TRIPLICATE

M. D. First Depot Battalion Nova Scotia Regiment

Regtl. No. 3185183

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname: Morrison.
2. Christian name: Neil Edward.
3. Present address: Sydney Mines C.B. Co. N.S. Sufficient Address
4. Military Service Act letter and number: 63370000
5. Date of birth: Oct. 23rd. 1896
6. Place of birth (town, township or county and country): Gabarus Cape Breton.
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Steam Fitter
10. Name of next-of-kin: Malcolm Morrison
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Cambridge Avenue, Sydney Mines CB — Sufficient Address
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:— Confirmed at Edinburgh June 4/18
    (a) Place: North Sydney, N.S. (b) Date: October 27th. 1917 (c) Category: A

DECLARATION OF RECRUIT

I, Neil Edward Morrison, do solemnly declare that the above particulars refer to me, and are true.

Neil E. Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 22 yrs. 7 mths.

Height: 5 ft. 5 ins.

Chest measurement: fully expanded 39 ins.; range of expansion 3 ins.

Complexion: Fair

Eyes: dark

Hair: black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Nil

For O. C. First Depot Btln. Major

Nova Scotia Regt.

Place: Sydney, N.S. Date: June 6th. 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M. 4D ..... Depot Battalion ..... Regiment

Regtl. No. .....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth (town, township or parish and country) .....
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act:
(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

I, ... do solemnly declare that the above particulars refer to me, and are true.

..... (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... years

Height ..... ft. ..... ins.

Chest measurement { fully expanded ..... ins.
range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

Distinctive marks and marks indicating congenital peculiarities or previous disease .....

Place ..... Date .....

Depot Bttn. .....

Regt. .....

M.A.W. 134.
500M—8 17.
D79—3c—17a

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.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Discharge Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....1.....

Inventory of Kit.....

Last Pay Certificate.....1.....

MTW 91 — 1
ATB 122 — 1
MTW 129 — 1
MTB 465 — 1
MTW 13 — 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

Index Card — 1

DISCHARGE DOCUMENTS

Name MORRISON, NEIL EDWARD

Regt. No. 3185183 Rank RTE

Corps 1st DEPOT BN N.S.
DEMOB'N

R. O. No.....

H. Q. No.....

34501

2
2 — 4
1 — 5

M. F. W. 71—500M.—5 18.
1772—39—961.

M.S.A.

NAME MORRISON, E. Neil.

G.C. 633700
C 385

REGIMENTAL NO. 3185183 RANK Pte.

ENLISTED AT Aldershot Camp, N.S. PROMOTIONS, &c. AND DATE

DATE Ordered 22-5-18 R. 173 D.O.173

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

S.P. 20/4
PO 142/1/0
PO Low Calgary
17/1

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
On Command to Cay Hospital			
Hospital	269	27-9-18,	
Discharged from Hospital		23-12-18	

B 39251

LEDGER NO. 18 SERIAL NO. D39105

REG. NUMBER 3185183 NAME Morrison N. E.

RANK Pte CORPS 1st N.S.R.

AGE 24 SERVICE 6 4/12

NAME OF HOSPITAL Camp Hill PLACE Halifax

DATE OF ADMISSION 24-8-18. 8-10-18

DISEASE Old Dislocation of Shoulder & Sprained Back

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 19-9-18. 23-12-18 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS: Aldershot Mil Hosp. 27-9-18 Myalgia

Trans to Hly 5-10-18 " "

NAME Morrison Neil E. REGT. No. 3185183

RANK AND UNIT 1st Dpo Bn N. S. Regt.

NEXT OF KIN

S O S Lev 17-1-19
Dem ob auth Doc
MD 6

CABLE		NATURE OF CASUALTY
No.	DATE	

next of Kin

Morrison Malcolm (Father
Cambridge Ave.
Sydney Mines
C.B.

Place of Birth :- Canada Gabarouse Cape Breton Oct 23rd 1896

" " attest :- Sydney. N.S. June 6th 1918

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

H. Q. .....

M. D. No. 6.

Surname Morrison

T. O. S. ..... 19.....

Christian names Neil Edward

D. O. Pt. II ..... of .....

Regtl. No. 318316 Rank Pte.

S. O. S. ..... 19.....

Unit N.S. Regt. 1st Dpts. Bn.

Reason .....

Auth. .....

Next of kin Morrison, Malcolm Relationship Father.

Address Cambridge Ave., Sydney.
Mines C.B.
N.S.

Also notify: .....

BORN—Place Canada, Gabarouse C.B. N.S. Date Oct. 23rd 1896.

ATTESTED—Place Sydney, N.S. Date June 6th 1918.

O/S. .....

R/C. .....

W. 22—100M 7-15. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3185183 (Rank) Private

Name (in full) MORRISON Neil Edward enlisted in

the 1st.Depot Bn.N.S.Regt.

CANADIAN EXPEDITIONARY FORCE at Sydney, N.S. on the 6th.

day of June 19 18

HE served in Canada

and is now discharged from the service by reason of Demobilization. R.O.1421-1-A.

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

Age 22 years 3 months

Height 5 feet 5 inches

Complexion Fair

Eyes Dark

Hair Black

Marks or Scars

Nil

Sgd.Neil E.Morrison.
Signature of Soldier

Sgd. W.D.Simpson.
Issuing Officer

Capt.for Lt.Col.
Rank

O.C.1st.Depot Bn.N.S.Regt.
Appointment

Date of Discharge January 17th.1919.

Signed at Halifax, N.S. this 17th. day of January 1919

in Military District No. 6

File Reference No.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

This called for the particulars on the back of this certificate will not be completed

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

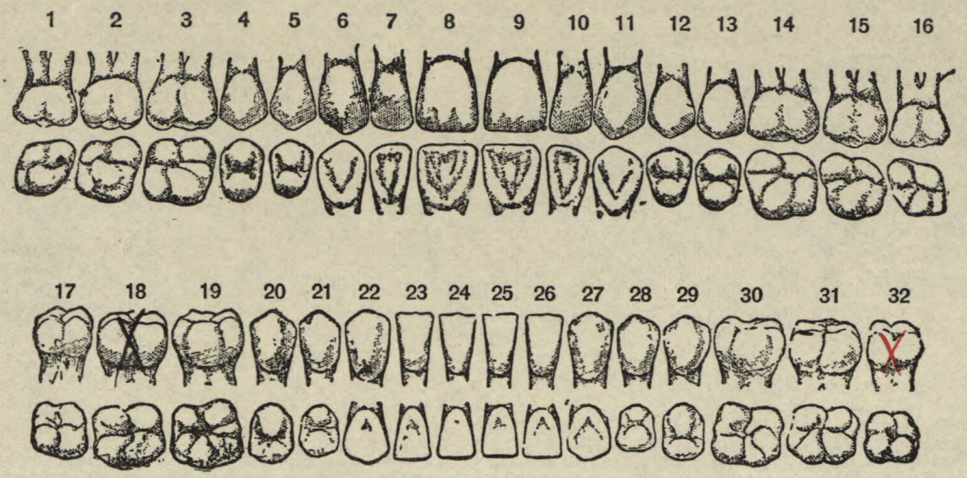
NAME OF SOLDIER Morrison, E. Neil

REGIMENT 1st Dep. Bat. N.S.R.

RANK Pte

No. 316-5-183

M.F.B. 465
200M-1-17
1772-39,950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	21-6-18										32									A. G. Wicks	6	Cavity 18
	" "										18									A. G. W.	6	

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

3185183 ~~3183161~~ ORIGINAL

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Morrison Christian name Neil E.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 633700 G.L.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Sydney Mines Box 150.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14 day of June 1917 by the undersigned medical board sitting at Aldershot N.S.

5. Age as stated 24 Years 8 Months. 6. Apparent age Years Months
7. Height 5 Feet 5½ Inches. 8. Weight 149 Pounds.
9. Chest measurement { Minimum 35 Ins. Maximum 39½ Ins.
10. Complexion fair { Eyes Brown Hair Dark
11. Physical development Good { Good Fair Poor 12. Smallpox marks None
13. Number of vaccination marks { Right arm Left arm Two 14. When vaccinated last 7th June
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II. U R. E. 20/40 L. E. 20/20 H normal

J. McKay Lt. President.

D. T. McInnis L.R.P. Member. Member.

Signature of Man Neil E. Morrison

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
8-6-18		D. T. McInnis M.O.	15-6-18		D. T. McInnis M.O.
		M.O.	5-7-18		D. T. McInnis M.O.
		M.O.	12-7-18		D. T. McInnis M.O.

Joined 6th day of June 1918 at Sydney C.B.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Reserve Bn	~~3183161~~		
Transferred to	MGS	3185183		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Aldershot Halifax N.S.	6/14/18 14.1.19	Nil Injury to left knee	Cat A. Cat C.

N.B.—This sheet is 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.

Surname Morrison Christian Name Neil E.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Monson Christian name Neil E.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 1917, by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months. 6. Apparent age ..... Years ..... Months

7. Height ..... Feet ..... Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins. } 10. Complexion ..... { Eyes ..... / Hair ..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm ..... } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

Signature of Man

Surname

Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				
Aldershot		27	9	18	5	10	18	Myalgia	9	transferred to Halifax for treatment	B H Atkin
								Myalgia		Had injury to left shoulder some time ago. – Since then has had pain in joint and Trapezius muscle on movements. Can abduct arm to only 50% of normal. – ? Osteo. Arthritis	W H Miller Capt RAMC
Bogewell St Hosp.		5	10	18	7	10	18		3.	Transfer "Camp Hill"	
Camp Hill Hospital		8	10	18	21	12	18	myalgia		Patient states left shoulder was dislocated three years ago. Patient is a musician with no limitation of shoulder movements, some crepitus felt in joint. X ray shows no dislocation of head of humerus. Patient has received discharge to duty	J Mumford Capt RAMC

Low Cat

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3185183 Rank Pte Surname Morrison
(Given name in full) Neil Edward
Unit or Corps 15th Bn S.R. Birthplace Gabarouse C.B.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 149 lbs. Height 5 ft. 5½ in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 20/40 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

bac. left arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System Yes Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Effects of Injury to Left Shoulder; has been Boarded on M.F.B. 227 and placed in Cat. C.1. by Central Medical Board. Halifax N.S. 15.1.19

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Halifax N.S. (Canada)

Date 16.1.19 Signed [illegible] Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature [illegible] C. Morrison

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 3185783 Rank Pte Name Morrison Neil Edward.

Enlisted (a) 6-6-18 Terms of Service (a) C. E. F. WAR and 6 Mos. Service reckons from (a) 6-6-18

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) Auto (Steam Fitter) Military

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				
		S.O.S. on discharge on demobilization D.O. Part 2. # 16	Halifax, N.S.	17-1-19.	L. Simpson Capt. Adjt 1st Depot B'n N. S. Regiment

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc, also special qualifications in technical Corps duties.

[P.T.O.

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				

CASE HISTORY SHEET.

Cogs. N Mil Hosp. Hospital. Halifax Station.

No. 3185173 Rank Pte Name Morrison. Age 24

Unit 12 N.B.R. Completed years of service (Where and how long) 5/12 C

Date of admission 5.10.18. Date of discharge 7-10-18

Diagnosis Myalgia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Left shoulder joint was injured some time ago, and has complained of pain over Trapezius muscle when doing same - also, a grating sensation over Coracoid process when flexing and extending joint. Is unable to abduct left arm to more than 50% of normal owing to pain in joint and in muscles - X ray exam suggested to determine the presence or absence of Osteo-arthritis of shoulder.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Mist Salicylates 3ij t.i.d.

(Especially any specific or special form.) Massages

CONDITION ON DISCHARGE, to "Camp Hill"

(and disposal made of case.)

Date 7-10-18.

D Mullen Capt
Medical Officer i/c case.
amc

M. F. B. 313a.
200M.-5-18.
1772-39-439.

Urinalysis 5-10-18

Colour - Amber smoky
Odour - normal
Reaction - Alkaline
Sp. Grav - 1025
Albumen
Sugar
Bile
} Nil
Deposit -
Microscopically -

CASE HISTORY SHEET.

Freed Hospital. Aldershot Station.

No. 3185183 Rank Pte Name Morrison Neil J. Age 24

Unit N.S.R. Completed years of service (Where and how long) Can 4/12

Date of admission 27-9-18 Date of discharge 5-10-18

Diagnosis Myalgia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of pain in back between shoulders worse on movement especially on rising from horizontal position. Pain extends down arm to Hand

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil

TREATMENT

(Especially any specific or special form.) aspirin

CONDITION ON DISCHARGE, Condition unchanged

(and disposal made of case.) Transferred to Halifax for treatment

Date Oct 5/18

B H Cocklin Capt

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

CASE HISTORY SHEET.

Camp Hill Hospital. CAMP HILL HOSPITAL HALIFAX Station. Kaajas

No. 318583 Rank Pte Name Morrison N.S. Age 24

Unit 1st NSR Completed years of service (Where and how long) Can 4/12.

Date of admission 8-10-18 Date of discharge 331218.

Diagnosis. Old dislocation of shoulder & Sprained back. Place of origin Aldershot N.S.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Left shoulder was dislocated two years ago, injured about one year later. Fell on a tent peg in July at Aldershot, then was admitted to hospital, went back to duty, but was unable to carry on. On examination patient is a muscular man no limitation of movement of shoulder joint, some crepitus on motion, no atrophy of muscles, X ray shows no dislocation of head of humerus. Temperature & urine normal. Limitation of movement of left arm 25% estimated loss of strength of left arm 25%. Tenderness over back of left shoulder girdle especially over L. scapula.

Dec 20 no limitation of movement of shoulder joint left. Patient complains of tenderness on motion of arm no loss of power. all symptoms are subjective

FAMILY HISTORY negative
(Tuberculosis, mental or nervous diseases.)

TREATMENT. Massage.
(Especially any specific or special form.)

CONDITION ON DISCHARGE, no limitation of movement of shoulder
(and disposal made of case.) no loss of power of arm. Patient complains of tenderness on motion all symptoms are subjective. Discharged to duty.

Date 31/12/18 D59105 Jas Underdoch Capt RAMC
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

38Q 967/3.2.19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3185183

2 Rank. Private

3. Name. MORRISON Neil Edward.

4. Unit. 1st.Depot Bn.N.S.Regt.

5 Date of Discharge Jan 17th.1919. Place Halifax, N?S.

6 Reason for Discharge Demobilization

7. Authority. 1421-1-A

8. Proposed Residence after Discharge Sydney Mines, C.B.Co., N.S.

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

Neil E Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, N.S.

Date January 17th.1919.

W Simpson

Signature for Captian

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge | Place

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermoted place and date I received my discharge certificate

M. F. W. 7

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature.

(O. C. Demobilizing Unit.)

M.S.R. 21m—30/9/11-18—1175-30-116

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 183
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 105
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 213 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 46
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1875
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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

#3185183

Pte Monson. M.E.

Having examined the marginally named man on this date I am of the opinion that further treatment in the Department of Physio-Therapy is not indicated.

E. Hillore Major

M.O. i/c Dep

Camp Hill Hospital

19.12.18

2

CENTRAL LABORATORY OF HYGIENE

MILITARY HOSPITAL, HALIFAX. 8 Oct/18

TO M.O. i/c LA Ward VI

THE THROAT SWAB IN THE CASE OF

A. Morrison 3135183 1st N.S.R.

WAS FOUND TO CONTAIN No DIPTHERIA BACILLI AND THE

CULTURE THEREFROM IS _____ FOR DIPTHERIA.

K. G. Mahabir CAPT. A.M.C.

O.i/c Laboratory of hygiene

[illegible] 4/10/18

P.B. [illegible]

[illegible] 3/15/18

[illegible]

[illegible]

[illegible]

Laboratory of Hygiene.

Military Hosptal.

Halifax, N.S.

Result of Urine Analysis.

Name.....

Colour. amber smoky

Odour... normal.....

Re-Action.. alkaline.....

Spg. Gravity... 1.015.....

Albumen.... nil.....

Sugar.... nil.....

Bile..... nil.....

Deposit..... —.....

Microscopically.. —.....

.....

.....

H.G. Mahabir

Capt. A.M.C.

Camp Hill HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date Nov 29/18

Reg'tal No. 3185183 Rank Pte Name Morrison N. E. Unit 1st N.S.R.

Bed a 3 Ward 4

Injury or disease Dislocation of shoulder Left Part affected

~~Treatment or Exam.~~ x ray

Report apparently no dislocation

L Bruce

Signed Jas. Murdoch captain

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

Pres

CLINICAL CHART.

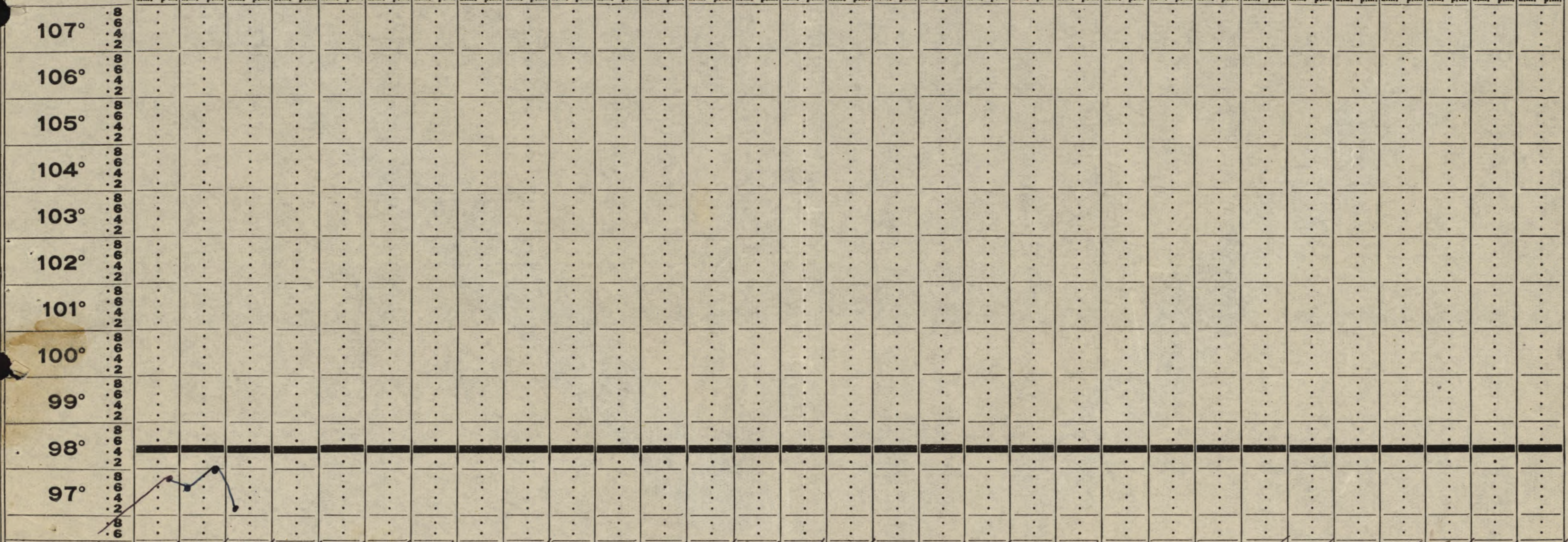
Corps 1st D.B. N.S.R.

Hospital Station Halifax N.S.

No. 3185183 *Rank and Name* Pte. Morrison. N. *Age* 24 *Service* 5/12 C

Disease *Date of Admission* 5.10.18 *Date of Discharge* 7-10-18 *Result* *Serial No. A. & D. Book*

Dates of Observation	5	6	7	8
Days of Disease				
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.



Pulse per Minute	78	104 96	120	
Respirations per Minute	20	18 18	20	
Motions		1	1	

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature V. McMiller Capt AMC *In charge of case.*

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. 318518 3 Rank Pte Name Morrison N. E.

Corps 1st DBn S who was* discharged

On 17/1/19 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 191....

to 17/1/19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	67	30
Advances by Cheques No.			Regt'l. Pay 17 days at $1.00 c.	17	
Advances by Cheques No.			Field Allow. 17 days at $1.00 c.	17	00
~~Assigned Pay and Sep'n Allce. No.~~ Victory Bond Balance #8143	40	58	Separation Allowances* (Monthly)		
Other charges Red Cross M.F.S. 51	2	81	Other Allowances*		
Payment on transfer or discharge No. 8187	77	51	Other Credits* Clothing	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	121	00	Total	121	00

*Give particulars.

A monthly stoppage of $ nil (†) has (‡) been paid on account of Assigned

Pay for the month of 191...
and Sep'n Allce. for month of 191... (to) Assignee

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 7/6/18

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

(3) cause of discharge authority DOP 16 (R.O. 1121-1-a)

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 17/1/19

Place

A. A. Cameron Lt
Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.