

**ATTESTATION PAPER.**  
**220th YORK RANGERS, OVERSEAS BN. C.E.F.**  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

No. **285208**

Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS.)

- |   |   |
|---|---|
| 1. What is your surname?.....   | MORRISON                                  |
| 1a. What are your Christian names?.....   | Ralph                                     |
| 1b. What is your present address?.....  | 22 Henderson Avenue, Toronto, Ont.        |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                        | Glasgow, Scotland                         |
| 3. What is the name of your next-of-kin?.....   | Mrs. Margaret Morrison                    |
| 4. What is the address of your next-of-kin?.....  | 118 Boston St., Dorchester, Mass., U.S.A. |
| 4a. What is the relationship of your next-of-kin?.....  | Wife                                      |
| 5. What is the date of your birth?.....   | June 15th, 1883                           |
| 6. What is your Trade or Calling?.....  | Machinist                                 |
| 7. Are you married?.....  | Married                                   |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....                           | Yes                                       |
| 9. Do you now belong to the Active Militia?.....  | 12th York Rangers                         |
| 10. Have you ever served in any Military Force?.....<br>If so, state particulars of former Service. | No  |
| 11. Do you understand the nature and terms of your engagement?.....                                 | Yes                                       |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }   | Yes                                       |

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, Ralph 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.

*Ralph Morrison* (Signature of Recruit)

Date April 27th 1916 *A. J. Davis* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, Ralph 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.

*Ralph Morrison* (Signature of Recruit)

Date April 27th 1916 *A. J. Davis* (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 Toronto, Ont. this 27th day of April 1916.

*A. J. Davis* (Signature of Justice)

D/C 220th Overseas Bn. C.E.F.

Description of RALPH MORRISON on Enlistment.

Apparent Age 32 years 10 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 36 ins.  
Range of expansion 3 ins.

Complexion Dark

Eyes Grey

Hair Black

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

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).

Tattoo on right arm "crossed hands"

**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 April 27th 1916.

Place Toronto, Ont.

*[Signature]*  
*[Signature]*  
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.**

Ralph 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.

*[Signature]* Lieut. Col. (Signature of Officer)  
O/C 220th Overseas Bn. C.E.F.

Date April 27th 1916.

REGIMENTAL DOCUMENTS

*Pte* NAME **MORRISON RALPH**

REGT. NO. **275208**

UNIT **C. R. T. D.**

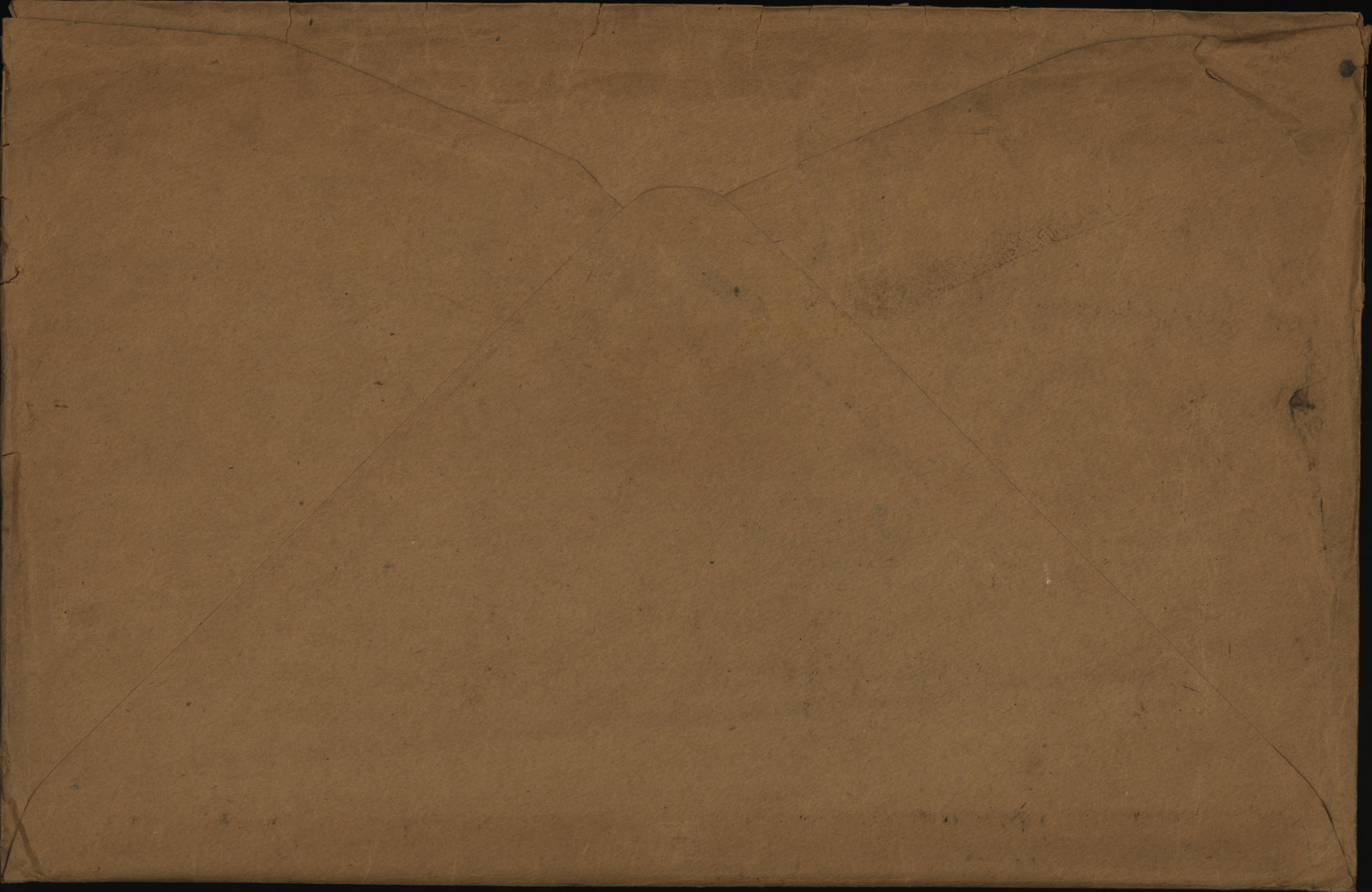
H. Q. FILE NO.

*12 3 19 29*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Desert.</i>
1 MEDICAL EXAMINATION (M.F.W. 129)				34542	
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					54 24.
2 <i>misc.</i>					22-24
1 <i>27B 181</i>					13-25
1 <i>02 2 257</i>					
1 <i>03 3</i>					
1 <i>04 22</i>					21

**H**

**H**



No 285208

RANK

Pte

NAME

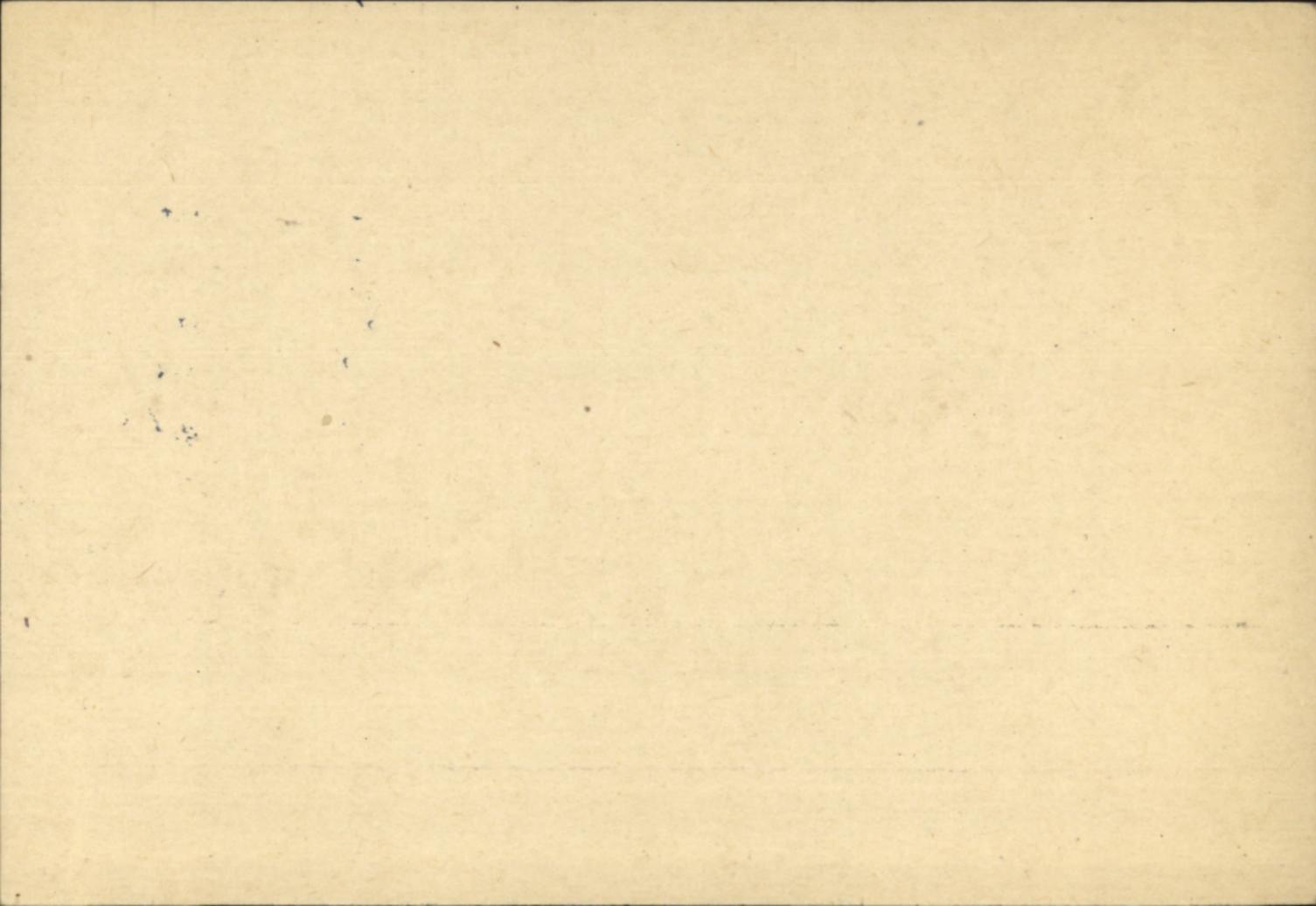
Morrison Ralph

T. O. S. 28-4-16  
2022 of 1-5-16

UNIT 220th Battalion C. P. H.

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Apr. 28	May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept		✓		
Oct		✓		
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		u.		



YCB  
Roll  
Number 285208 ..... Rank ..... Sgt

Surname MERRISON ..... ✓

Christian Name Ralph

Units C. 9. Coy ..... Theatre of War France

Date of Service 29/3/18

Remarks

Latest Address 103 Alcorn Ave  
Toronto

Roll No. Page 7458  
Out

B

P

DESP. APR. 23 1928

RECN. NO. 39787





(9) Is your Father alive?..... Yes

If so, state name and address John Morrison Wellington New Zealand

(10) Is your Mother alive?..... Yes

If so, state name and address Sarah Morrison, Wellington

New Zealand

(11) If your Mother is a widow..... No

Are you her sole support, or not?..... No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

15) Are you insured?..... Yes

If so, in what Company?..... Metropolitan

Have you made arrangements for payment of your Insurance premium..... yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

D. J. Brown Lieut. Col.  
Sic 220th Overseas Bn. C. I. T.  
Officer Commanding.

Date..... March 30, 1917

Reg. No. 285028 Name Morrison, R. E.  
Rank Pte Corps 220 Age 33 Service 6 5/12  
Ledger No. 873 Serial No. \_\_\_\_\_

HOSPITALS

DATE

DIAGNOSIS

Base Toronto  
kiss to duty -

23-9-16

3-10-16

Contusion of Chest

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

No.

308 RANK *St*

NAME

*Morrison P.*

T. O. S.

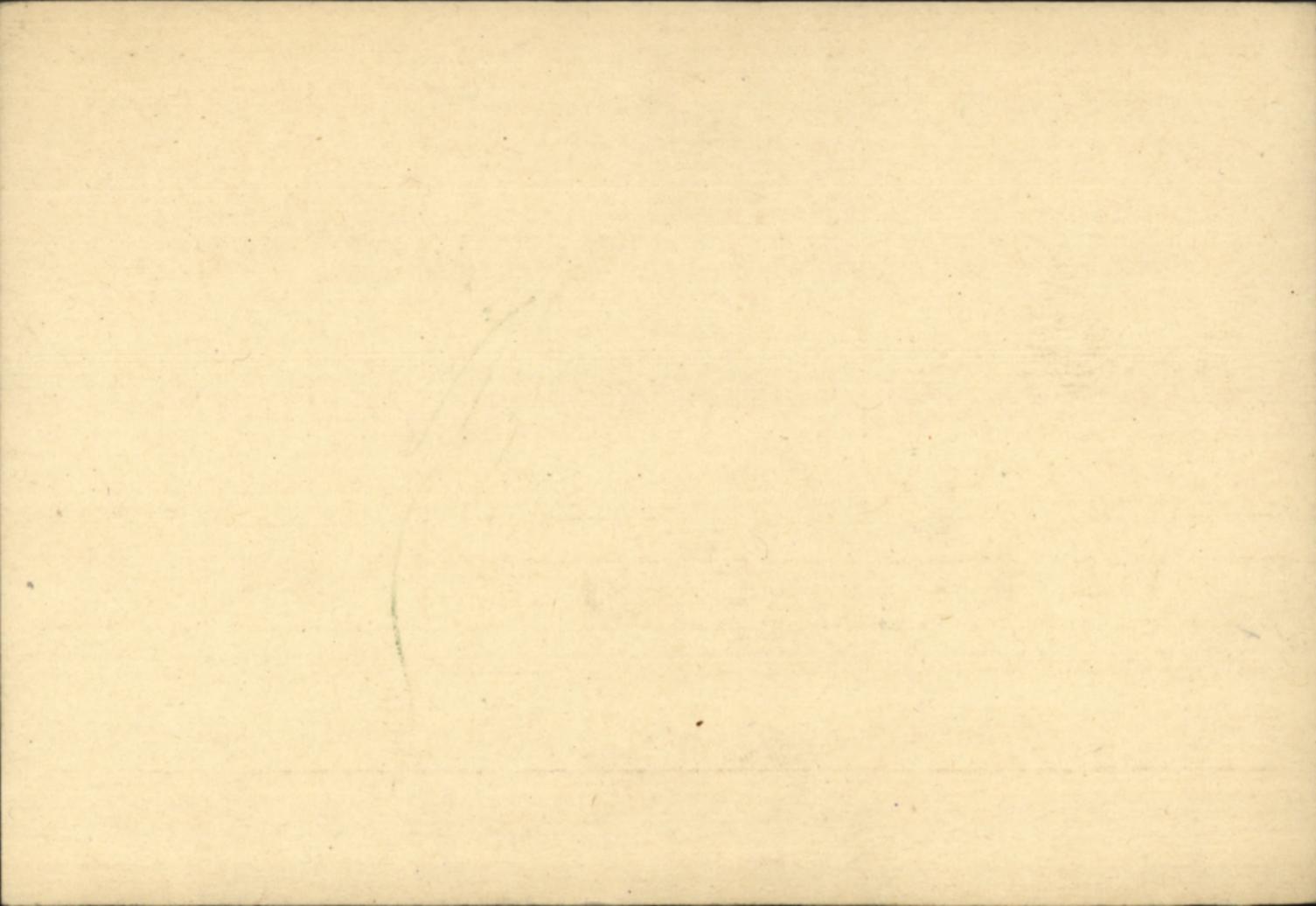
UNIT

*1-11-14 (No 1 hood. 14) 29th Battalion*

M. D.

*#11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>				
<i>Nov. 1</i>	<i>Jan. 30</i>	<i>✓</i>		
<i>Dec. 1915</i>		<i>✓</i>		
<i>Jan. 1</i>	<i>Jan. 8</i>	<i>✓</i>	<i>S.S. Jan. 8, 1915</i>	<i>No 1, Jan. 1915</i>
				<b>UNIT SAILED</b> <b>MAY 20 1915</b>
			<i>is closed by Payment</i>	



SURNAME.

Morrison

CARD NO.

MD 29  
305 Reg. 12-4-19  
FOLL. 250  
No. 107-17-4-19

CHRISTIAN NAMES

Ralph.

REGL. No. 285208.

RANK

Pte

UNIT 220th.

Bn

FORMER CORPS

12th York Rangers.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison Mrs Margaret.

RELATIONSHIP TO SOLDIER

Wife

103. Alcorn Ave,  
Toronto, Ont.

27. S.A.P. 9-2-18 Pte

COUNTRY OF BIRTH

Scotland

Glasgow

DATE

June 18th 1880

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Apr 27. 1916.

RIC 10-4-19 303 Pte  
25.

9/5 29/4/17.

From Halifax Peris "Olympic" 29-4-17

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

machinist

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

32

YEARS

10

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

Grey

HAIR

Black

DISTINGUISHING MARKS

Tattoo on right arm,  
"Crossed hands"

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Apr 27th 1916.

Present Address 22 Henderson Ave, Toronto, Ont



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Part I.

(1)*Substantive rank *Acting rank *{To be entered in pencil to facilitate alteration.} (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of  
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f) (Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 IM 5/18 G.W.P.Co.(3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

Attached C.C.C. Kinmel Park for  
return to Canada. Part II Orders  
No. \_\_\_\_\_ Ceases to be attached  
C.C.C. Kinmel Park on embarking  
for Canada, Part II Order  
No: *79* *3.4.19* *W. Haynes*  
Commanding *2* Wing.  
Kinmel Park Camp.

Embarked Liverpool  
S.S. 'Lapland' 3 April 1919.

PR 3 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D.O. 107  
PR 12 1919 S.O. S. (DISCHARGED FROM H.M.S.) No. 2 DIS. DEPOT, PART II D.O. 107

*W. Kohler*  
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	285208	Pte	Morrison Ingleton	Ralph
Year	Unit.	Age.	Service.	
1917	13th Battalion Canadian Highlanders.	35	1 year 8 mths.	
Station and Date.	Disease			
25.12.17.	Injury to head & right forearm. Admitted Guildford War Hospital Patient was driving a buggy & the horse bolted throwing the patient onto his head on the ground. He did not lose consciousness but felt dazed. On admission to the hospital he was found to have slight abrasions of the head & forearm & no cerebral symptoms.			
29.12.17.	Feels much better but has occasional slight headaches.			
22.1.18.	Transferred to Duly	Mlt Kerr. ent?		
		Mlt Kerr. ent?		

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.





G.C. Rank **220th. Bn. to 1st. Unit** Name **MORRISON. Ralph.** Reg'l No. **285208.**  
 Unit **Ont. Regt. What Unit?** } **Married or Single Married.**

Place and Date of Enlistment **Toronto. 27th. April 1916.** Place of Birth **Glasgow Scotland.**

Name and Address, Next-of-Kin **Mrs. Margaret Morrison,** Relationship **Wife.**  
**118 Boston St. Dorchester. Mass. U.S.A.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

N/E. R.B. No. **14216**  
 File R.L.  
 Category **OR**

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

*Rep*

*1COR*

*a5*

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.				
4-5-17	220th Bn.	<b>ARRIVED IN ENGLAND 7<sup>th</sup> S.S. OLYMPIC</b>	<i>Witley</i>	4-5-17	<i>3rd Res 5/11/17</i>
28-5-17	134 <sup>th</sup> Bn	<i>TOS from 3rd Res Bn</i>	<i>Witley Camp</i>	24-5-17	<i>PT 110 148</i>
7-3-14	12 Res	<i>TOS</i>	<i>PK</i>	6-3-14	<i>57(25 1/3/18) 134<sup>th</sup></i>
15-3-18	12 Res	<i>Lost to CRY</i>	<i>WITLEY</i>	15-3-18	<i>PH 064</i>
16.3.18.	Depot-CRS	<i>SOS. Posted to 13<sup>th</sup> CRS.</i>	<i>Surfleet</i>	16.3.18	<i>11-75, 13<sup>th</sup> CRS. 1100.4</i>
28.3.18	13 <sup>th</sup> CRS	<i>Embarked for France</i>	"	28.3.18	<i>11-16</i>
19.4.18	"	<i>Landed</i>	<i>Fieid</i>	29.3.18	<i>11-17</i>
4.2.19	---	<i>S.O.S Posted To C.R.T.D</i>	"	30.1.19	<i>11-10</i>
		<i>37-1-37.</i>		3.4.19	<i>C.R.T.D. P-110.39</i>
28-3-19	CRTD	<i>Asst to M.D.W 2 Rhyt</i>	<i>Witley</i>	27-3-19	<i>82 MDC 114-2</i>

A.F.B. 108

*3rd Res 5/11/17*  
*3rd Res Bn*  
*110.144 d/24/17*  
*11-75, 13<sup>th</sup> CRS. 1100.4*  
*d/16.3.18*

*MDC 114-2*  
*570-75-15-293-19*

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.				
3 4 19 79	MSA 2	Jobs to Canada	Sp Rhyt.	3 4 19	Da 79



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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 220th YORK RANGERS, OVERSEAS BN. C.E.F.

Regimental No. 285208. Rank Private Name MORRISON, Ralph.

Enlisted (a) 27/4/16 Terms of Service (a) C.E.F. Service reckons from (a) 27/4/16

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) Machine pte.

Report Date	From whom received	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.
		Embarked Disembarked Transferred to 3rd. Reserve Battalion <u>D.O.Pt. 2. #92.</u>	Halifax Liverpool West Sandling.	28/4/17 7/5/17 7/5/17	<u>J. Humball</u> ADJUTANT 220th YORK RANGERS OVERSEAS BATTALION C.E.F. <u>Pt 2 No 92.</u>
<u>9/5/17</u>	O.C. 3rd Res. Bn. C.E.F.	Taken on Strength	W. Sandling	<u>7/5/17</u>	<u>Pt 11 Bn. O. 126</u>
<u>MAY 27 1917</u>	O.C. 3rd Res. Bn. C.E.F.	Transferred to <u>134</u> Bn.	W Sandling	<u>MAY 27 1917</u>	<u>11. Bn O. 144</u> <u>H.P. Rinder</u> Lt. Col.
<u>28-5-17</u>	<u>O.C. 134th Bn.</u>	Taken on strength of 134th Canadian Infantry Battalion.	Witley	<u>27-5-17</u>	<u>Pt. 11. D.O. No. 148</u>
<u>6.3.18</u>	<u>O. 134th Bn.</u>	Transferred to 12th Res Bn	Witley	<u>6-3-18</u>	<u>Part 2 of D.O No 25</u> <u>Part 1 of 134th Res Bn</u>
<u>7-3-18</u>	<u>12th. Bn. T.O.S. 12th. Res. Bn.</u>		Witley.	<u>6-3-18</u>	<u>Part 11 57.</u>

(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.]

285208 Sgt Morrison R.

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				
15-3-18	12th. Bn.	S.O.S. to C.R. Troops.	Witley.	15-3-18	Part II 64. <i>B. S. Hoag</i> Lieut. i/c Records, 12th. Res. Bn.
15-3-18	<i>C.R. Troops</i>	<i>Taken on strength Purfleet</i>		15-3-18	<i>Pt II Do 74</i>
16/3/18	C.R.T. DEPOT.	S.O.S. C.R.T. DEPOT ON POSTING TO 13 th. C.R.T.	PURFLEET	16/3/18	Part II D.O. 75 Lieut for O.C. <i>E. Keywell</i> Canadian Railway Troops Depot.
16/3/18	O.C. 13th. Bn. C.R.T.	TAKEN ON STRENGTH FROM C.R.T. DEPOT. PURFLEET	PURFLEET	16/3/18	Part II D.O. 4.
28-3-18	13th. Bn. CRT	Proceeded overseas	Purfleet	28-3-18	Part II D.O. 16 <i>C. Barlandy</i> Capt. 13th. Bn. Can Ry Troop
		Landed in France			
		FIELD 29-3-18			
		Pt II DO No. 17 dated 18.4.18			
1. 2. 19	<i>648 D.</i>	<i>Trans. to Eng. for demob. posted to CRTD Klotzly Act, at Liverpool</i>		2. 2. 19	<i>WR</i> <i>104/1918</i> <i>Thos. P. Chaffinell</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
13 FEB 1919	<i>CRTD</i>	<i>I. O. S.</i>	<i>ENNOTTY ASH</i>	<i>5/19</i>	<i>PART 2: 39</i>
28 MAR 1919		<i>to Klotzly Act, at Liverpool</i>	<i>ENNOTTY ASH</i>		<i>8-2</i>

*Morrison R.*

# 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. 285208 Rank SPM Surname MORRISON  
(Given name in full)

RALPH  
 Unit or Corps C A T D Birthplace Glasgow Scotland

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

**I. GENERAL DESCRIPTION :**

Physique good Weight 140 lbs. Height 5 ft. 6 in. Colour of Eyes L. Brown

Nutrition good

Pulse normal

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2 ft.

Left 2 ft.

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

Tattoo Rt arm  
Crossed Hands

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 System 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 no 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.

nil

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at *R. Knott's Camp*.....(Overseas)

Date *24. 3-19*.....

Signed *W. H. S. S. App. Comm.*.....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 *x Ralph E. Morrison*.....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 285208 (Rank) Pte.

Name (in full) Ralph Morrison enlisted in  
the 220th Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto on the 27th  
day of April 19 16.

HE served in France and Belgium

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

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

Age 35 yrs. 10 mos.

Height 5 ft 6 in.

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars Tattoo right

arm, crossed hands.

R. E. Morrison

Signature of Soldier

Date of Discharge



W. A. Rank  
Issuing Officer

For

O.C. No. 2 District Depot.

Rank

Date APR 12 1919 19

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**

THIS IS TO CERTIFY (that No. \_\_\_\_\_) (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_

the \_\_\_\_\_

day of \_\_\_\_\_ in \_\_\_\_\_

HE served in \_\_\_\_\_

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

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

Age _____ Height _____ Complexion _____ Eyes _____ Hair _____ Signature of Soldier _____	Marks or Scars _____ _____ _____ _____ _____ _____
---	---

Date of Discharge \_\_\_\_\_

Signature of Issuing Officer \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_

FORWARDED TO THE SECRETARY  
 APR 12 1919  
 APR 12 1919

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

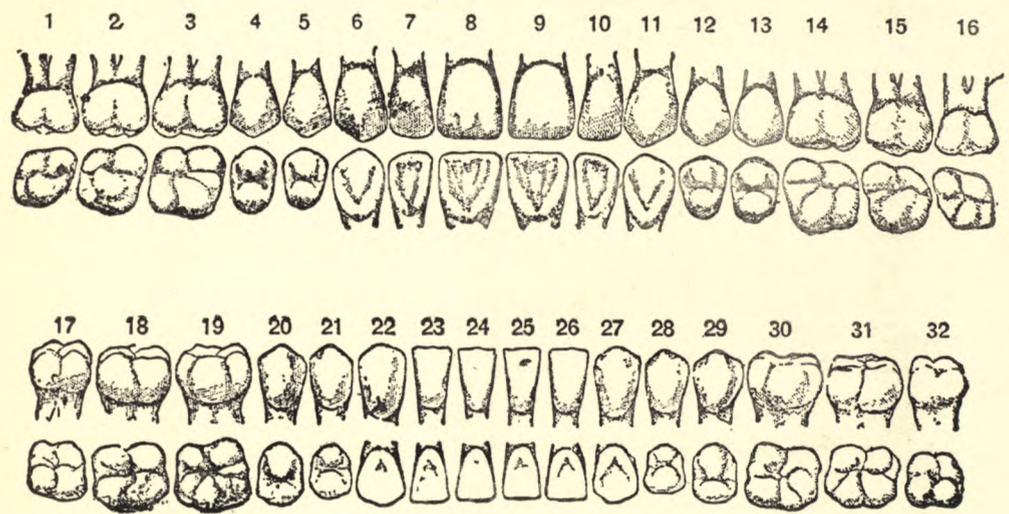
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON R.F.  
 REGIMENT 13 B. C. R. J. RANK Sapper No. 285-208  
 Date of Examination in England 3/3/19 Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 22-23.
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada \_\_\_\_\_
- (b) In England Yes
- (c) In France \_\_\_\_\_

KNOTTY ASH CAMP,  
LIVERPOOL

Signature of Dental Officer W. Kennedy

01214  
01215  
01216

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01218  
01219  
01220



103 Alcorn Ave.,  
Toronto,  
Ont. (3/9/17)

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

To Whom *Mrs. Margaret Morrison* By Whom Assigned *Morrison R. E.*

Address ~~44 Melville Ave~~ Regtl. No. *285208.*

Rank *Pl*

Corps *220 Ball*

Rate *20<sup>00</sup> 1<sup>st</sup> May 1917.*

MAY 1 1917

PAYMENTS

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



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## SEPARATION ALLOWANCE

28/4/16

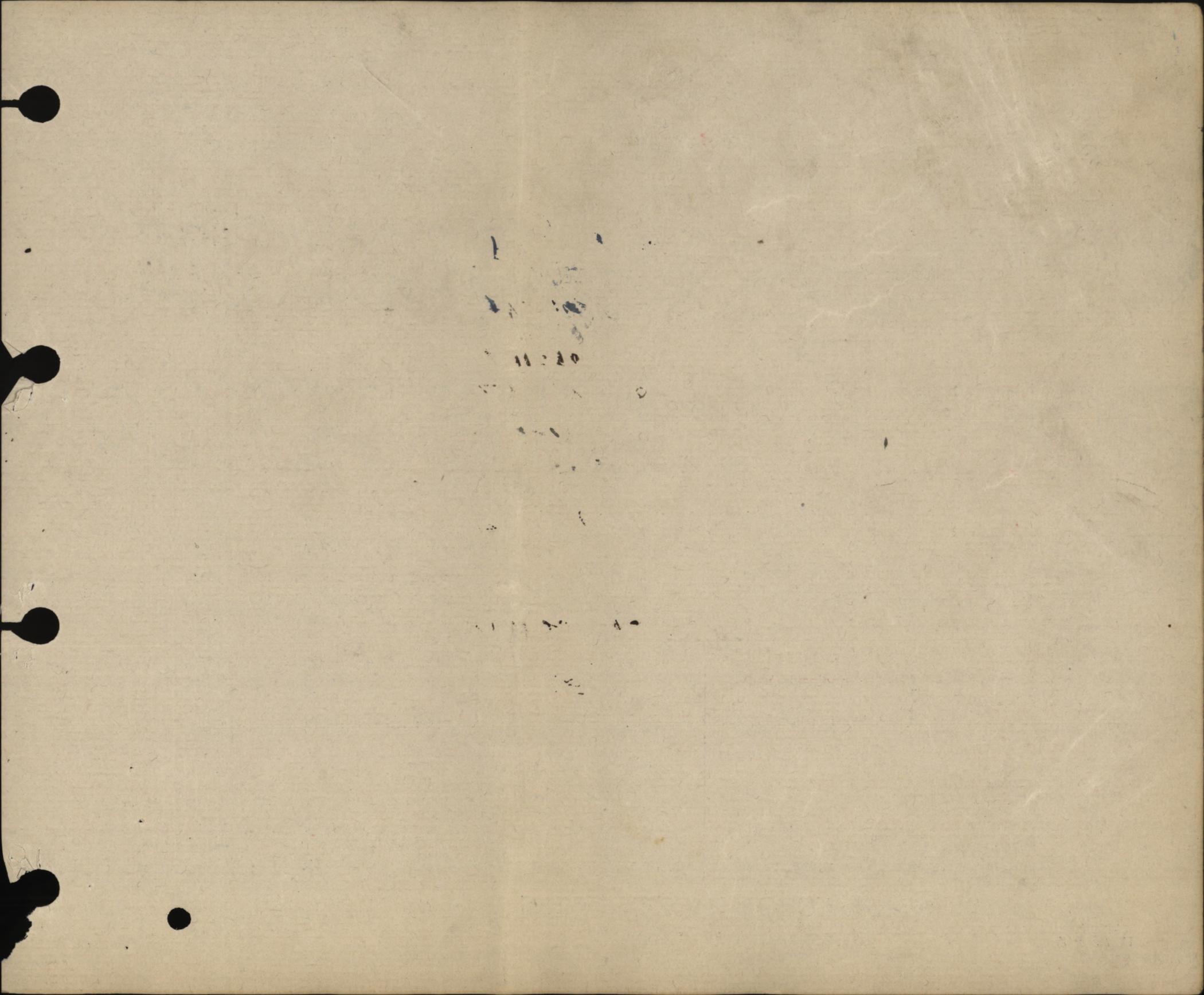
Led-146

Name *Margaret Morrison* Name of Soldier *Morrison Ralph E.*  
 Address ~~22 Henderson Ave~~ Regtl. No. *285208*  
*148 Rose Park Drive Toronto*  
*Moore Park* *81 Hayden St.*  
 Relation to Soldier } *Wife*  
 wife, child or mother }  
 Rank *Pte*  
 Corps *220th Bttn*  
 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				





## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Margaret Morrison*Wife  
PAYMENTS.

Name of Soldier

*Morrison Ralph E.  
Pte*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<del>Z 2283</del>	<del>22</del>	<del>22</del> Z 2283 Cancelled per address 18-7-16
June		<del>y 3459</del>	<del>20</del>	<del>20</del> y. 3459 Cancelled per address 17-7-16
July		<del>6555</del>	<del>20</del>	<del>20</del> Remailed 11-9-16
Aug.				62 is cheque, worth better address
Sept.		\$ 17130	92	82 July pay slip
Oct. 14		T 18857	20	20
Nov.		Q 22546	20	20
Dec.		Q 26102	20	20
Jan.	1917	Z 29676	20	20
Feb.		Z 32593	20	20
March 7		7 sgm. Z 35554	20	20 44 McNeill Ave. Toronto Ont
April		Z 1910	20	20
May		Z 4795	20	20
June 7		7 sgm. Z 8098	20	20 142 McPherson Ave, N. Toronto Ont
July		Z 11790	20	30
Aug. 13		13015 Z 15014	20	100 15014 car
Sept.		P 18498	20	T
Oct.		X 19770	20	140
Nov.		F 25136	20	0
Dec.		J 27813	20	26
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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402

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				
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June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

*Mrs. Margaret Morrison*  
**PAYMENTS.**

Name of Soldier

*Morrison R.E.*

L. L. Job 4503.-Req. 6832.

285208

*RG*

220 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 <sup>00</sup>	<i>1<sup>st</sup> MAY 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>M14471</i>	20	
June		<i>O 17089</i>	20	<del><i>c 142 St. Charles Ave. North Toronto 7-6-1918</i></del>
July		<i>H 24293</i>	20	<i>CB</i>
Aug.		<i>U 30590</i>	20	
Sept.		<i>U 37360</i>	20	<i>103 Alcorn Ave., Toronto, Ont. (3/4/1918)</i>
Oct.		<i>N 44058</i>	20	
Nov.		<i>K 50987</i>	20	
Dec.		<i>L 60746</i>	20	
Jan.	1918			
Feb.			<i>160</i>	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				







\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1/5/19		EFFECTIVE DATE: -	
AMOUNT: \$20.		AMOUNT: -	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
Mrs M. Morrison (Wife) 44 Melville Ave Toronto		S of Lt 37 MD 2	

NAME: MORRISON, Ralph B.  
 NUMBER: 285208

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 220th Bn  
 DATE ACCOUNT FIRST OPENED: 1/5/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
74	1/3/18	1-4-18	26-4-18 6th Bn, 2nd Div.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/5/18	6976	BRTD	2 972				
						Ledger B/c #6427	
						✓ \$ 54-54	
						973	

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Auth NK leave 27/5 KA-KA MD 2 Transf Canada/H*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									15 61		
3/3/18	Balfour	33		CR 17 29/4/18 13 BRT	3 57						
	Q.P.			cap				20			
				✓ 1215 27/4/18 ✓	2 68				22 36		
		33			6 25			20			
May	✓	34 10		cap				20			
				343 10/0/18 ✓	(7) 2 68						
				424 25/5 ✓	(14) 2 68				31 10		
		34 10			5 36			20			
June	✓	33		cap				20			
				501 10/6/18 ✓	(8) 3 57						
				582 20/6/18 ✓	(5) 3 57				36 96		
		33			7 14			20			
July	✓	34 10		cap				20			
				679 20 7 18 ✓	5 3 57				47 49		
		34 10			3 57			20			
Aug	✓	34 10		cap				20			
				768 6-8-18 ✓	1 7 14						
				847 23 8 18 ✓	13 3 57				50 88		
		34 10			10 71			20			
Sept	✓	33		cap				20			
				974 5/9 ✓	1 3 57				60 31	Agreed	
		33			3 57			20			
Oct	✓	34 10		cap				20	44 41		
				1018 5/10 ✓	14 3 73				40 68		
		34 10			3 43			20			

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	<i>Art Ford</i>								40 68		
		33		<i>BAF</i>				20	83 68		
				1289 25/11 126RT	21	9 22			74 35		
Dec	✓	34 10		<i>BAF</i>				20	88 45		
				1375 5/12 ✓	55	3 72			84 73		
				1452 15/12 ✓	64	13 06			71 66		
Jan	✓	34 10		<i>CAF</i>				20	85 76		
		101 20			26 12			60			
Feb	✓	30 80						20			
				1600 21/ ✓	17	7 46					
				2388 14/12 KOR	61	38 92			50 17		
Mar	✓	34 10		<i>BAF</i>				20	64 27		
				6176 25/ ✓	81	9 72					
				7819 10/3 ✓	102	14 47			35 09		
				9225 21/3	119	9 72			25 34		
		64 90			85 32			40			

Date of Enlistment

28-4-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M

20082

Date of Assignment

May 1/17

RATE OF SEPARATION ALLOWANCE

20.	\$ 25.00	30
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1-12-17 1-9-18  
P.C. 3257 P.C. 2753  
M.O. 41323

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 283208  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *R. E. Morrison*  
 Battalion *220 Batta*  
 Beneficiary *Margaret Morrison*  
 Relationship *wife* M.F.W. 2554 29/1/18  
 Address *"Rtd. 24-118"*

PARTICULARS OF ASSIGNMENT

Name *Mrs Margt Morrison*  
 Address ~~*142 McPherson Ave N*~~  
 Change of Address ~~*Toronto Ont*~~  
 1 *103 Alcorn Ave.,*  
 2 *Toronto, Ont.*  
 3  
 4

Date 1919	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		402	160	562	✓
Jan 1918	68137X	30	20	50	✓
Feb. 0	75096	25	20	45	✓
Mar N	92522	25	20	45	✓
Apr. N	10537	25	20	45	✓
May R	17759	25	20	45	✓
June N	21993	25	20	45	✓
July H	31408	25	20	45	✓
Aug P	40698	25	20	45	✓
Sep U	42989	25	20	45	✓
Oct. H	54233	25	20	45	✓
Nov. U	57431	25	20	45	✓
Dec. P.	68243	45	20	65	✓
Jan. H.	72719	30	20	50	✓
Feb.	76999 W	30	20	50	✓
Mar. H.	86239	30	20	50	✓
Apr. P.	3841	30	20	50	✓
		847	480		

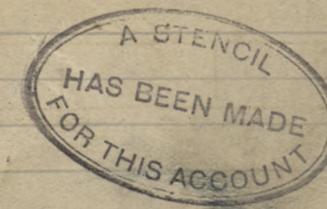
013138-R-10

Des. 85954 " 17-4-19,

M. F. W. 128  
400M.-6-17-1772-39-141  
L. L. 2320-M. & D. 7583.

A/c Closed 30-4-19  
 Ret'd per... *Laplant*  
 Date 10/4/19 M.F.W. 187 17/4/19

M.D. # 2.







Toronto  
wife  
Salesman

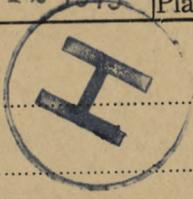
D.G. 7

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

OCCUPATIONAL GROUP 4

A

1. No. 285208	
2. Rank. Pte.	
3. Name. MORRISON RALPH	
4. Unit. CRTD 220 Bu	
5. Date of Discharge	Place
APR 12 1919	TORONTO, ONT.
6. Reason for Discharge	
7. Authority. No. 2 District Depot, Part II, D.O. No. 107	
8. Proposed Residence after Discharge	
103 Alcom Ave Toronto	
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.?  x Ralph C Morrison Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place. [Embarked Liverpool] SS. Anson 2 April 1919 Date. Disembarked Halifax 10 April 1919	
Signature [Signature] For [Signature] District Depot O.C. No. C2 Discharging Unit.	



DEMOBILIZATION



ERJ

PROCEEDINGS ON DISCHARGE

(Classification)

MAY 5 1954



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that on the undersigned date and date I received my discharge Certificate

At P. W.

Signature of Soldier

CONFIRMATION

The details of the above signed man is hereby confirmed.

Date

Place

Signature

Signature of Officer



LIST OF DISCHARGE DOCUMENTS

Medical Form No. 1	Medical Form No. 1
Medical Form No. 2	Medical Form No. 2
Medical Form No. 3	Medical Form No. 3
Medical Form No. 4	Medical Form No. 4
Medical Form No. 5	Medical Form No. 5
Medical Form No. 6	Medical Form No. 6
Medical Form No. 7	Medical Form No. 7
Medical Form No. 8	Medical Form No. 8
Medical Form No. 9	Medical Form No. 9
Medical Form No. 10	Medical Form No. 10
Medical Form No. 11	Medical Form No. 11
Medical Form No. 12	Medical Form No. 12
Medical Form No. 13	Medical Form No. 13
Medical Form No. 14	Medical Form No. 14
Medical Form No. 15	Medical Form No. 15
Medical Form No. 16	Medical Form No. 16
Medical Form No. 17	Medical Form No. 17
Medical Form No. 18	Medical Form No. 18
Medical Form No. 19	Medical Form No. 19
Medical Form No. 20	Medical Form No. 20
Medical Form No. 21	Medical Form No. 21
Medical Form No. 22	Medical Form No. 22
Medical Form No. 23	Medical Form No. 23
Medical Form No. 24	Medical Form No. 24
Medical Form No. 25	Medical Form No. 25
Medical Form No. 26	Medical Form No. 26
Medical Form No. 27	Medical Form No. 27
Medical Form No. 28	Medical Form No. 28
Medical Form No. 29	Medical Form No. 29
Medical Form No. 30	Medical Form No. 30
Medical Form No. 31	Medical Form No. 31
Medical Form No. 32	Medical Form No. 32
Medical Form No. 33	Medical Form No. 33
Medical Form No. 34	Medical Form No. 34
Medical Form No. 35	Medical Form No. 35
Medical Form No. 36	Medical Form No. 36
Medical Form No. 37	Medical Form No. 37
Medical Form No. 38	Medical Form No. 38
Medical Form No. 39	Medical Form No. 39
Medical Form No. 40	Medical Form No. 40
Medical Form No. 41	Medical Form No. 41
Medical Form No. 42	Medical Form No. 42
Medical Form No. 43	Medical Form No. 43
Medical Form No. 44	Medical Form No. 44
Medical Form No. 45	Medical Form No. 45
Medical Form No. 46	Medical Form No. 46
Medical Form No. 47	Medical Form No. 47
Medical Form No. 48	Medical Form No. 48
Medical Form No. 49	Medical Form No. 49
Medical Form No. 50	Medical Form No. 50

1945  
 Chapter 1  
 1234

**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

RECEIVED

Group .....

Checked by .....

Date **20 MAR 1919**

Corps 134 Penoducin

CLINICAL CHART.  
(To be attached to Case Sheet.)

Army Form B. 181.

No. 285208

Rank and Name PC Morrison R.T.

Age 34

Military Hospital Franklin

Service 1878

Disease \_\_\_\_\_

Date of admission 25. 12. 17.

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation	Dec.																												
	26				27				28				29																
Days of Disease																													
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
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104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature \_\_\_\_\_

In charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

No. \_\_\_\_\_ Rank and Name \_\_\_\_\_ Age \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation																													
Days of Disease																													
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
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97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													



