

2. 2. 5/10/17.

DUPLICATE
canadian

2498471

ATTESTATION PAPER.
Indian Draft, Forestry Depot.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|--|--------------------------------------|
| 1. What is your surname?..... | M O R R I S O N |
| 1a. What are your Christian names?..... | Philip |
| 1b. What is your present address?..... | Rupert House, James Bay, Ont Canada. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | James Bay, Ont. Canada. |
| 3. What is the name of your next-of-kin?..... | Jane Morrison |
| 4. What is the address of your next-of-kin?..... | Rupert House, James Bay, Ont. Canad. |
| 4a. What is the relationship of your next-of-kin?..... | Mother |
| 5. What is the date of your birth?..... | june 26th, 1891 |
| 6. What is your Trade or Calling?..... | Laborer |
| 7. Are you married?..... | Single |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | yes |
| 9. Do you now belong to the Active Militia? <i>P. M. naval or</i> | no |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | no |
| 11. Do you understand the nature and terms of your engagement?..... | yes |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | yes |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | no |
| 14. If so, what was the nature of the disability? .. | |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | no |
| 16. If so, what was the reason?..... | |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Philip 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.

Philip Morrison (Signature of Recruit)

Date August 9th 191 7 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Philip 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.

Philip Morrison (Signature of Recruit)

Date August 9th 191 7 (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

Toronto Canada 9th August 7

before me, at..... this..... day of..... 191 ..

J. J. J. J. (Signature of Justice)

Description of Philip Morrison on Enlistment.

Apparent Age 26 years 3 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 4 ins.

scar on l shoulder

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

Complexion Dark

Eyes Blue

Hair Black

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

hearing good nose & thro t o.k.
 each eye .20. bad teeth.

CERTIFICATE OF MEDICAL EXAMINATION.

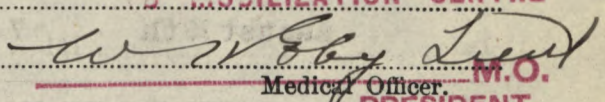
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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..... 3000 August 9th 191 7

Place..... Toronto Canada

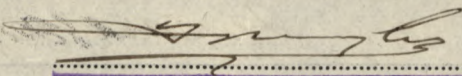
BY MEDICAL BOARD
 MOBILIZATION CENTRE

 Medical Officer. **M.O. PRESIDENT**

*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.

Philip 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.


 MAJOR (Signature of Officer)

Date..... SEP 19 1917 191 7

O. C. FORESTRY DEPOT M. D. No. 2

- 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.....
- 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.....

2576116

DISCHARGE DOCUMENTS

Name MORRISON, Phillip
 Regt. No. 249847L Rank Pvt
 Corps Forestry Bn.
Med unfit

R. O. No.

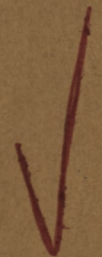
H. Q. No.



Card ~~1 Index Removed 12-1-18 34537~~
~~1 Part II~~
~~1 Casualty~~



1 MFW 39a



480142

6497m 24054

CARD NO.
S.O.S. Disch 11/6/18 = 3 Auth
Pt 2. 56 of 12/6/18. 3. D. D.
Med Knfit.
FOLL.

SURNAME. *Morrison.*

CHRISTIAN NAMES *Philip.*

REGL. NO. *2498471.* RANK *pte*

UNIT *Rely. Const. Fort York Dpt "D" Unit - 7th H Co*

FORMER CORPS *Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Morrison, Mrs. Jane.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Rupert House
James Bay, Ont.*

COUNTRY OF BIRTH *Canada.* James Bay, Ont. DATE *June 26th 1891.*

PLACE OF ATTESTATION *Toronto, Ont.* DATE *Aug. 9th 1917.*

Trans from Rely Const Fort York Dpt to "D" Unit 7th H Co. 24/9/17 Auth H 21/1/25 Md II 15/10/17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26 YEARS

3 MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

scar on left shoulder

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Aug. 9th 1917.

*Present Address - Rupert House
James Bay, Ont.*

*Name **Morrison Phillip** Rank **P6** Regtl. No. **2498491**
 Original unit **C7C** Present unit **C7C** Fyle Depot **3-M-186**
 Port, ship, and date of arrival
 Next of kin **Jane Morrison, Rupert House, James Bay, Ont.**
 Address on leave
 Address on discharge **Prince Rupert B.C.**
 Transportation issued Yes No Date Character on discharge
 Previous occupation **Cook** Date and place of enlistment **Toronto 9-8-17**
 Diagnosis **Defective mentality** Date of Medical Boards **16-4-18**

Date.
TOS

Remarks

Pt. 2 Order No.

18-4-18	Posted to Hospital Sec'n Cobourg	H.S.I.
11-6-18	Discharged from HM Service	

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.



M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2498471 (Rank) Private

Name (in full) Morrison Philip enlisted in

the Can. Forestry Depot.

CANADIAN EXPEDITIONARY FORCE at Toronto. on the

day of August 19 17

HE served in Canada

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

further service and for further treatment.

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

Age 27 years

Height 5 feet 4 inches

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Two vaccination

marks on right

arm

Mental Case

Signature of Soldier

W. J. Scott Capt. & Adjt.
District 1 Issuing Officer 3

Rank

Date of Discharge 11/6/18

Appointment

Signed at Kingston this 11th day of June 19 18

in Military District No. _____

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2498471 (Rank) Private Name Morrison Philip

Unit Cau. Forestry Depot.

Address on Discharge Prince Rupert, B.C.

Character and Conduct - Good - Ed

Former Occupation Cook in Lumber Camp

Special Qualifications of Value in Civil Life

Medals and Decorations - Nil -

Remarks

Signed at Kingston this 11th day of June 1918

W. J. ... **Capt. & Adj.**
District Name of Officer

Rank

Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

QUADRUPPLICATE

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

Regimental No. 2498471 Rank Pte. Name Morrison, P.

Corps Forestry Battalion who was* Discharged

On June 11th 1918, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1918, to June 11th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	125	25
Advances } No.			Reg't Pay <u>11</u> days at \$ <u>1</u> c.	11	00
by } No.			Field Allow. <u>11</u> days at \$ <u>10</u> c.	1	10
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.			Other Allowances* <u>Clothing</u>	8	00
Other charges			Other Credits*		
Payment on transfer or discharge No.			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit) <u>O.C. of Estates</u>	205	35			
Total	205	35	Total	205	35

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of May 1918 and Sep'n Allice. for month of 1918 (to) Assignee Mrs. J. Morrison,
 (Address) Rupert House,
James Bay, Ont.

(†) 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. No 3MD-44-N-681
- (3) cause of discharge authority 3MD 44-N-681
- (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 June 10th, 1918

Place Kingston, Ont.

W. Peters
 PAYMASTER, NO. 3 DISTRICT DEPT.
 Paymaster. CAPTAIN

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.

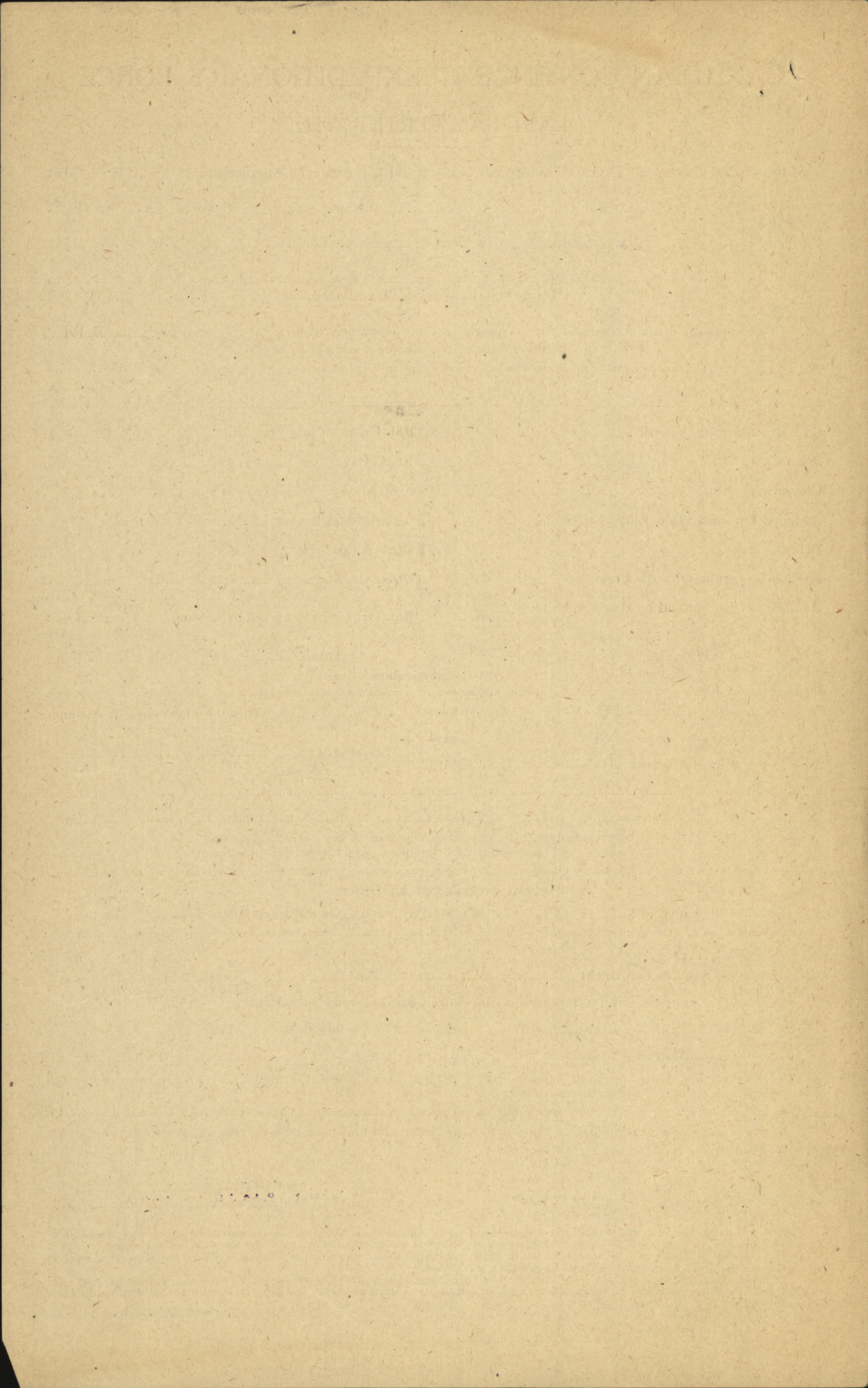
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

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.

This man is decidedly defective. Condition is permanent. He is

not fit to pass under his own control in Civil Life.



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.

2498471 : Unit, Regiment or Corps. Forestry & Railway Construction Depot.

Regimental No. 2498471. Rank Private. Name Morrison, Philip.
C. E. F.

Enlisted (a) 9/8/17. Terms of Service (a) Duration of War. Service reckons from (a) 9/8/17.

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

Extended Re-engaged Qualification (b) Labourer.

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				

(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.

Name

*P. Morrison P.*M. F. W. 41
1 0M-7-16
1772-39 889.Regimental No. *2498471*

Name and address of next-of-kin

*Parent.*Unit *A. B. C. C. "D" Forestry Depot.*

Date of enlistment

Insane

Place of

Married (yes or no) *Yes. being paid by Ottawa* Date and place discharged *18. 3. 18*Amount of pay assigned monthly \$ *15⁰⁰ from 1.10.17* Reason for discharge *D. O. 79*To whom payable *Mrs. J.*Character on discharge *Transferred to "C" unit.**Rupert House, James Bay, Ont.*

Job 5351-M. & D. 6880.

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					
<i>Oct</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>42 95</i>	<i>7705</i>	<i>36563</i>			<i>15</i>		<i>15</i>	<i>Trans from Forestry Depot 1-10-17 D.O. 297</i>
<i>Nov</i>	<i>1</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>300</i>	<i>62 05</i>	<i>9505</i>	<i>39824</i>			<i>15</i>		<i>15</i>	
<i>Dec</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>80 05</i>	<i>11415</i>	<i>44712</i>			<i>15</i>		<i>15</i>	
<i>Jan</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>99 15</i>	<i>13325</i>	<i>53335</i>			<i>15</i>		<i>15</i>	
<i>Feb.</i>	<i>1</i>	<i>28</i>	<i>1</i>	<i>28</i>	<i>28</i>	<i>10</i>	<i>280</i>	<i>18 25</i>	<i>14905</i>	<i>58071</i>			<i>15</i>		<i>15</i>	
<i>Mar.</i>	<i>1</i>	<i>18</i>	<i>1</i>	<i>18</i>	<i>18</i>	<i>10</i>	<i>180</i>	<i>134 05</i>	<i>15385</i>	<i>63504</i>			<i>15</i>		<i>15</i>	
								<i>13885</i>								

File No. 013138-P-10.

WAR SERVICE GRATUITY.

Register No. M2197

Jan. 21-4-20.

Reg. No. 2498471. *St*

Name Morrison Philip

Address _____

Dependent _____

Address _____

Not eligible for W.S.G. Less than one years service Canada Only 5-6-20. G. J. ...

Pay Soldier \$ _____

Pay Dependent \$ _____

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Clerk _____

Less further Dr. Bal. or overpayment. _____

Net _____

*R 1113
5-6-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

*A. Evans
21/20*

This space to be for numbers

Proceedings of Discharge.

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

No. <i>2498471</i>	
Rank <i>Private</i>	
Surname <i>Morrison</i>	
Christian Name <i>Philip</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>Ferestry Bn.</i>	
Date of Discharge <i>June 11th. 1918</i>	
Place of Discharge <i>Kingston Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>27</i> years..... months.	Descriptive Marks <i>Two vaccination marks on right arm.</i>
Height..... <i>5</i> feet..... <i>4</i> inches.	
Complexion <i>Medium</i>	
Eyes <i>Blue</i>	
Hair <i>Brown</i>	
Trade <i>Cook in Lumber Camps</i>	
Intended place of residence } <i>Prince Rupert</i> (To be given as fully as practicable.) } <i>B.C.</i>	
2. The above-named man is discharged in consequence of <i>Medically unfit.</i> <i>for further service, and for further treatment</i> <i>by A.D.C. with 30044-7m-681</i> <i>Dated 4/6/18</i>	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <i>— Good —</i> <i>Ed</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Good</i>	

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

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

Nil

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

6. Medals and Decorations.....

- Nil -

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) *Kingston*.....

W. J. ... Capt. & Adj.
District Depot No. 3
Commanding

(Date) *11/6/18*.....

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)..... *Mental Case* (Signature of Soldier.)

(Date)..... (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 *30* days.

Total.....years *30* days.

11. Confirmation of Discharge.

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

(Place) *Kingston*.....

W. J. ... Capt. & Adj.
District Depot No. 3
(Signature)

(Date) *11/6/18*.....

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.)

<p>Militia Form B. 233 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 263</p>
<p>B. 212 Proceedings on Discharge</p>	<p>Company Battery Regiment Conduct Sheet Militia form B. 263</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions, by C. P. in MS</p>
<p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Med. Hist. Sheet Militia Form B. 312 Medical Report for Invalid* B. 237 Statement of Man's Account on Transfer and Last Pay Certificate D. 877 *Only if discharged "Medically unfit"</p>

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

186 - 44 - 24 - 186
dated 4/6/18

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

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

Statement of Service.

By virtue of my Engagement to (the date to which the Record of Service is completed) _____ years _____ months _____ days.

Total, years _____ months _____ days.

Confirmation of Discharge.

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

(Signature) _____

* 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 Newmarket Military Hospital.

on the December 6, 1917.

by order of A. D. M. S., M. D. #2.

for the purpose of examining and reporting on

#249471, Pte. P. Morrison.

MILITIAL DEFENCE
DEC 10 1917
CANADA

PRESIDENT.

Lieut.-Col. C. E. Doherty, C. A. M. C.

MEMBERS.

Capt. Montgomery, C. A. M. C.

Lieut. Edis, C. A. M. C.

The Board having assembled pursuant to order, proceed to

to examine the above mentioned man and report that:

I. Present Condition:

#249471, Pte. P. Morrison is a well marked case of Dementia. Since admission to this Institution he has shown remarkable improvement, but is at present far from being able to carry on the duties of a normal person. The prognosis for complete cure is unfavorable, but this case may show considerable improvement, if treated under proper conditions and may be able to return to civil life with ability to maintain himself. He should be re examined in three months.

* N. B. - This form below
applicable to any Board of
Officers or Commanding
Officers of Land, Air, or
to be filled accordingly.

The signature of each
Officer composing the Board
and should be attached to the
end of the proceedings.

PROCEEDINGS of a * Medical Board.

assembled at Newmarket Military Hospital.

on the December 6, 1917.

by order of A.D.M.S., M.D. 42.

for the purpose of examining and reporting on

W249471, Pte. P. Morrison.

PRESIDENT

Lieut.-Col. C.E. Doherty, C.A.M.C.

MEMBERS

Capt. Montgomery, C.A.M.C.
Lieut. Ellis, C.A.M.C.

The Board having assembled pursuant to order, proceed to

to examine the above mentioned man and report that:

I. Present Condition:

W249471, Pte. P. Morrison is a well marked case of dementia.
Since admission to this institution he has shown remarkable
improvement, but is at present far from being able to carry on the
duties of a normal person. The prognosis for complete cure is
unfavorable, but this case may show considerable improvement, if
treated under proper conditions and may be able to return to civil
life with ability to maintain himself. He should be re-examined
in three months.

2. Extent to which his capacity is lessened for earning a full livelihood in the general labor market at present.

100% at present.

3. Probable minimum duration of the disability.

Six months.

4. Whether treatment in a Convalescent Home would materially assist his recovery.

Yes.

President

Members

[Signature]

[Signature] Capt. N. C. ...

[Signature]

8/12/17
Approved
Chas. Z. [unclear] Capt
for [unclear]

APPROVED
DEC 14 1917
[Signature]
B.G.M.S.

2. Extent to which his capacity is lessened for earning his livelihood in the general labor market at present.

100% at present.

3. Probable minimum duration of the disability.

Six months.

4. Whether treatment in a Convalescent Home would materially assist his recovery.

Yes.

President

Members

[Handwritten signatures and scribbles]

[Handwritten notes]
Chas. J. ...
...

RECEIVED
GEORGE W. ...
A.E.M.S.

[Handwritten signature]
DEC 12 1918
E.O.

MEDICAL HISTORY OF AN INVALID.

NO. 2
MILITARY DISTRICT
OCT 4 1917
54 Mo-251

1. Station. **Camp Borden, Ont.**
2. Regiment or Corps. **Forestry**
3. Regimental No. and Rank. **2498471, Private.**
4. Name. **MORRISON, Philip.**
5. Age last Birthday. **26 yrs., 3 months.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **August, 9th., 1917.**
at **Toronto Mobilization Centre**
7. Former Trade or Occupation. **Laborer** Date. **Sept. 21 st., 1917.**
8. General remarks on his: —
(a) Conduct. **Good**
(b) Habits. **Good**
(c) Temperance. **Yes.**

DEPT. MILITIA & DEFENCE
OCT 18 1917
H.S.

9. Service.	Years.		Days.
	FROM.	To.	
Forestry	Aug. 9 th., '17	Sept. 21 st., 1917.	

10. (a) Disease or disability. **Dementia**
(b) Date of origin. **Twenty years ago.**
(c) Place of origin. **James Bay.**
(d) Cause. **Was struck on the head by a brick.**

11. Present Condition. (Most Important). **He fell out from Route March on Sept. 18th. 1917, shortly after the aeroplane accident happened. He was unable to talk and could not walk unassisted. At present, he answers questions incoherently, giving different replies to the same question. Pupillary reflexes sluggish. Knee jerks sluggish. He has involuntary movements of the bowels frequently. Refuses to eat at times. Will not stay in bed. Most of time will not answer questions at all. Heart and lungs - normal. Genito-Urinary system normal. Digestive system normal.**

12. (a) Is the disability the result of service or climate? **Disability aggravated, but not primarily caused by service.**
(b) Has it been aggravated by intemperance, vice or misconduct? **No, not by any of the three.**

2
Dis. 24-10-17
M.E.

MEDICAL HISTORY OF AN INVALID

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

Vaccination marks on upper left arm.

(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?

Does not apply.

(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.

Disability was aggravated by service. The man was in the route march and was in close proximity to the aero-plane accident.

14. Treatment

In bed under guard; forced feeding.

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

Total aggravation by service.

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

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Total

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

Yes.

W. H. Thompson
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.

We concur.

11.

We concur.

12.

We concur.

15.

We concur.

16.

We concur.

17.

We concur.

18 Is he unfit for Military Service.

YES AT PRESENT.

Recommendations :

That he be placed in Category D 3, and
be sent to hospital for insane.

Signatures :-

W. E. Brown

President.

A. D. Lupton Capt

Members.

Station. **Camp Borden, Ont.**

Date.

J. H. Wood

Date.

Oct. 5th 17

Charles Carter M.D.
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

*Miss Beck
2470-17
M.E.*

OPINION OF THE MEDICAL BOARD.

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

If admitted. 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, Station or Depôt.

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Military Form B. 227.
150 m-5-16.
Il. Q. 1772-89-117.

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.