

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name? *Norman Norman Morrison*
  - 2. In what Town, Township or Parish, and in what Country were you born? *Wintworth Creek, Hants Co., N.S.*
  - 3. What is the name of your next-of-kin? *Mrs. Sarah Morrison (wife)*
  - 4. What is the address of your next-of-kin? *Windsor, N.S.*
  - 5. What is the date of your birth? *June 18th. 1882*
  - 6. What is your Trade or Calling? *Accountant*
  - 7. Are you married? *yes.*
  - 8. Are you willing to be vaccinated or re-vaccinated? *yes. inoculated *mom**
  - 9. Do you now belong to the Active Militia? *no*
  - 10. Have you ever served in any Military Force? *1st. C. G. a. Night School course*  
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*
- Norman Morrison* (Signature of Man.)  
*O. P. Worthen* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *16th Oct* 1915 *Norman Morrison* (Signature of Recruit)  
*O. P. Worthen* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Norman M. 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 *19th Oct* 1915 *Norman Morrison* (Signature of Recruit)  
*O. P. Worthen* (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 *Halifax* this *19th* day of *Oct* 1915

*O. P. Worthen* (Signature of Justice)  
I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*O. P. Worthen* (Approving Officer)

*copy 9.4.*  
*card of 1-11-15*  
*TRANS FROM BATT. N. S. 216 9.10*  
*1-11-15*  
*trans note 9.1-11-15*

Description of Harrison, G. on Enlistment.

Apparent Age 33 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. 9 1/2 ins.

Chest measurement { Girth when fully expanded ..... 35 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Brown

Hair ..... Slight Brown

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

None

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 17-10 1915 Joseph Hayes

Place Halifax, N.S. Lieut Col.

Medical Officer.

85th Bn C.F.F.

\*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.

Norman M Morrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

A. J. Jordan (Signature of Officer)

DEC 20 1915

Date ..... 1915 Comd'g 85th "Overseas" Batt'n, C.E.F., (Nova Scotia Highlanders.)  
 Lt. Colonel

Proceedings of Court of Inquiry for 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.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

.....

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# DISCHARGE DOCUMENTS

Name

*Morrison Norman M*

Regt. No

*222530*

Rank

*L/c*

Corps

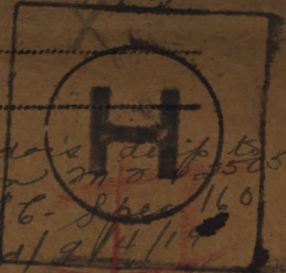
*85th*

*Bn*

R. O. No.....

H. Q. No.....

*Comp. do's dep't 15  
B of C on 27/2/50  
Ref B of C Spec 160  
1/2/4/1*



*No Longer Physically fit*

34509

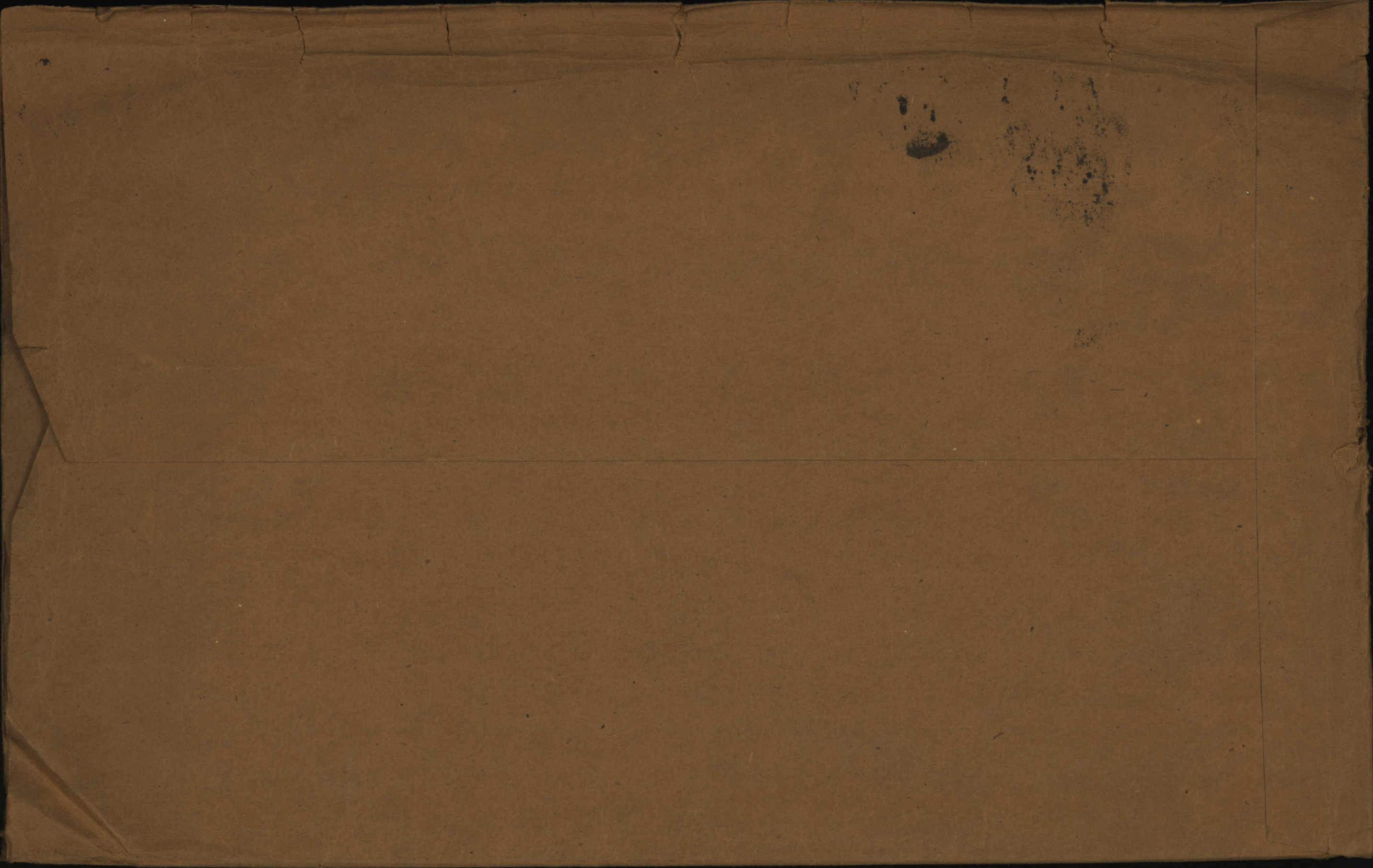
*Deceased - 14-5-56*



*W.S.B. — /  
M.T.W. 125 — /  
1 pay card*

*Morrison Norman M  
14-5-56*

*15*



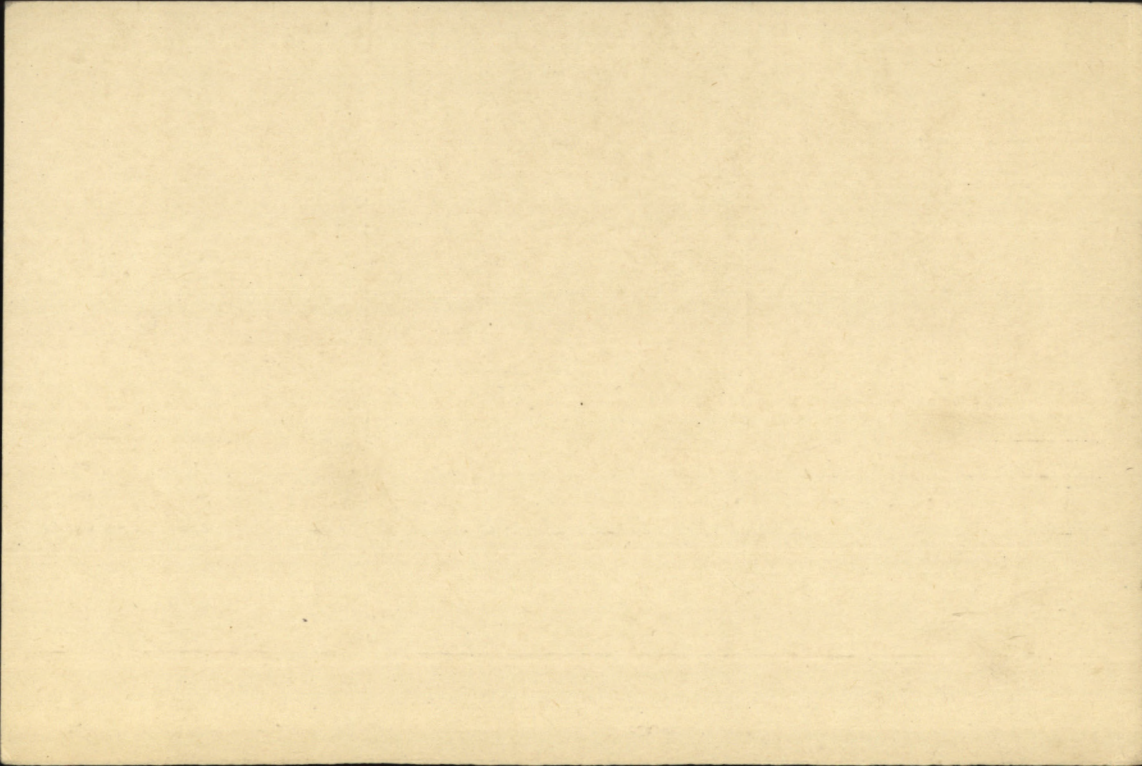
No. 222530 RANK *Pte.*

NAME *Morrison N. W.*

T. O. S. *Trans. from* UNIT *246th Battalion*  
*85th Bn. 1-9-16*  
*Do. 26-12-9-16*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. CR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Sept. 1</i>	<i>1916</i> <i>Sept. 30</i>	<i>✓</i>	<i>orig. date of Enl. 19-10-15</i> <i>Keltrill's Cont.</i>	<i>Sept. paylist</i> <i>" "</i>
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec. 1</i>	<i>Dec. 1</i>	<i>N.</i>	<i>Trans. to M. A. C. 1-12-16</i>	<i>Do. 95 - 2-12-16</i>



SURNAME.

*Morrison*

*649-M-13537*

CARD No.

CHRISTIAN NAMES

*Norman Mowatt*

FOLL.

*S.O.S. Div 3-1-17*

REGL. No.

*2225-30*

RANK

*Pte.*

UNIT

*85<sup>th</sup> - 246<sup>th</sup>*

*Bn.*

FORMER CORPS

*1st - C.G.A.*

NEXT OF KIN.

NAMES IN FULL

*Morrison Mrs. Sarah*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Windsor, N.S.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada*

*Wentworth Street, Halifax, N.S.*

DATE

*June, 19<sup>th</sup> 1882.*

PLACE OF ATTESTATION

*Halifax, N.S.*

DATE

*Oct. 19<sup>th</sup> 1915.*

*Transferred from 85<sup>th</sup> Bn to 246<sup>th</sup> Bn.*

*Auth. 85<sup>th</sup> Bn. N.Y.B. 15-9-16.*

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Accountant*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*33*

YEARS

*—*

MONTHS

HEIGHT

*5'*

FEET

*9 1/2*

INCHES

CHEST MEASUREMENT

*35'*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Fair*

EYES

*Brown*

HAIR

*Light Brown*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Halifax, N. S.*

DATE

*Oct. 19<sup>th</sup> 1918*

*Present Address, Not Stated.*



No. 222530 RANK Pte.

NAME Morrison Norman M.

T. O. S. 19-10-15

UNIT

85th Battalion C. &amp; F.

(Oct. payroll)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct. 19	1915 Oct. 31	✓		
Nov.		✓		
Dec.		✓		
1916 Jan.	1916 Jan.	✓	Shown as Lt/Pl.	Jan. payroll
Feb.		✓		
Mar.		✓		
Apr.		n	Hospital	apr. payroll
May		n	Sick leave.	May "
June		✓		
July		✓		
Aug.		✓		
Sept. / m/ae.	Sept.	n	Transf. to 246th Bn. 31/8/16	(D.O. 4) of 7/9/16



No. 222530 RANK *Plt.*

NAME *Morrison N. M.*

T. O. S.

UNIT *Casualties C. C. F.*

M. D. *6-*

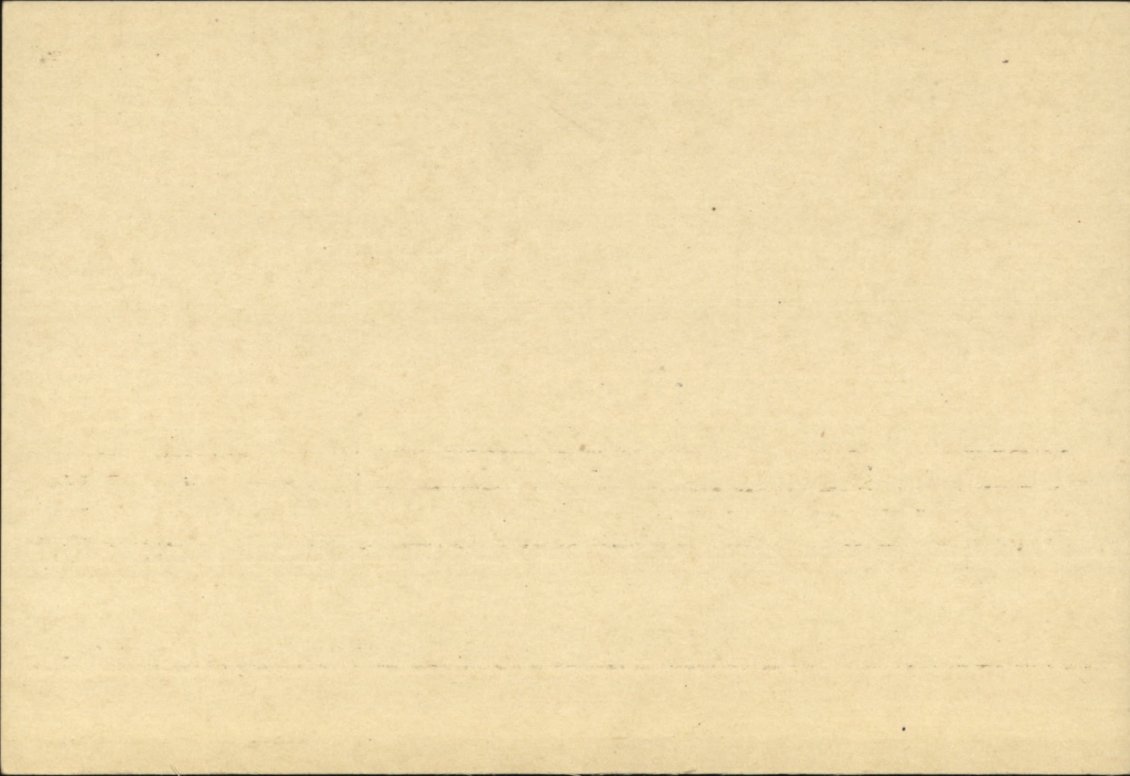
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM	PAID TO	SIG. OR REC'T
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PARTICULARS

AUTHORITY

<i>1916 Dec 2</i>	<i>1916 Dec 29</i>	<i>L</i>
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File No. 013138 N 2

**WAR SERVICE GRATUITY.**

Register No. M1035

Reg. No. 222530 L/cpl

Dependent Mrs Sarah a. Morrison (wife)

Name Morrison N.M

Address same

Address Box 336

Windsor N.S

new add: - 14 1/2 Willesmes St  
7<sup>th</sup> Fl. 11<sup>th</sup> St  
Halifax N.S.

Pay Soldier \$

Pay Dependent \$

W H Smith  
W H Tuma 25/9/19

Days 31 Rate 100 Due 100<sup>00</sup> R. 134  
24-10-19.

Less P.D.P. credited

Clerk J. Baron

Less further Dr. Bal. or overpayment.

Net 100<sup>00</sup>

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>29/9/19.</u>	<u>aco</u> <u>32373</u>	<u>527380</u>	<u>70 00</u>		1 <u>29/9/19</u>	<u>aco</u> <u>32374</u>	<u>527381</u>	<u>30 00</u>
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 29-9-19

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Morrison* *N.M*  
Surname Christian Name

Regimental Number *222530* Rank *S/cpl*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

LL 53961—M. & D. 9721

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

M. F. W. 127  
 3003M-1-19  
 1772-39-1140

Remarks: *Reference only*

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Sarah A. Morrison <sup>WIFE</sup>  
PAYMENTS.

Name of Soldier

Morrison R. M.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	2857	20	
May		3967	20	
June		23159	20	
July		210806	20	
Aug.		13168	20	
Sept.		16186	20	
Oct.		H19853	20	
Nov.		P 23156	20	
Dec.		P 26564	20	
Jan.	1917	X X	X X	issue no further cheques
Feb.		X X	X X	until return
March		X X	X X	
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

19<sup>12</sup>/<sub>16</sub> June

290

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.				



16/10/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Sarah A Morrison*  
Address *Currys Corner Windsor N.S*  
Relation to Soldier }  
wife, child or mother } *wife*

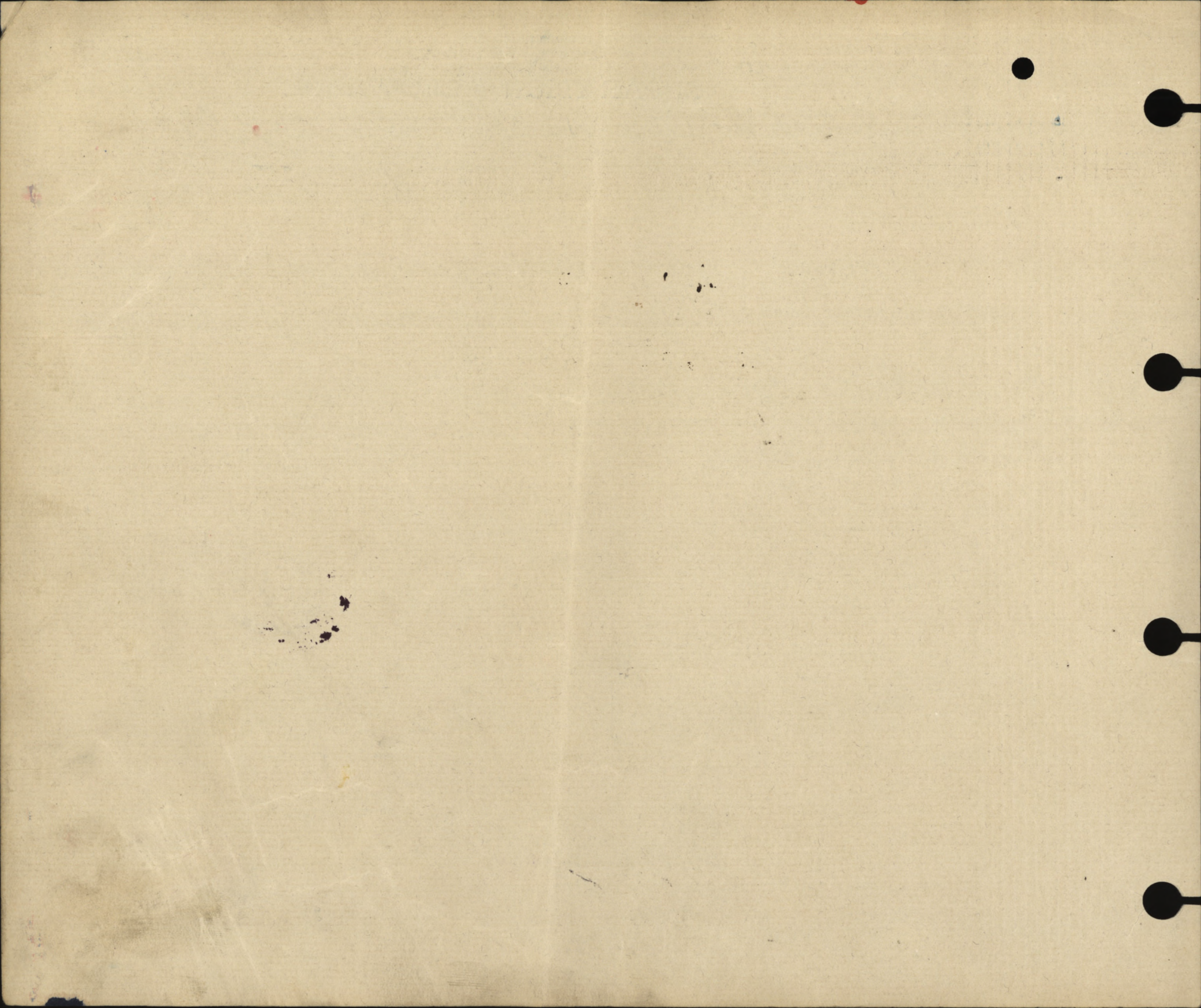
Name of Soldier *Morrison Norman M.*  
Regtl. No. *222530*  
Rank *Pli*  
Corps *85<sup>th</sup> Batten*  
To what Corps belonging } *Trans to "B" unit m. 18.6.11.2/16 (deputy 2/16)*  
when called out }

PAYMENTS

*make receipt for*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>29803</i>	<i>30 - 30</i>	
Dec.		<i>F-24177</i>	<i>20 - 20</i>	
Jan.	1916	<i>F-26436</i>	<i>20 - 20</i>	
Feb.		<i>275163</i>	<i>20 - 20</i>	
March		<i>233609</i>	<i>20 - 20</i>	





27.10-33

222530 MORRISON.N.M

The 85th. Battalion. C.E.F.

*Decased - 14-5-56*



Dec 21/18

MMS 6

(2448) Wt. W. 2280-PP1122 6-18 J.F.W. (24377)

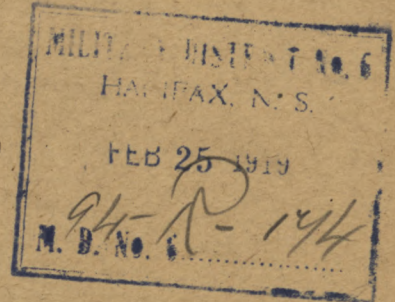
Army Form W3997.

Regtl. No. 415252 Rank Pte

Name Relf Edward  
(Christian Names in full) (Surname)

Unit 23 res Regt. 40th Bn  
or Corps

Next of Kin Wife



Intended place of Residence  
Halifax

**COVER**

**FOR**

**DISCHARGE DOCUMENTS.**

Occupation Cook

4

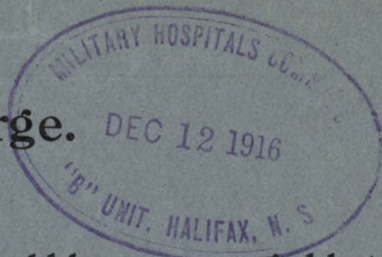
OK

'OLYMPIC'  
SAILED JAN. 10th 1919  
ARRIVED Jan. 17th 1919



This space to be for numbers.

160.



# Proceedings on Discharge.

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

No.	222530	
Rank	L/c	
Name	N.M. Morrison	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	85th. Bn.	
Date of Discharge	Jan 3rd. 1917.	
Place of Discharge	Halifax.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	34 years.....	7 months.
Height.....	5 feet.....	11 1/2 inches.
Complexion	Fair	
Eyes	Brown	
Hair	Red	
Trade	accountant	
Intended place of residence.	} Alberta	
<small>(To be given as fully as practicable.)</small>		
		Descriptive Marks.
		scar at right knee
2. The above-named man is discharged in consequence of		
physically fit for war service. being no longer		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
Good		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
accountant for coal company		

DEPT MILITIA & DEFENCE  
FEB 23 1917  
H.Q. CANADA

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

17.6.20.  
25/2/20.

M. F. B. 218.  
5m—8-15.  
H.Q. 1772-39-113.

discharge certificate old  
10/12/16

Noted 10-3-17  
E.P.

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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

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

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge.

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

(Place)..... Norman M. Morris (Signature of Soldier)

(Date)..... William Henry (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... H.H. W.S.

(Signature)..... J. Taylor MAJOR  
O.C. "B" Unit M.H.C.C.

(Date)..... 10-12-16.



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.)

I reserve the right to be sent to  
a Sanatorium ~~by the~~ or to go to a  
Sanatorium at the expense of the  
Military Authorities, and to receive  
an allowance for the period of ~~one~~ <sup>two</sup>  
months that I may be unfit for work  
or unable to perform any work. Said  
allowance to be paid by Military  
Authorities

## List of Discharge Documents.

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Reg. Conduct Sheet, Militia Form B. 263.  Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235.  Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.  Med. Hist. Sheet, Militia Form B. 313.  Medical Report for Invalid* " B. 227.  Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.  *Only if discharged "Medically unfit."	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared).

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

B 222530

ORIGINAL  
MEDICAL HISTORY SHEET.

Surname Morrison Christian Name Norman Mc

Examined { on 19th day of Oct. 1915  
 at Halifax  
 Birthplace { City or Town Wentworth Creek  
 County Hants Co. N.S.

Approved by Joseph Hage  
 Rank Lieut Col M.O.

Apparent age 33  
 Trade or occupation Accountant  
 Height 5 Feet 9 1/2 Inches. M.O.  
 Weight 127 Lbs. M.O.  
 Chest measurement { Minimum 32 inches. M.O.  
 Maximum expansion 35 inches. M.O.  
 Physical development Good M.O.  
 Small-Pox Marks M.O.

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

Vaccination Marks { Arm Right Left Nil  
 Number One  
 When Vaccinated last Bayshore M.O.  
 (a) Marks indicating congenital peculiarities or previous disease M.O.

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

(b) Slight defects but not sufficient to cause rejection  
Nil M.O.  
 M.O.

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

Enlisted on      day of      1915 at     

	CORPS.	REG'L NUMBER.	REG'T.	DATE.
Joined on enlistment	<u>5th. Overseas B'n, C. E. F.</u> <u>Newa Scotia Highlanders.</u>	<u>222530</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
			<u>No Entry</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.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

16.10.15

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

22	25		
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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. **222530**

Rank *Sgt* Promoted Reverted Discharge

Soldier's Name *Norman M. Morison*

Battalion *"B" mit M.A.C. (85th Bn)*

Beneficiary *Mrs Sarah A. Morison*

Relationship *wife*

Address *Clerrys Corner Windsor N.S.*

Name

Address

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>		<i>290</i>		<i>290</i>

*Issue no further Cheques until re-trans.  
Last ch Dec/16*



# MEDICAL HISTORY OF AN INVALID.

1. Station. **Mil. Hp. Halifax, N.S.**                      8. General remarks on his:—
2. Regiment or Corps. **85th Battrn. C.E.F.**              (a) Conduct. **Conduct sheets not**
3. Regimental No. and Rank **222530 L/Cpl.**              (b) Habits. **available**
4. Name. **Morrison, Norman M.**                      (c) Temperance.
5. Age last Birthday. **34**                      (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **October 19th 1915**
- at **Halifax, N. S.**
7. Former trade or occupation.                      Date. **29-11-18**<sup>16</sup>
- Accountant**

9. Service.	Years.	Days.
PERIODS		
	FROM	TO
<b>85th Battalion C.E.F.</b>	<b>Oct. 19-1915</b>	

10. (a) Disease or disability. **Tuberculosis of lungs**
- (b) Date of origin.              **not known**
- (c) Place of origin.              **not known**
- (d) Cause.

11. Present condition. (Most Important.)  
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

I find the above named N C O has rales over two upper lobes of right lung with prolonged expiration and would recommend he be discharged from the service as medically unfit for all branches of the service.

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

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

**Scar on right knee**

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

**Not applicable**

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

**not so attributed**

14. Treatment.

**Sanatorium treatment**

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

**Yes 1/8**

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

**Not possible to state**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

**1/8**

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

**Yes**

**Signed) W.N.Cochran, Capt. A.M.C.**

Medical Officer by whom the case is brought forward.



# OPINION OF THE MEDICAL BOARD.

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

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations : The board recommends that the above named N.C.O. be discharged from the service as medically unfit. He has had eight months Sanatorium Treatment and it is recommended that he be allowed to go west to a drier climate

Signatures :—

SGD) V.E.D.Cassileman Capt. A.M.C. President.

R.S.Cartuthers, Capt. A.M.C.

Station. Halifax, N. S.

Date. 29-11-16

Members.

Date.

Sgd. A.A. Schaffner Lieut Col.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

Summary of Causes of invaliding, or remarks as to remand to Regiment, Stat on or Depôt.

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Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227. 200th S. 6. H. Q. 1772-89-11.

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

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