G.

Lieut.,

etc Details,



of  
by of

~~aler~~

~~pay to~~



NEXT



