

Annist
No 2 Tunnel Co.
ATTESTATION PAPER.

No.

Folio. 503325

Card N. 2
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Morrison*
- 1a. What are your Christian names?..... *Michael*
- 1b. What is your present address?..... *117 - 39 Ave. E. Vancouver*
2. In what Town, Township or Parish, and in what Country were you born?..... *Queenstown Ireland*
3. What is the name of your next-of-kin?..... *Mr. M. A. Morrison*
4. What is the address of your next-of-kin?..... *117 - 39 Ave. E. Vancouver*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *July 31st 1873*
6. What is your Trade or Calling?..... *Printer*
7. Are you married?..... *yes 2 Children*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Michael Morrison*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *July 3* 191*6* *M. Morrison* (Signature of Recruit)
S. W. Adams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Michael Morrison*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *July 3* 191*6* *M. Morrison* (Signature of Recruit)
S. W. Adams (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Vancouver* this *third* day of *July* 191*6*

C. M. [Signature] (Signature of Justice)

Description of Morrison Michael on Enlistment.

Apparent Age 43 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 ft. 3 3/4 ins.

Chest measurement. { Girth when fully expanded 44 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair DK Brown

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

3 scars L. arm
Scar on left cheek near ear

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 July 3 1916.

Place Vancouver BC W. Spence Captain
 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.

Morrison Michael 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.

..... W. Spence (Signature of Officer)
Major

Date July 3rd 1916.

#2 Transmitter Coy Engineers

(S)

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

ALL DESPATCHED
 JUN 10 1920

DISCHARGE DOCUMENTS

(M)

Name Morrison, Michael
 Regt. No. 503325 Rank Pte
 Corps L. L. A. L. - (2nd Linn. Co. - 1)
Med unfit

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

(H)

19
 23-20

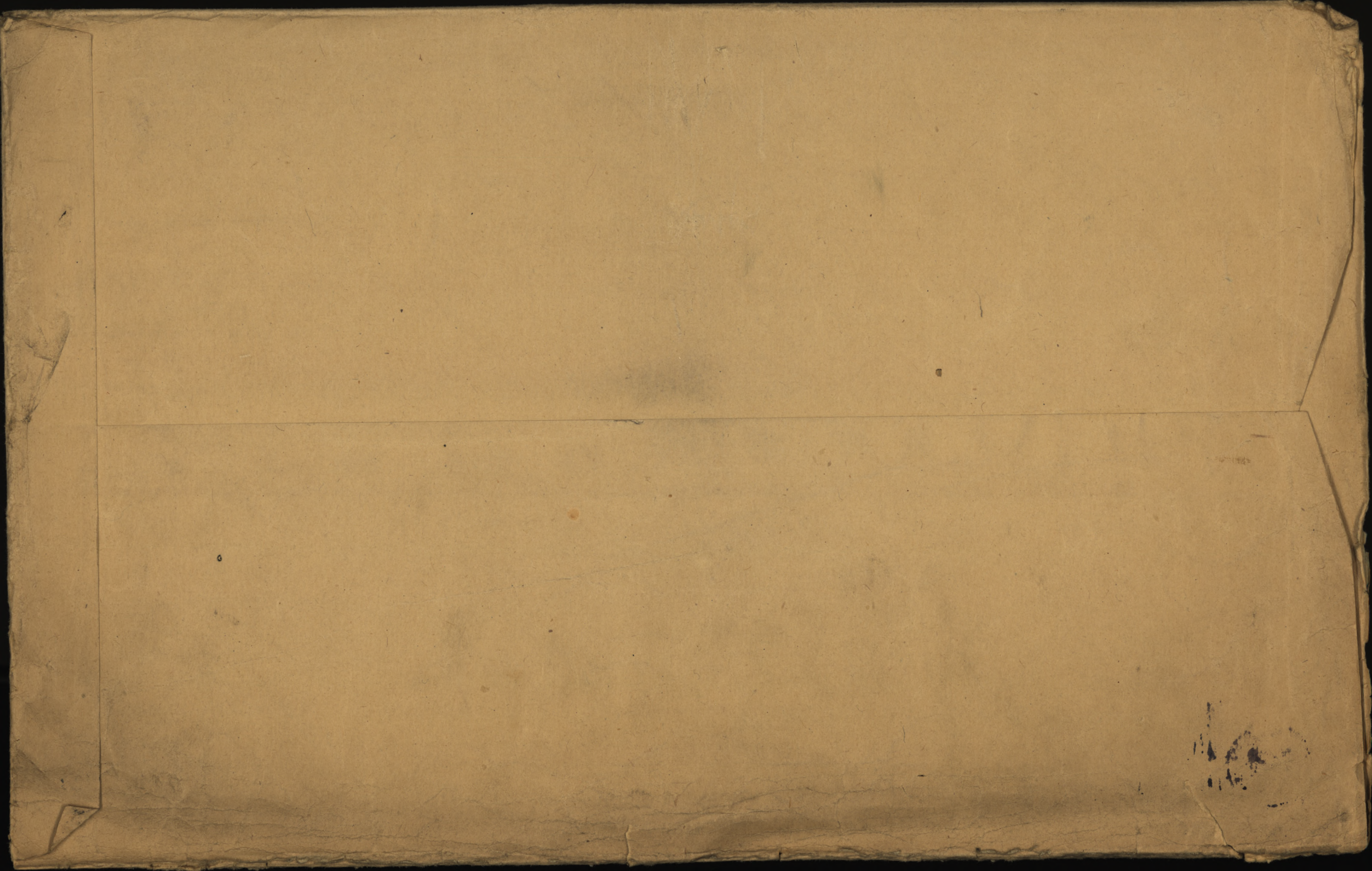
paid 23/20

34478

41	24
28	25
7	25
	3

A/B 179 - 2
 122 - 12 pay card
 178 -
 10P 149

(H)



Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. **MICHAEL MORRISON**

Regimental No. **503325** Rank **Sapper** Unit **No. 2 Tunnelling Co.**

Date of Birth? **31 Jan 1863** Place of Birth? **Vancouver, B.C.**

Occupation or trade previous to enlistment? **Steam Engineer.**

Date of enlistment? **January 3rd 1916.**

Place of enlistment? **Vancouver.**

Are you married or single? **Married.**

If married how many children have you? **1** (Boys) **1** (Girls)

What are their ages? **33** **15.**

Have you a widowed mother dependent on you solely for support? **No.**

What was the condition of your health at the time of your enlistment? **Good**

Where and when did your disability originate? **(A. & B.) indefinite but before enlistment.**
(A. & B.) Canada.

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties? **Over age.**
Ventral hernia.

What is your present condition of health? **Weak.**

What work, if any, are you fit for? **Light.**

Have you any civil employment open to you at present? **No.**

What is your present address? **C.C.A.C. Bath.**

Where do you wish to take your discharge? **Canada.**



I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

Michael Morrison

Witnessed by _____

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name: _____
 Regimental No. _____
 Rank _____
 Unit _____
 Date of Birth _____
 Place of Birth _____
 Occupation or trade previous to enlistment _____
 Date of enlistment _____
 Place of enlistment _____
 Are you married or single? _____
 If married, how many children have you? _____
 What are their ages? _____
 Have you a widow or other dependent person on you solely for support? _____

What was the condition of your health at the time of your enlistment? _____
 Where and when did your disability commence? _____

1804

Is your disability the result of wounds, injuries or illness contracted in action in the presence of the enemy, or on active service during training or other duties? _____



What is your present condition of health? _____
 What work, if any, are you able to do? _____
 Have you accepted employment since you were placed in your present position? _____
 What is your present address? _____
 Where do you wish to take your discharge? _____

I have read this form and the answers given by me to the above questions, and I have signed and sworn to the truth of the same.

No. 503325 RANK Pte.

NAME Morrison, M.

T. O. S. 6.1.16
1006 of 8.1.16

UNIT No 27 tunnelling Coy (Engineers) C. E. F.

M. D. 13

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
Jan. 6 1916	Jan. 31 1916	✓		

UNIT SAILED
JAN 22 1916

UNIT SAILED
JAN 22 1916



No. 503325 RANK

Spr.

NAME

Morrison M.

T. O. S.

UNIT

*Discharge Depot Quebec*M. D. *5*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

*1916
June no date**1916**n.**C.C.*



No. 503325 RANK

gtc

NAME

Marvison Tom

T.O.S. 1-7-16

UNIT

*Casualties C.C. F**D.O.G 11-7-16*

M. D.

11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>July 1</i>	<i>July 31</i>	<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>	<i>now shown as m. H.L.C. Sept paylist.</i>	
<i>Nov</i>	<i>Nov 18</i>	<i>✓</i>	<i>S.O.S. 25-10-16. with pay to 18-11-16.</i>	<i>D.O. 59 25-10-16.</i>
			<i>acc closed by payment. (c)</i>	



Name Morrison, M. Rank Sapper. Reg. No. 503325.

Unit 2nd Tunnelling Company.

Next of Kin Canada.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K J.	W.O. List
16 4	No. 3. Gas Gen. Hosp.	Boulogne	Neuralgia	Slt. A. 14		
28 4	Camp Details Maboro	Boulogne	- D.A.M. -	A. 25		

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

CARD No.

✓
SURNAME.*Morrison*

CHRISTIAN NAMES

Michael

FOLL.

A.S. Dis. 18-11-16 II
*p. 7.*REGL. No. *503325*RANK *Pte.*

UNIT

No. 2 Tunnelling Co., Can. Eng.

FORMER CORPS

Mil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. M. A.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

117-39² Ave., E., Vancouver
B.C.

COUNTRY OF BIRTH

Ireland, Queenstown

DATE

July 31st 1873

PLACE OF ATTESTATION

Vancouver, B.C.

DATE

*Feb. 3rd 1915**O/S. 22/1/16³¹⁵*
*6**R/C. 11-6-16*
p. 4.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Miner.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

43

YEARS

MONTHS

HEIGHT

5

FEET

3 3/4

INCHES

CHEST MEASUREMENT

44

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

3 Vac. L. arm, Scar on left cheek near ear

Scar on left

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

Jan. 3rd 1916

NAME Morrison, M.

H. Q. FILE No. 649-

REGT'L. No. 503325.

RANK AND CORPS

Spr.

2nd Can. Tunn. Coy.

CABLE

NO.

DATE

NATURE OF CASUALTY

Y 239 19-7-16

Sailed for Canada June 3rd 1916 per the
S.S. "Mississauga"
Reason of return (aged hernia)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- a 14. No 3 Cav. Gen., Boulogne 16-4-16 Myalgia, slight.
- a 25. 20 Camp Details, Boulogne 28.4-16 Myalgia + D. a. N. sht
- 59 M. H. C. C. Esquimaux 25-10-16 Disch. Out-p.

MIB 11 / 49

700
CWM

Number. 503525

Rank.

Sps. ~~B~~

Surname.

MORRISON
Michael

Christian Name.

Michael

Units

C. E.

Theatre of War.

~~France~~

Date of Service.

10/3/16

Remarks.

Latest Address.

117 - 39th Ave E.
Vancouver
B. C.

Roll No.

Page 745-6

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAY
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DESP OCT 22 1921
 REGN. No. 4463892

Surname *Morrison* Christian Name or Names *M.* Reg. No. *503325*

Rank *Sp* Unit *2nd B. Surrig Coy* Co. Troop Batty.

Hospital *# 3 C Gen Boulogne* Date of Admission *16. 4. 16*

Transferred Hosp.
Hosp.
Hosp.
Hosp.

Diagnosis *Myalgia. sec. D.A.H. S.H.*

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnoses: If more than one state present

DISPOSITION *To Camp Details Marlborough Boulogne* Date

REMARKS

6. 7. 20. 4. 16. 214
5. 9. 5. 16. A265

A.M.D. 2 DEPT.

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

J.H.D.N.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

0 Eng - 257

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

Casualty Form—Active Service.

CERTIFIED CORRESPONDENCE
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

F. W. 54
FORM 10-15
REV. 1772-39-920

Unit, Regiment or Corps

#2 Tunnelling Coy (C)

Regimental No.

503325

Rank

Pte

Name

Morrison Michael

Enlisted (a)

3/1/16

Terms of Service (a)

12 Mo

Service reckons from (a)

3/1/16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Proceeded over seas.	H.S.	10 th March. 1916	Lieut
				13 th 1/16	a. G/a 11442
16/4/16	3 Can Enl.	myalgia etc. am	3 Can Enl.	16/4/16	63034
28/4/16	do	do	Base Details	28/4/16	do
12/5/16	OP. Base Details	Classified R.B. by. head Bd to Canadian Gas. Assembly Centre	Collectors	12/5/16	107/Ce F/G/16s. P. 2 orders 70-31-5-16
					D.P. Skinner LIEUT. OFFICER in RECORDS CANADIAN SECTION G.H.Q. 3 RD ECHELON

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Date	From whom received	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.

Certificate Re Discharge Documents.

28-10-47

P



Reg'tl, No. 505525

Name in Full Morrison, Michael

Rank Private



Service Unit 2nd. Tun. Co., Present Unit C.C.A.C.

Place of Residence in Canada 117, 39th. Avenue E., S. Vancouver, B.C.

Military District 11

Classification of Disability 3

(or) Reason for Discharge Permanently Unfit

DEPT
MILITIA & DEFENCE
NOV -5 1916
H.Q. CANADA

Commandant, C.C.D. & E.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original document, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant, C.C.D. and E.D. (originals)	List of Documents required to complete Discharge. checked and enclosed.	Initials of Commandant, (originals not available)
G.W.M.	Proceedings on Discharge. (B. 268.) (MUST BE ORIGINAL)	<p>Discharged 11-12-41 649-M-11587</p>
G.W.M.	Proceedings of Medical Board. (B. 179). (MUST BE ORIGINAL)	
G.W.M.	Medical History Sheet. (A.F.B. 178). (MUST BE ORIGINAL)	
G.W.M.	Last Pay Certificate. (MUST BE ORIGINAL)	
	Certificate of Discharge (A.F.B. 2079).	
	Casualty Form. (A.F.B. 103).	
	Attestation Paper. (M.F.W. 54).	
	Field Conduct Sheet. (A.F.B. 122).	
	Company Conduct Sheet. (A.F.B. 121).	
	Reg'tl. Conduct Sheet. (A.F.B. 120).	
G.W.M.	Inventory of Kit. (W. 3068).	
G.W.M.	Declaration from Dischargee.	

(Signature) *G. Morrison*
COMMANDANT.

W.S.G. Comp.
8-2-19 G.M.

DATE: 10/10/54



TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[Illegible typed text]

RE: [Illegible]
DATE: 10/10/54
BY: [Illegible]

[Illegible typed text]

[Illegible typed text]

Decision from [Illegible]

(Signature)

C.T. Rank Private Name MORRISON Michael

Reg'l No. 503325

Unit No. 2. Tunnelling Coy. If in perm. Corps, }
What Unit? }

Married or Single Married

Place and Date of Enlistment Vancouver. 3rd Jan. 1916

Place of Birth Queenstown. Ireland.

Name and Address, Next-of-Kin Mrs. M.A. Morrison,

117-39th Ave E. Vancouver, B.C. Canada.

Relationship Wife

Assigned Pay Monthly \$

Payable to

Relationship

ccac
N/E. R.B. No. 1351
FIB. L.
Category *M.V. Can*

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England Embarked for France.		30 JAN 1916 2 FEB 1916	<i>M.V. Can. R</i> <i>S.S. Miss Annie</i> <i>Nom. Roll</i>
25. 4. 16	II Tunnelling Co	1803 ban Genl Hospital	Boulogne	16. 4. 16	Myalgia slight. Gas his' A 14
9. 5. 16	"	Transf'd to camp Details	d	28. 4. 16	" " " " A 25
31. 5. 16	"	blanched P.B. stream - h. 6. 6. a. c.	Folkestone	12. 5. 16	Pt II Order # 70
13. 5. 16	C.C.C.	Taken on Strength	Folkestone	13. 5. 16	Pt II O 161.
2. 6. 16	C.O.D.	Proceeded to Canada for discharge	Bath	26/16	Pt II O 93 <i>ccac</i> <i>Pt II O 228 of 20-6-16.</i> <i>M.U.</i>

CHECKED. 5th Dec, 1916.

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-
503325 Sapper. Morrison, Michael. No 2 Tunn. Co.

DEPT. MILITIA & DEFENCE
JUN 30 1916

Previous civilian occupation:- Steam Engineer
649 M-4589

Cause of Disability
ventral hernia, not due to
~~but~~ nor aggravated by
service.
General debility due to service.

Condition: in detail, which prevent the soldier earning a full
livelihood. ~~None~~ Shortness of breath on exertion.

Invalid is 52 years old and looks it. Is
very heavy, has a large prominent
abdomen and a small ventral hernia
in the midline immediately above the
umbilicus.

Complains that he is very short of breath
on the slightest exertion and tires very easily.

Opinion of the Board. Heart sounds muffled
and distant, chest wall
is very thick.

Degree of Incapacity, (Please state in fractions)

1/4 for general debility.

Probable duration of incapacity:-

3 months.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment, or the use of appliances,
etc., lessen incapacity? ~~None~~ Home for 3 months.

Signature:-

W. H. Carver Major President

Station Quebec.

Conrad Guggie Capt B.M.B.

Date 12th - June 1916.

J. A. Key Capt M.C.
Members

Approved.

Date June 12/16

W. H. Carver Major
Asst. Director Medical Services.

Date 21st / 16

D. C. Cannon Capt
Director General Medical Services.

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Page

DEPARTMENT OF THE ARMY, WASHINGTON, D. C.

Subject

Date

Number

Author

Abstract:-

The following is a summary of the report of the Committee on the Administration of the Army, dated June 1, 1917, and published in the Report of the Committee on the Administration of the Army, House of Representatives, 65th Congress, 1st Session, Part 1, pp. 1-10.

Principal findings of the report:-

1. The Army is in a state of financial emergency, and it is imperative that the necessary steps be taken to meet this emergency.

Summary of the report

The report of the Committee on the Administration of the Army, dated June 1, 1917, and published in the Report of the Committee on the Administration of the Army, House of Representatives, 65th Congress, 1st Session, Part 1, pp. 1-10, contains a detailed account of the financial condition of the Army and the steps that should be taken to meet this emergency. The report is divided into two main parts: the first part deals with the general financial condition of the Army, and the second part deals with the specific steps that should be taken to meet this emergency.

Recommendations

The Committee recommends that the following steps be taken to meet the financial emergency of the Army: (1) The appropriation of \$100,000,000 for the purchase of munitions; (2) the appropriation of \$50,000,000 for the purchase of uniforms; (3) the appropriation of \$25,000,000 for the purchase of food; (4) the appropriation of \$10,000,000 for the purchase of other supplies.

Summary of the report

Principal findings of the report:-

1. The Army is in a state of financial emergency, and it is imperative that the necessary steps be taken to meet this emergency.

Summary of the report

Principal findings of the report:-

ORIGINAL MEDICAL HISTORY SHEET.

325

Surname Morrison Christian Name Michael

Examined { on 3 day of Jan 1916
 at Vancouver
 Birthplace { City or Town Greenstown
 County Ireland

Approved by [Signature]
 Rank Capt Kame M.O.

Apparent age 43
 Trade or occupation Miner
 Height 5 Feet 3 3/4 Inches.
 Weight 180 Lbs.
 Chest measurement { Minimum 41 inches.
 Maximum expansion 44 inches.
 Physical development Good
 Small-Pox Marks no

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

Vaccination Marks { Arm Right. Left.
 Number 3

Date	Result	VACCINATIONS.
<u>20/2/16</u>		<u>J.H. Jones Capt. CAMC</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1885
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/2/16</u>		<u>J.H. Jones Capt. CAMC</u> M.O.
<u>25/2/16</u>		<u>J.H. Jones Capt. CAMC</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on _____ day of _____ 1916 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 2. Tunneling Co</u>	<u>503375</u>		<u>Jan 6/16.</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 503325 Rank Pte Name M. Morrison,
 Corps Canadian Engineers C.E.F. who was* discharged.
 On 18th November 1916, to Class 3.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st October 1916
 to 18th November 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances } No.			Reg'l Pay <u>49</u> days at \$ <u>1</u> c	49	00
by } No.			Field Allow. <u>49</u> days at \$. . . c	10	49
Cheques } <i>+ Sep allowance</i>			Other Allowances* <u>Clothing</u>	16	00
Assigned Pay No. <u>645</u>	56	00	Other Credits* <u>Subsistence 60¢</u>	29	40
Other Charges* <u>Withheld pending</u>			<u>Separation Allowance</u>	32	00
Paymaster's Order No. <u>646</u>	10	00	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)	72	30			
Total	138	30	Total	138	30

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Oct-Nov 18/16 1916 to (Assignee) Mrs Anne Morrison
 (Address) 117 - 39th Ave. East., Vancouver. B.C.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment
 (2) if married and if a Separation Allowance Card has been submitted Yes
 (3) cause of discharge and authority Med Unfit. A/A.D.M.S. 24/10/16. M.D.XI. 34-M-58.
 If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date 25th October 1916.

Place Esquimalt. B.C.

E. E. Prosser
 Paymaster

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY PERIOD

1. Name of Soldier: [Faintly visible name]

2. Regiment: [Faintly visible regiment name]

3. Rank: [Faintly visible rank]

4. Date of Last Pay: [Faintly visible date]

5. Amount of Pay: [Faintly visible amount]

6. Name of Payee: [Faintly visible name]

7. Address of Payee: [Faintly visible address]

8. City: [Faintly visible city]

9. State: [Faintly visible state]

10. Country: [Faintly visible country]

11. Signature of Payee: [Faintly visible signature]

12. Signature of Officer: [Faintly visible signature]

13. Name of Officer: [Faintly visible name]

14. Rank of Officer: [Faintly visible rank]

15. Date of Signature: [Faintly visible date]

16. Name of Bank: [Faintly visible bank name]

17. Branch of Bank: [Faintly visible branch name]

18. Address of Bank: [Faintly visible address]

19. City of Bank: [Faintly visible city]

20. State of Bank: [Faintly visible state]

21. Country of Bank: [Faintly visible country]

22. Name of Bank Officer: [Faintly visible name]

23. Rank of Bank Officer: [Faintly visible rank]

24. Signature of Bank Officer: [Faintly visible signature]

25. Name of Bank Officer: [Faintly visible name]

26. Rank of Bank Officer: [Faintly visible rank]

27. Date of Signature: [Faintly visible date]

28. Name of Bank Officer: [Faintly visible name]

29. Rank of Bank Officer: [Faintly visible rank]

30. Date of Signature: [Faintly visible date]

Name Ste M Morrison
address as below

M. F. W. 41.
10m.-4-16.
1772-39-889.

CO

Regimental No. 503325'

Name and address of next-of-kin

Unit No 2 Lunnelly boy

Date of enlistment

Place of " "

Married (yes or no) Yes

Date and place discharged Y for P. 1/7/16 M.D. II

Amount of pay assigned monthly \$ 15'

Reason for discharge Class 3 ~~of~~ ~~US~~ ~~at~~ ~~DL~~ ~~24/10/16~~
W.D. II 24-16-58

To whom payable Mrs Anne Morrison
117-39 1/2 Ave East
Danmower

Character on discharge Personi Class 5 - 1 year 896
from 19/11/16. W.D. II. 32. 16. 51.

L. L. Job 502 M. & D. 6578.

	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					
1916															
July	1	31	31	11	31 - 31	109	3	10	20	106 56	30 46	41 10	35 -	106 56	for clothing also #10 * Subs 12/7/16 to 3/17/16 July 1916 See L.L.C
Aug	1	31	31	"	31 - 31	"	3	10	38 60	72 70	37 70	35 -	72 70		
Sept	1	30	30	"	30 - 30	"	3	38 60	71 -	26 00	35 -	10 -	71 00	* Barrecedford Oct. July observations -	
Oct	Nov 18	49	49	"	49 - 49	4	4	90	10	138 30	72 30	56 -	10 -	138 30	
Nov.									29 40 3 1/3 10 - 10 -	20	10 -	10 -			

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

15864/316.

13137-M-1

Name **Morrison, Michael**
Surname Christian Name

Regimental Number **503325** Rank **Spr.**

Address (in full) **117 - 39th Ave. E.**

Unit **C.E. 2 Tun. C.C.A.C.**

Vancouver, B.C.

Original Unit **No. 2 Tun. Co. C.E.**

Mrs May Ann Morrison

District where paid **M.D. 11**

Date of Discharge **18-11-16**

P. D. P. Filing Number **10 -1 -11**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8008.

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		
160 10	10	19-7-17	53 00	10	20-8-17	53 00	10	19-9-17	54 10		160 10
	1351	1-3-19	49 90								
	1351	1-3-19	30 00								

Remarks:

M. F. W. 127.
 50M-6 17.
 1772 39-1140.

117 39th Ave East
 South
 Vancouver B.C.

Dec'n No 15826/316 W. S. G. File No 013137/101
 Award days at \$ 100.00 per day \$ 300.00
 S. A. ... 3 months at \$ 30.00 per mo. \$ 90.00
 Less P. D. P. Credited \$ 100.10
 \$
 Less further debit balance \$
 Net due paid as below \$ 139.90

TO SOLDIER		TO DEPENDENT	
0	Ag. No.	Ch No	Amount
1	1351 17867	1351 17868	30 00
2		2481 458309	30 00
3		20600 438859	30 00
4			
5			
6			
Total			90 00

1/19

1/19
 12-5-19
 19-4-19

RJB

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 11/2/19

Name Morrison Pte M

M. F. W. 41.
10m.-4-16. 373
1772-39-889.

Regimental No. 503325
Unit 2 tunnelling Co
Date of enlistment 3-1-16
Place of " Vancouver

Name and address of next-of-kin 117-39th Ave E
Vancouver BC
adm "CH Coy" 23-6-16

Married (yes or no) yes
Amount of pay assigned monthly \$ 15 ^{31/3/16}
To whom payable ^{SA} 31/3/16

Date and place discharged
Reason for discharge
Character on discharge by amended LPT 4-11-16
649-21-4587

Missanabic 11-6-16

L. L. Job 502 M. & D. 6578.

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					
								47 42								L P C
30/5/16	30/6/16	32	100	32	32	10	3 20	20	102 62					60		2nd Class PA
								SA						2 43		adv in Coy
														9 73		" on ship
														30 46	102 62	Ci Bal on trans
																Rendered P. D. P. 19/6/17
																Ann 1/16 $\frac{M D}{X I}$
																Pensioned 19-11-16

491

MILITIA AND DEFENCE
ASSIGNED PAY *2nd. Contingent*
OVERSEAS CONTINGENTS

To Whom *Wife Mrs. Mary Ann Morrison*
Address *117-34th Ave. E.
S. Vancouver B.C.*

By Whom Assigned *Morrison M*
Regtl. No. *503325*
Rank *Plt*
Corps *#2 Tunnelling Coy (C) 9*

Rate *15⁰⁰* FEB 1 1916

Discharged 3 M June 1st 29⁵⁰ 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			
Feb.		<i>114175</i>	<i>15-</i>	
March		<i>X14432</i>	<i>15</i>	

CANADIAN
ASSIGNED PAY AUDITED
OK.
Hosmith
AUDIT CLERK
DATE *29/4/19*

COPIED
FOR
5
CASUALTIES.

Ret'd Mosambique 11-6-16 F.X.S.H.B

1910

1
2

1910

1910

1910

1910

1910

1910

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
Com. -12-15.
1772-39-819.

Sheet No. 2.

Mary A. Morrison (wife)

Name of Soldier.

Morrison, M.

L. L. Job 89002.—Req. 6213.

#50325

2 T. un. 60

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
April	1916	<i>2352</i>	<i>15</i>	
May		<i>5778</i>	<i>15</i>	<i>60⁰⁰</i>
June		<i>3331</i>	<i>15</i>	<i>Cancelled</i>
July				
Aug.				<i>Rel'd. Missanabi 11-6-16. F.X.S.H.S</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

From ~~1/1/16~~
1/1/16

SEPARATION ALLOWANCE

Name *Mary Ann Morrison*Name of Soldier *Morrison M.*Address *114-39th Av. E.
Vancouver.*Regtl. No. *503325*Rank *Pte*Corps *#2 Tunnelling*

Relation to Soldier

wife, child or mother

*P.C.
wife*

To what Corps belonging

when called out

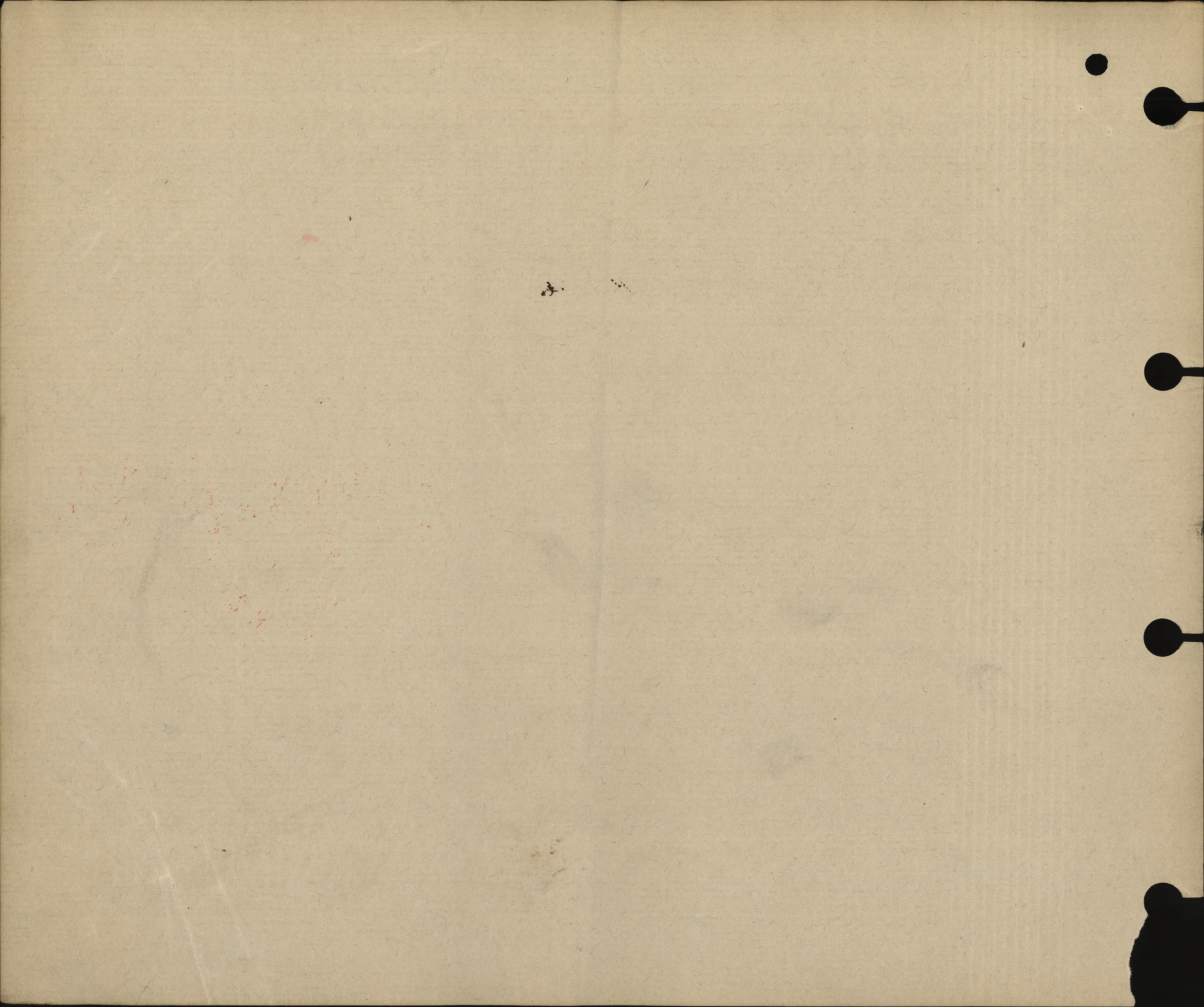
PAYMENTS

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

COPIED
FOR
3
CASUALTIES.

ACCOUNT CLOSED
DATE JUN 20 1916 PER W

Acct. closed



MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
 50m.-4-18.
 1772-39-518.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mary Ann Morrison wife
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Morrison M.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>142464</i>	<i>100⁰⁰ / 100</i>	
June		<i>83396</i>	<i>20 / 20</i>	<i>33396 cancelled</i>
July				
Aug.				
Sept.				<i>Pension granted 19/11/16.</i>
Oct.				<i>Acct closed setd on Missouabi</i>
Nov.				<i>11/6/16</i>
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
 DATE *JUN 20 1916* PER *W.*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

VES

Rank Pte. Name MORRISON Michael

Reg'l No. 503325

P-56

Unit ~~No. 2. Tunnelling Coy.~~ ^{b.c.a.c.} If in perm. Corps, What Unit?

Married or Single, Married ✓

Place and Date of Enlistment Vancouver, ³ Jan. 191⁶

Place of Birth Queenstown, Ireland

Name and Address, Next-of-Kin Mrs M.A. Morrison

117- 39th Ave. E. Vancouver, B.C. Canada Relationship

Wife

Assigned Pay Monthly \$ 15⁰⁰

Payable to Next of Kin.

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						
1916																	
Feb 1	29	29	1.29	29	10	2.90	290	585	4775			1460	15	2960	1815		3 days pay & subsistence 0013.
Mar 1	31	31	1.00	31	31	.10	310		5225			262	15	1762	3463		
				60 -	60		600	1585	10000			1722	30 -	4722	5278		

Plce trans to New Ledger

Carried forward to Large Ledger sheet

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

European War (France)

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) *Esquimalt B.C. Barracks* *Major*
W. Harrison *Major*
(Date) *Oct. 27th 1916* *OC. T. Unit* *m.p.c.c.* **The Canadian Casualty** **Discharge** **Prior Park, Bath,** **Depôt,** **Regiment.**

8. Certificate to be signed by the soldier on discharge.

herby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)
(Date) _____ (Signature of Witness.)
Not available

(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 at his own request.

I herby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *18/11/16* Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years *319* days.
Further service " " _____ (the date of confirmation of discharge)
Total *319*

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *18th Nov.* (date) *1916.*

(Place) *Esquimalt B.C.*
(Date) *Oct. 27th 1916* Signature *J. Starkey* *Major*
OC. T. Unit. m.p.c.c.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required
See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any)
(Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2087) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD

assembled at Vancouver B.C. 18th. F.A. Unit

on the Nineteenth day of October 1916

by order of The A/ Assistant Director Medical Services

M.D. NODDIE Victoria
for the purpose of examining and reporting upon

#503325. Pte. M. Morrison

Canadian Engineers, C.E.F.

PRESIDENT.

W.S. Baird

Major A.M.C.

MEMBERS.

G.B. Murphy Captain A.M.C.

J.H. MacDermot Captain A.M.C.

The Board having assembled pursuant to order, proceed to examine #503325. Pte. M. Morrison, who states :-

That he enlisted on the 3rd, January 1916, in Vancouver B.C. with the NO.2, Tunnelling Coy, and left for Overseas on Jan, 6th, 1916, reaching England on the 31st, January 1916. He left for France about the beginning of March. On the 11th, of April 1916, while on duty at tunnelling and mining in the vicinity of Ypres, he reported sick with rheumatic pains in back and right hip, pain in the stomach, and indigestion. He had praecordial pain and shortness of breath. He was kept in the Hospital a short while, then sent back to NO. 3. Canadian General Hospital at Boulogne where he remained Three weeks, was Four weeks in a Convalescent Home, and then sent to England, where he spent Four weeks. He was boarded finally at Bath, and sent back to Canada, where he arrived on the 11th, June 1916. Has been in

31
Canded for
6-11-16.

the Convalescent Hospital at Esquimalt, since the 22nd, June 1916.

PRESENT CONDITION :-

The man is stout and obviously over-weight. He has a large pendulous abdomen, and has a diastasis recti, with an impulse felt on coughing above the umbilicus. This causes him pain. Heart, this is enlarged generally, the sounds at the apex are irregular in sound and rhythm, the pulmonary 2nd, is plus, and there is a systolic murmur. Pulse at wrist drops beats. He complains of indigestion now, gas and pain. His teeth are very poor, appetite capricious, he has occasional pain in the left loin. The right foot swells often. He suffers from acute dyspnoea on exertion, and dyspnoea on even slight exertion. He has a cough frequently with expectoration. He sleeps badly, wakes up orthopnoeic. Finds that he is unable to do any work without great distress, or for any length of time. He gives his age as 53, years.

Extent to which his capacity is lessened for earning a full livelihood in the general labour market at present.:-

THREE- Quarters, due to Cardiac condition, which is the basis of all his complaints, except the hernia. The hernia condition is probably an old one. The Board considers One-half of this disability due to Service.

Probable minimum duration of the disability:-

PERMANENT.

Whether treatment in a Convalescent Home would materially assist in his recovery :-

Not necessary, as he is at Home.

APPROVED

W.S. Baird
Major A.M.C.

G. Murphy
Captain A.M.C.

J.H. MacDermott
Captain A.M.C.

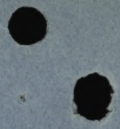
Major, A.M.C.
a/ - A. D. M. S.

MILITARY DISTRICT No. II

OCT 26 1916

VICTORIA, B. C.

01133



0114

Medical Report on an Invalid.

Station C.C.A.C. Folkestone.

Date May 15th. 1916.

- 1. Unit No. 2 Tunnelling Co.
- 2. Regimental No. 503325. ?
- 3. Rank Sapr.
- 4. Name Morrison, Michael.
- 5. Age last birthday 53 yrs.
- 6. Enlisted { on Jany 3rd. 1916.
at Vancouver.
- 7. Former Trade { Steam Engineer.
or Occupation

DEPT
MILITIA & DEFENCE
JUN 20 1916
CANADA

8. Disability.

Over age.
Ventral Hernia.

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. (A. & B). Indefinite but before enlistment.

10. Place of origin of disability. (A. & B). Canada.

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

B. There is a weakness in Abdomen near Umbilicus and likely been so for years.
He went to France March 11/16 and did 48 hours of full work each week until Apl. 10/16 when breath got so short he could not keep up with others so he was sent to Hosp. & Conval. Hosp. etc. until landed at C.C.A.C. May 12/16.

A. When enlisted gave age as 43 years.
For 14 to 15 yrs. has had Rheumatism and has been so bad that he was unable to turn over in bed without help. This was when he worked at Docks in Bristol, England.

H

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

(A. & B) Previous Conditions aggravated by hardships.

(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).

I. No.
II. No.

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.

*Epigastric
Hernia
(Signed) M.M.S.*

General Appearance not good.

Heart, Lungs, Weight Normal.

He has a large prominent abdomen.

Above and near Umbilicus can be felt a weakness in abdominal wall.

Complains of shortness of breath upon exertion and this has been an old complaint for years.

Is over age and could not carry on as had to fall out of Coy when they marched to trenches.

14. If the disability is an injury, was caused

- (a) In action? No.
- (b) On field service? No.
- (c) On duty? No.
- (d) Off duty? No.

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

If so—(a) When?

(b) Where?

(c) Opinion?

No.

Not applicable.

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

No.

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? No.
- (b) Fit for light duty? No.
- (c) Invalided to Canada? No.
- (d) Discharge as permanently unfit? Yes.

M. H. C. Came

Officer in medical charge of case.

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

Station _____

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 Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(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.

1 Yes
2 Yes

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

Strain

21. Has the disability been aggravated by

(a) Intemperance? No
(b) Misconduct? No

22. Is the disability permanent? Yes

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

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?

Permanent disability on account of heart strain and also epigastric hernia which he stated did not exist before enlistment, would equal 1/4

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable.

26. Do the Board recommend

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



Signatures:—

SHORNCLIFFE—C.C.A.C.
(19, Westbourne Gardens, Folkestone)

Station _____

Date 15 MAY 1916

Yes. *[Signature]* President.
[Signature] Members.

Approved.

Station *Shorncliffe*

Date 16 MAY 1916

[Signature]
Administrative Medical Officer.

Capt. for A.D.M.S.
Canadian Training Division, Shorncliffe.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Folkestone, Kent, England, on the 22nd day of May 1916.

Prior Park, Bath.

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.

LIEUT.-COL. W. GRANT MORDEN.

Lieut. Col. W. H. Delaney. *C.A.M.C.* ~~Member~~ Legal Adviser.

Proceedings.

Major Hume Blake.

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

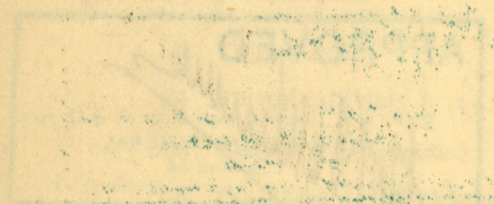
No. 503325.

Spr. M. Morrison.

No. 2. Tunnelling Co.

Recommends:-

1. That this man's discharge be not carried out until he is in receipt of the first payment of the following Pension:-
2. That he be granted a Pension for the period of One Year at the rate of One Hundred and Thirty Two dollars per annum, under Article 641, Section "C" of the Canadian Pay and Allowance Regulations.



Signed at Prior Park, Bath, this 22nd day of May 1916.

H. Montagu Allan *President.* Lt.-Col.
W. H. Delaney *C.A.M.C.* Lt.-Col.

Hume Blake Major.
 Major.