

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **MORRISON**
- 1a. What are your Christian names?..... **Russell, George.**
- 1b. What is your present address?..... **111 Brock St. Sarnia, Ont.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Point Edward, Lambton Co. Ont.**
- 3. What is the name of your next-of kin?..... **Mr. Daniel Black Morrison.**
- 4. What is the address of your next-of-kin?..... **111 Brock St. Sarnia, Ont.**
- 4a. What is the relationship of your next-of-kin?..... **Father.**
- 5. What is the date of your birth?..... **April 1st, 1899.**
- 6. What is your Trade or Calling?..... **Student.**
- 7. Are you married?..... **No.**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes.**
- 9. Do you now belong to the Active Militia?..... **No.**
- 10. Have you ever served in any Military Force?..... **No.**
Resm **Ordnance Force.**
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 } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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? .. **None.**
- 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?..... **None.**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date **May 29th, 1918.** 191 . *Russell George Morrison* (Signature of Recruit)
John Pauling (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Russell George 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 **May 29th, 1918.** 191 . *Russell George Morrison* (Signature of Recruit)
John Pauling (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 **London, Ont.** this **29th.** day of **May 1918.** 191 .

W. H. Irvine Major. (Signature of Justice)
Officer i/c Mobilization Centre.

Description of MORRISON, Russell George. on Enlistment.

Apparent Age 19 years 1 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. 5 ins.

Chest measurement. { Girth when fully expanded..... 35 1/2 ins.
 { Range of expansion..... 3.3 ins.

Complexion Fair.

RIGHT EYE D 20 LEFT EYE D 20
 HEARING R. 21+ L. 21+

Eyes Grey.

Hair Brown.

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

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 May 29th, 1918. 191

[Handwritten Signature]

Place London, Ont.

Capt AMC
 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.

Russell 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.

[Handwritten Signature]
 (Signature of Officer)

Date 30/5/18 191

REGIMENTAL DOCUMENTS

CPY CPY

27/5/19

Spn NAME MORRISON RUSSELL, GEORGE REGT. NO. 2010317 UNIT _____

H. Q. FILE NO. _____

CONTENTS

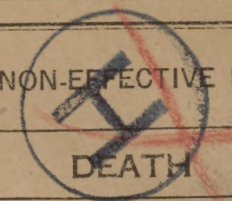
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY



Category

DISCHARGE

Category

34614

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

misc

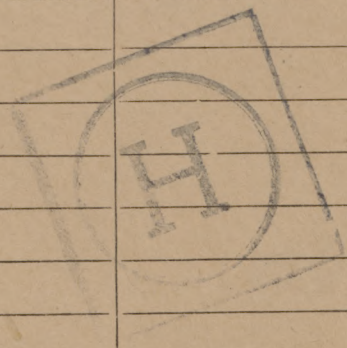
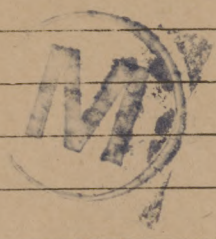
lead to 5009

97937

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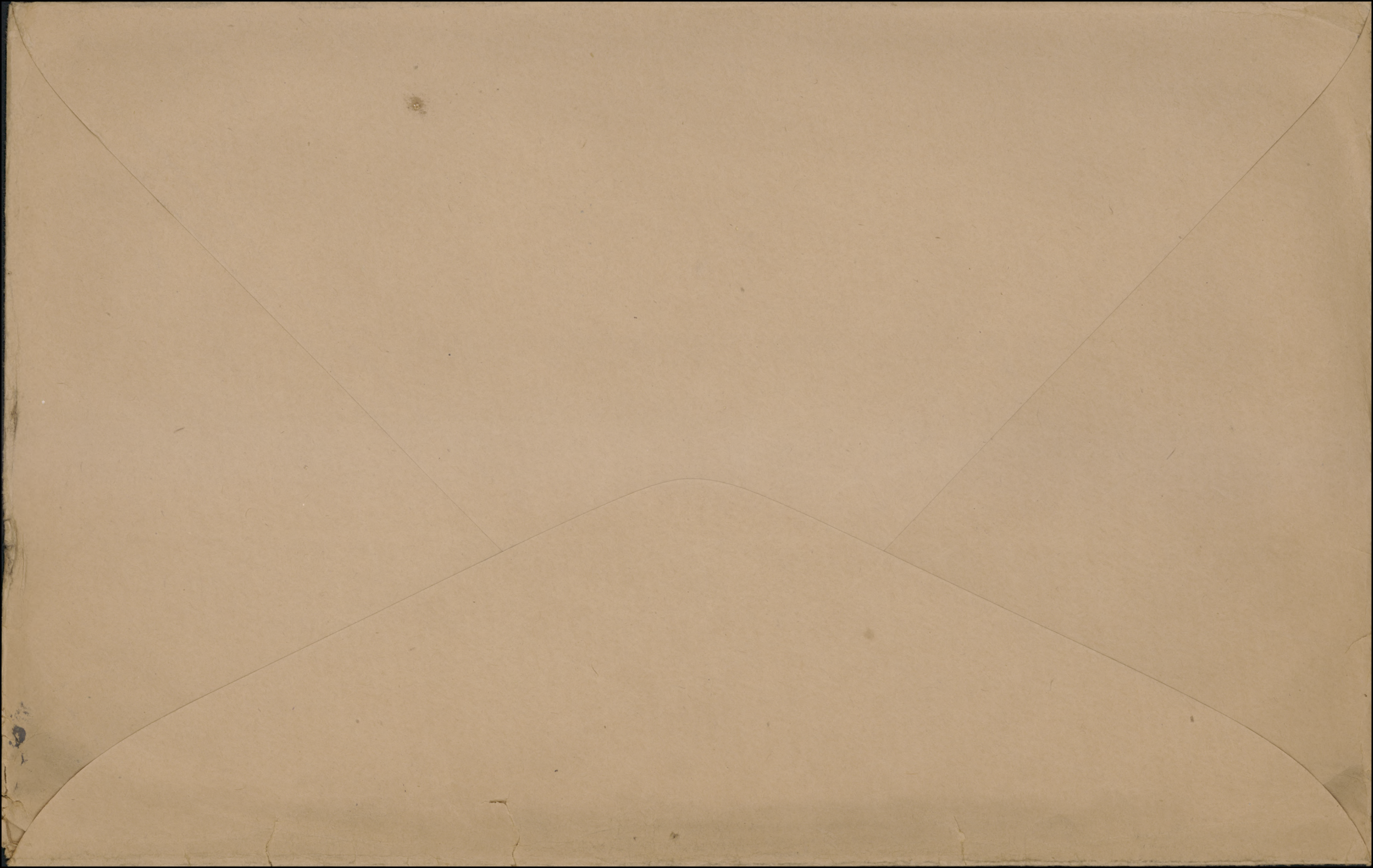
4

By 5009



Demob

2
55 - 25
20 - 25
13 - 25



M 64.
ed

B

Number... 2010317 Rank... Spr...

Surname... MORRISON

Christian Name... Russell George

Units... Can. Pky. Tro. Theatre of War England

Date of Service... 12-10-18

Remarks.....

Latest Address... G.P.O. Sarvis
Ontario

Roll No. *A Page 1011*

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

No. 2010317, RANK

Pte.

NAME

Morrison R. J.

~~F.O.S.~~

UNIT

Trans. from 40. Det. 13-6-18. 7th Field Coy. Can. Eng.
(D.O. no 164 of 13-6-18.)

M. D. /

PAID FROM		PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
				PARTICULARS	AUTHORITY
1918 June 14	1918 June 14		n.	On draft 14-6-18	June pay list 1918



NAME

Morrison R G.

REGT. NO.

2010317

RANK AND UNIT

Pte

Can Bly Troops.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 349	4th Lo Gen. Devonport	11-10-18	Influenza
C 382	4 Cav. Gen. Basingstoke	7-12-18	
C 433	Disch	13-2-19	Influenza

A 40031.

REG. No. 2010317. NAME Morrison Russel G
(SURNAME FIRST)

RANK Pte CORPS Rly. Co. Depot. 15

AGE 19 SERVICE 1/12.

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 28-6-18

DISEASE Optic Neuritis

DISCHARGE 26-7-18

OPERATION

DISCHARGED TO DUTY yls.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

Surname

Christian Name or Names

Reg. No.

MORRISON.

R.G.

2010317.

Rank

Unit

Pte.

C.R.T. Dep.

Cas. List.

4th. S.G.H. Devonport. 11-10-18.

1-11-18.C349.

Influ'za. Qw.

10.12.18 C382

H Coy Basingstoke

7.12.18

18.2.19 C433

Disc 13.2.19

A.M.D. 2 DEPT.

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

Cas. List.

CANADIAN RAILWAY TROOP DEPT,
Knotty Ash Camp, Liverpool.

DATE 25-3- 1919.

NAME MORRISON. Rank Q/M No. 2010317 - P.R.T. NO.
RUSSELL GEORGE

Visual ACUITY _____ R.E. 6/9 L.E. M.O
do. with glasses _____ R.E. _____ L.E. _____

Hearing R. _____

Hearing L. _____

Category recommended Bii

REMARKS:- Left eye defective since birth
congenital amblyopia

This condition was _____ present before enlistment
and has not been aggravated by service.

R.H. Ellis
Capt in C.A.M.C.
Ophthalmologist, C.R.T.D.

Handwritten text at the top left, including "1870" and "No. 10".

Handwritten text at the top right, including "Mortgage" and "No. 10".

Main body of handwritten text, appearing to be a list or ledger with multiple lines of entries.

Handwritten text in the lower right quadrant, possibly "1000".

Handwritten text at the bottom left, possibly "1870".

Handwritten text at the bottom left, possibly "1870".

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MORRISON R.G.
 REGIMENT No 1 Company RANK Sapper No. 2010317
 Date of Examination in England 10/3/19 Date of Examination in France _____

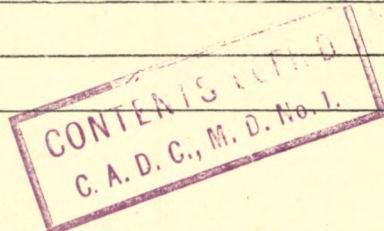
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

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

Nil



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
- (c) In France

No.

KNOTTY ASH CAMP,
LIVERPOOL

Signature of Dental Officer *W. R. Smith Capt.*

MORRISON R.G.

No. 1 [unclear] [unclear]

8.1

10

10/10

CASE HISTORY SHEET.

13039

No. 2610317 Rank PFC Name Morrison Paul R. 19

Unit 1st. Con. Dept. Completed years of service 4 1/2 Where and how long

Date of admission JUN 28 1918 Date of discharge

Diagnosis Optic neuritis Place of origin Iowa

CONDITION ON ADMISSION AND PROGRESS OF CASE

Has had weak eyesight for last 12 years; says glasses have been turned to one of no use

Rt eye 20/60 Left

10/7/18 Attending T. C. H. Clinch Specialist's report.

- Complaints of poor eye sight with each eye.
- No change since entering service.
- Glasses worn last 2 weeks.
- Divergent squint left eye (external)
- Left eye, amblyopic & high myopic
- Right eye myopic astigmatism. Can see 20 than is ft. therefore at present for B 70 category.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Dr. W. Hartmann

TREATMENT

(Especially any specific or special form.)

Eustach's Syrup 3 I. T. d.

CONDITION ON DISCHARGE

(and disposal made of case.)

July 26/18 - Discharged to unit.

Date

Paul Callan Medical Officer in case.

A 40031 6.

02

GAZETTE FOR THE YEAR 1911

1911

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps *Py. Construction Depot*

BASE Hospital Station **TORONTO**

No. *2010317*

Rank and Name *pt. Morrison, Russel* Age *19*

Service *1/2*

Disease *Optic neuritis*

Date of Admission *JUN 20 1916* Date of Discharge *7-7-16* Result

Case Book *13020* Folio

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	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.
107°	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p><i>June 28 1</i></p> <p><i>Admission</i></p> </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p><i>6</i></p> </div> </div>																													
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p><i>24</i></p> </div> </div>																													
Respirations per Minute																														
Motions																														

Signature *Wm. Martyn* *Capt and* In charge of case.

CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case)

Hospital Station

Room

Age

Rank and Name

No.

Case Book

Page

Date of Admission

Date of Discharge

Cups

Diagnosis

Date of Admission

Date of Discharge

Temperature

107

106

105

104

103

102

101

100

99

98

97

MEDICAL CASE SHEET (OPHTHALMOLOGY)

Base
July 10

MILITARY HOSPITAL

TORONTO GENERAL HOSPITAL

Eye Clinic

DATE **JULY 3rd. 1918**

NAME *Morrison R.G.* RANK *Pte.* NUMBER *2010317* UNIT *I.G.C. (Base Hosp.)* AGE *19*

HISTORY *It is poor sight with each eye. Is just the same as*

SYMPTOMS *when he entered the service.*

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE



Diverges - amblyopia

RETINOSCOPY AND OPHTHALMOMETER

OD

OS

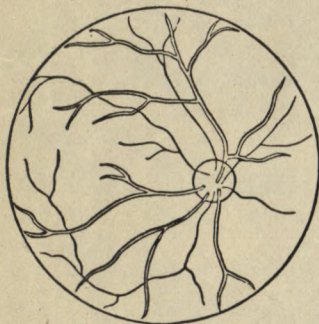
OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA

Normal



FIELDS

MUSCLE BALANCE

TENSION

*Diag. R. myopia as Eq.
L. High myopia
amblyopia.*

SUBJECTIVE EXAMINATION

TRIAL CASE

OD	BEFORE	SPH.	CYL.	AX.	V	AFTER
v	<i>20/70</i>		<i>-1.25</i>	<i>180</i>	<i>20/40</i>	
OS		<i>-4.</i>	<i>-1.</i>	<i>180</i>	<i>no imp.</i>	

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD *-1.25 + 180* *20/50-*
OS *-4. -1.00 + 180*

Morrison R.G.

TREATMENT: *ARC*

M. F. W. 144

10M-3-18

1772-39-1173

Ophthalmic Surgeon R.G.H.



PHYSICIAN

DATE

TIME

ROOM

NO.

NO.

NO.

PHYSICIAN

PHYSICIAN



PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

DATE

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

Basel

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY WARDS
TORONTO GENERAL HOSPITAL

Additional Report

Previous Sheet sent you 11/7/18.

MILITARY HOSPITAL

Eye Clinic

DATE JULY 20th, 1918

NAME *Monism, R. G.* RANK *Pte* NUMBER *2010317* UNIT *A. C. C.* AGE *19*


HISTORY *Has poor sight with each eye.*

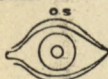
SYMPTOMS *No change since entering the service.*

GLASSES WORN *You seem to be better than I found at this hospital.*

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD  *Normal*

OS  *squint.*

RETINOSCOPY AND OPHTHALMOMETER

OD *- .50 x 1.00 = 2/40*

OS *- 9.00 - 1.00 x 1.00 very little improvement.*

OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA

R. *normal*

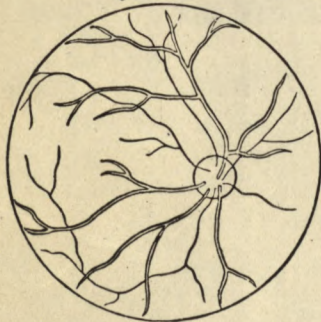
normal

normal

L. *myopic cornea*

normal

..



FIELDS

*Diagnosis myopic astigmatism R.
Lft. High myopia, squint
strabismus, anisotropic eye.*

MUSCLE BALANCE

Ext. squint L.

TENSION

—

SUBJECTIVE EXAMINATION

TRIAL CASE

OD	BEFORE	SPH.	CYL.	AX.	V	AFTER
V	<i>20/70</i>		<i>- .50</i>	<i>180</i>		<i>20/40</i>
OS	<i>3/20</i>	<i>no improvement</i>				V

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD *He has Rx but he never wears any glass.*

OS

TREATMENT:—

M. F. W. 144
10M-3-18
1772-39-1173

(over)

*C. S. Hill
Ophthalmic Surgeon. T. G. A.*

Re-examination makes me suspect that his
R. eye has better vision than $20/40$ with a glass.

He read $20/30$ when he arrived here.

After pupil was dilated with homatropine he read
 $20/40$ without a glass when you would expect
slightly poorer vision.

His refraction was not quite the same as before
but I believe he got $20/30$ at least with a -50 ^{eye.}
and this he would not admit.

C. S. Hill

Original

MEDICAL HISTORY SHEET 2010317

Surname MORRISON.

Christian Name Russell George.

Examined { on 29th day of May 1918.
 at London, Ont.

Birthplace { City or Town Point Edward, Ont.
 County Lambton.

Approved by

[Signature]
 Rank Lieut. M.O.

Apparent age 19 yrs 1 month.

Trade or occupation Student.

Height 5 feet 5 Inches

Weight 125 lbs.

Chest measurement { Minimum 33 inches
 Maximum expansion 35 1/2 inches

Physical development Good

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left
 Number 1

When Vaccinated last Childhood.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

RIGHT EYE D 20 LEFT EYE D Right & Distant 20
 HEARING R 2 1/4 L 2 1/4

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>JUN 1 1918</u>		<i>[Signature]</i> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>JUN 1 1918</u>		<i>[Signature]</i> M.O.
<u>JUN 8 1918</u>		<i>[Signature]</i> M.O.
<u>13/6/18</u>		M.O.

Enlisted on 29th day of May 1918 at London, Ont.

CORPS	REG'L NUMBER	HABITS	DATE
<u>Can Engrs</u>	<u>2010317</u>		<u>29-5-18</u>
<u>By Construction</u>	<u>Sept-Niagara-on-the-Lake</u>		<u>June 14 18</u>
Transferred to			

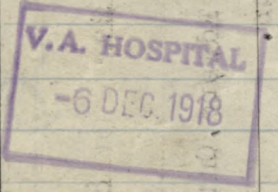
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>London, Ont.</u>	<u>MAY 29 1918</u>	<u>Vision = B II</u>	<u>Fit</u>
<u>Exam by S.M. Board</u>	<u>June 18-18</u>		
<u>Niagara Camp</u>	<u>Aug 20/18</u>		
<u>Weyburn Camp</u>	<u>7-1-19</u>	<u>myopia</u>	
<u>#4 CH Bonyton</u>	<u>25-3-19</u>	<u>Defective vision</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.

Surname Morrison Christian Name Russell George

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer	
		Admission into Hospital			Discharge from Hospital							
		Day	Month	Year	Day	Month	Year					
Base Hosp Imb		28	6	18	27	7	18	Optic Neuritis	30	Condition much the same fit for category "B" at present.	R. H. Shields M.D. R.M.C.	
	11	11	11	10	18	12	11	18	Influenza	33	Admitted with influenza never full recovery discharged Mellor	J. J. Montgomery
		12	11	18	6	12	18	do.	25	Transferred to Haslemere	H. J. Fisher	
No. 4 Canadian Gen. Hospital, Basingstoke.		6	12	18	13	2	19	"	69	Full recovery - Heart & Lungs OK Discharge to Duty	P. J. Cantle R.M.C.	



1552

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname MORRISON. (5) Christian Names Russell. George. (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 <p style="font-size: 1.5em; text-align: center;">169th Sps. Reg. Hoops.</p>	(3) Regtl. No. <p style="font-size: 1.5em; text-align: center;">2010317.</p>
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TEMPORARY ORIGINAL AVAILABLE

(10) Enlistment (b) (12) Service reckons from (date) May 29. 1918 (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
--	---

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)
<p style="font-size: 1.5em; opacity: 0.5;">TOS No 1 Dist. Depot Displ. Stn. K. 3-5-19 SOS Dispersed 10.5.19 D.O. No. 137</p>				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) (19) Pivotal-man (x) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate (23) Re-engaged {
---	--

W. Madgynst

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—PP 1150 IM 5/18 G.W.P. Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

12.10.18.

Arrived in England. S.S. City of Cairo.

24.10.18

C.R.T.D. Gr D.O. 295

T.O.S. on arrival from Purfleet. 12.10.18
Canada.

[Signature]
for School i/c Records.

APR 1919

CRTD * C.C. to Kiamal
Pa. I.D. W.I.R. No. 1

KNOTTY ASH

Page 21

Nothing to be written in this margin.

89

4/4/19

O.C.M.D.C.W.I. T.O.S. For return to Canada, Rhyt. 3/4/19 D.O. No. 81

S.O.S. on Proceeding to C.E.F. Can. Rhyt. D.O. No.

[Signature] Lieut.

Officer i/c W.D.O, for O.C.M.D.C.W.I.

H, M, T ROYAL-GEORGE

EMB D-LIVERPOOL, 3. 5. 19

DISEMB D-HALIFAX, 14 5. 19

[Signature]

[Signature]

Rank _____ Name *MORRISON, RUSSELL, GEORGE,* Reg'l No. *20 10 317*
 Unit *169th Dft Ry Troops* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *London, Ont. May 29/18* Place of Birth *Point Edward,*
 Name and Address, Next-of-Kin *Mr. Daniel Black Morrison,* *Lambton Co. Ont.*
111 Brock St., Sarnia, Ont. Can Relationship *Father*
 Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/E. R. B. *19660*
 File No. _____
 Category _____

Discharge, Date and Place _____ Reason _____ Character _____

Date.	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.				
	<i>6</i>		<i>Arrived in England.</i>		<i>12 10 18 S S</i>	<i>CITY OF CAIRO</i>
<i>24.10.18</i>	<i>CRID.</i>		<i>P.O. on arrival from base</i>	<i>Sr Profest</i>	<i>12.10.18</i>	<i>PHI 295</i>
<i>4-4-19</i>	<i>"</i>		<i>S.O.S to MD Wing 1</i>	<i>" K. Ash</i>	<i>3-4-19</i>	<i>DO. 89 & MD 1, PHO. 81 of 4.4.19.</i>
			<i>48-K-43</i>		<i>3-5-19.</i>	
			<i>S.O.S TO CANADA</i>		<i>3-5-19</i>	<i>Ph. 48 m W 1</i>
			<i>Other P. S. D. O. 1, 0, 22, 7.19</i>			

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

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

350M.—5-16

H. Q. 1772-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Canadian Engineers Ry. Construction

Regimental No. 2010317 Rank Sapper Name MORRISON, Russell George

Enlisted (a) MAY 29 1918 Terms of Service (a) Duration of War Service reckons from (a) MAY 29 1918

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) Student

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				

17/5 Ry. Construction *Depot Niagara on the Lakes* JUN 14 1918 *with 1-D-87-66-1*

Russell George Capt.
O. G. Service Co. Canadian Engineers, M. D. No. 1

EMBARKED CANADA *Quebec* 26-9-18

DISSEMBARKED ENGLAND *Southampton* 12-10-18 *"City of Cairo"*

24.10.18 C.R.J.D. I.O.S. on arrival from Canada Spr. P fleet 12.10.18 D.O. 295

4.4.19 " S.O.S. to M.D. 1 Rhyl " K. Ash. 3.4.19 " 89 + M.D. 1, D.O. 814/4.4.19

48 — K — 43

M.D. 1 S.O.S. to Canada. S.L. 48 " 3.5.19

3.5.19 O. & R., P. 2 D.O. 14/22.7.19

acomaldrum

Lieut.

for Lieut. Col. in Records, O. M. F.C.

(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.

Casualty Report Form

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				
22.7.19.	C. R. J. Pers.	S.O.S. O.M. F. C. on proc to Canada.	London	3.5.19.	A.O.I. P. P. P. Capt. for M.R.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2010317 (Rank) Sapper
 Name (in full) Russell George Morrison enlisted in
 the Canadian Engineers
 CANADIAN EXPEDITIONARY FORCE at London Ont on the 29th
 day of March 1918
 HE served in England
 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 20 Yrs 2 mos Marks or Scars _____
 Height 5'5" _____
 Complexion Fair _____
 Eyes Grey _____
 Hair Brown _____

Signature of Soldier _____
 Issuing Officer W. W. Macgregor
 Rank _____
 Date 1919 _____

Date of Discharge _____
 DISCHARGE SECTION
 MAY 16 1919
 No. 1 District Depot

W. W. Macgregor
 Rank _____
W. W. Macgregor
 Rank _____
 Date _____ 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) _____ enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the _____

day of _____ 19____

HE served in _____

and is now discharged from the service by reason of _____ Demobilization _____

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

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Marks or Scars _____

Signature of Soldier _____

Date of Discharge _____

Issuing Officer _____

Rank _____

Date _____ 19____

N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

Vertical handwritten notes on the left margin, including the number '111' and other illegible scribbles.

KENNEL PARK

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- MORRISON Russell George

EFFECTIVE DATE:- 1/10/18

EFFECTIVE DATE:-

NUMBER:- 2010317

AMOUNT:- 1500

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY A.P. NOM. ROLL

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Eliza Morrison
111 Brock St
Sarnia
Ont

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

L.P.C. from Canada 1/10/18 Spr

UNIT AND TRANSFERS

Stopped off 14-19 Los 31/5/19.
Lb. 48. md 1.

ORIGINAL UNIT: Draft No. 169 BRJ

DATE ACCOUNT FIRST OPENED:- 1/10/18

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'P'D UNIT TRANSFERRED TO

BRJ 2D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2.5.19	6251	Kash	24.33				
2.2.19	6261	✓	38.93				
5.3.19	6486	✓	44.33				
			87.59				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1-	10		

Led Bal Cr 112.97 L.R. 6 Cr 25.38

PARTICULARS OF RENDERING NON-EFFECTIVE:

H. Traust Canada 1/3 with no L 4277 KA KA. md # 1

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
2019/18	Bal. from Canada								33.30		
Oct	Q.P.	31/10		Q.P.				15	52.40		
		34/10						15			
Nov	✓	33		Q.P.				15	40.40		
				6.8.54445 19/11 Plymouth	3	4	87		65.53		
Dec	✓	34/10		Q.P.				15	84.63		
				10833 16/12 W. store	56	9	73		74.90		
Jan	✓	34/10		Q.P.				15	94.00		
		101/20						45			
Feb	✓	30/80		12142 9/1/19 ✓	8	4	87				
				Q.P.				15			
				90R 20/12/18 ✓	32	1	32				
				12971 6/2 ✓	59	4	87				
				4729 ✓	67	4	87		93.87		
Mar.	✓	34/10		Q.P.				15	112.97		
				6251 20/12 KA	86	24	33				
				6486 5/3 BRJD	95	24	33				
				6361 28/2 ✓	105	38	93		25.38		
		64.90						30			
				264 BRJD (Dend) 1/4	19	47			#591		
				818 KP (27) end 17/4	9	73			382		
				1725 29/1/19 BRJ Cudo 55	9	73			13.55		
					38	93					

COMPILED BY

CHECKED BY

GA Baskin

A

GU

Reserved for M.H.C.

Regt. No. 2010317 Rank. Pte Surname Morrison Christian Name Russell George

Unit or Corps—(a) Overseas from United Kingdom C.R.T. (b) in United Kingdom C.R.T. Depot

Born at—Town Point Edward County or Province Ontario Country Canada

Date of Birth—Day 1st Month April Year 1899 Age 19 yrs 9 months

Joined at London Ontario Date 29 May 1918

Former trade or occupation Student

Permanent Marks or any peculiarity that will serve for future identification:—

Birth mark. Right leg, anterior surface midway between knee and ankle.

Height—feet 5 inches 5 Colour of eyes Grey

Signature of Soldier (for identification purposes) Russell Morrison

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)	Myopia - Left Eye.
Disabilities Group (b)	Not applicable
Disabilities Group (c)	Not applicable

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Idiopathic	Civil life prior to enlistment
(ii.) As to Group (b) above.	Not applicable	Not applicable
(iii.) As to Group (c) above.	Not applicable	Not applicable

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? Yes If yes, has Active Service aggravated it? No
- (ii.) As to Group (b) above? Not applicable If yes, has Active Service aggravated it? Not applicable
- (iii.) As to Group (c) above? Not applicable If yes, has Active Service aggravated it? Not applicable

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? No
- (ii.) As to Group (b) above? Not applicable
- (iii.) As to Group (c) above? Not applicable



5. MEDICAL HISTORY.

Patient States

- ① Left eye has always useless to him as long as he can remember. Right eye has good vision. It was this way on enlistment and has shown no change since.
- ② Enlisted May, 1918 - Came from Canada September 1918 - Taken sick on transport en route from Canada with Epidemic Influenza. Has been in Hospital since - Has now fully recovered.

Documentary ① M.H.S. on enlistment Right eye 20
 Evidence Left eye Light + Darkness 20

6. PRESENT CONDITION.

- ① Well nourished - well developed - in good physical condition.
- ② R.V = 6/12 C - 50V = 6/6.
L.V = less than 6/60. Has a high degree of myopia but a glass does not improve this vision. Fundus normal.
- ③ Heart
- ④ Lungs
- ⑤ Other Systems } no apparent organic lesion.
- ⑥ Can walk 10 miles without difficulty.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. not applicable
 (iii.) Was one advised and declined? not applicable


NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no
 (ii.) If so, describe. not applicable

9. DO YOU RECOMMEND:—
 (a) Fit for duty? yes B ii (state category)
 (b) Invalid to Canada? no
 (c) Discharge from the Service as permanently unfit? no

Date of Report December 22nd 1918. Signed Eric Kent Carney
 Station 4th Canadian General Hospital. Basingstoke
 Officer in medical charge Capl.

I have satisfied myself of the general accuracy of the above Report, and concur therein.

 W. Sharpemayn fa (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 191.....
 *Delete if inapplicable.

10.
11.
12.
13.
14.
15.
16.
17.
18.
19.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? *yes*
If not, describe it. *na.*

11. Is the cause of the disability fully described in Part I. (2)? *yes*
If not, describe it. *na.*

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? *no*
Aggravated? *no*

(b) Misconduct of the Soldier { Caused? *no*
Aggravated? *no*

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed? *yes*

18. REMARKS:—

Category confirmed. E. Lewis Capt Cause

A.G. # 9083-11-11-18

19. RECOMMENDATION:—

(a) Fit for duty? *yes B II*
(state category)

(b) Invalid to Canada? *no*

(c) Discharge from Service as permanently unfit? *no*

Date of Board *7-1-19*

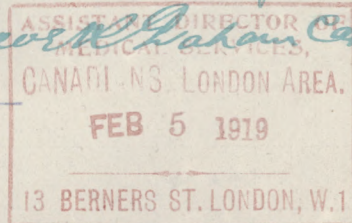
Station *# 41001 to occupy*

Signatures of the Board

E. Lewis Capt Cause President.
Wm Colclough Capt C.A.M.C.
Robert Graham Capt C.A.M.C.

Approved *E. Lewis Capt Cause* for A.D.M.S.

Dated at *Basingstoke 7-1-19* Station



THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Hatley Ash DATE 25-3-19

1. 1 (a) Unit C B T D (b) Regimental No 2010317 (c) Rank SPR
 (d) Surname MORRISON (e) Christian name RUSSELL George
 (f) Home address 111 Brock St South Sarnia Ontario
 (g) Next of Kin DANIEL Black Morrison (h) Relationship FATHER
 (i) Address of Next of Kin 111 Brock St South Sarnia Ont

2. Age last birthday 19 Date of birth April 1st 1899

3. Enlistment, or Appointment (if an Officer) (a) Place London Ont (b) Date May 29th 1918

4. Personal description:
 (a) Height 5-5 (b) Weight 135 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Birth mark on chin

5. Former trade or occupation Student

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	0	300

	PERIODS	
	From	To
Canada <u>Can Engineers</u>	<u>29-5-18</u>	<u>25-9-18</u>
England <u>C B T D</u>	<u>12-10-18</u>	<u>25-3-19</u>
France or other theatres of War		

7. Original disease, or injury DEFECTIVE VISION

(a) Date of origin Birth (b) Place of origin Canada
 (c) Cause congenital

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Almost complete loss of vision left eye

Occupation not restricted

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective General health and nutrition good.

Eye specialists report attached

R. E. 6/9 L. E. M. D. Cat Res & BII

Remarks. Eye defective since birth convergent esotropia signed R. H. Ellis 2/10

Subjective nil

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... as above Respiratory System... no Integumentary System... no

Disturbances of Mentality... no Digestive System... no Muscular System... no

Osseous and Joint Systems... no Any other general condition... no

10. (a) History (of the condition referred to in Section 9 (a).)

As in specialists report.

No record of previous Med Boards available.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Had Opthic Neuritis 28-6-18 to 27-7-18 Canada
Influenza 11-10-18 to 13-2-19. Eng
Fully recovered.

(c) (Here give a description of wounds, scars and deformities.)

nil.

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *no*

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Life*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? *yes*
(If not, briefly state why)

17. Recommendations *cat B II*

W. H. G. Adams
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *R. G. Morrison* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

R. G. Morrison Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

Yes Bti

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada, Auth. A.B. Tel. 1083 11-11-10.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

ny

PLACE *Montreal*
DATE *25-3-19*

Geo. F. Fuller Cap. C.M.C. President.
W. Stuyvesant Cap. C.M.C. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.
PLACE.....
DATE..... } Members

APPROVED BY *W. Stuyvesant* APPROVED BY *Geo. F. Fuller*
Assistant Director of Medical Services. Director-General of Medical Services.
DATE *25-3-19* DATE.....

16-5-14
W. Stuyvesant

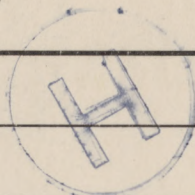
M.D. 1.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

81



1. No. <u>2010317.</u>	
2. Rank. <u>Spr.</u>	
3. Name. <u>MORRISON. Russel. Geo.</u>	
4. Unit. <u>CRT.</u> <small>RESERVE</small> <u>CRTD.</u>	
5. Date of Discharge	Place
<u>MAY 16 1919</u>	<u>London out</u>
6. Reason for Discharge	
<u>DEMobilIZATION</u>	
Category <u>B2.</u>	
Next of Kin <u>Father.</u>	
Occupational Group <u>23.</u>	
7. Authority. <u>G.P.O.</u>	
8. Proposed Residence after Discharge. <u>Destinction</u> <u>Sarnia!</u>	
Custody <u>no.</u>	
Decorations <u>no.</u>	
Service in France <u>no.</u> months	
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.?	
<u>R. G. Morrison</u>	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place <u>London out</u>	
Date <u>MAY 16 1919</u>	
Signature <u>W. W. Madgey</u>	
(O. C. Discharging Unit.)	

RECEIPT FORM
FOR THE RECEIPT OF
DISCHARGE

311021

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RECEIVED BY THE

OFFICE OF THE

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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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med, Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S, 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W, 2595).
15. Sundry Documents.

.....Date.....

.....Checked by No.....

.....Group.....

Group..... *A*

Checked by No..... *19*

.....*aba*

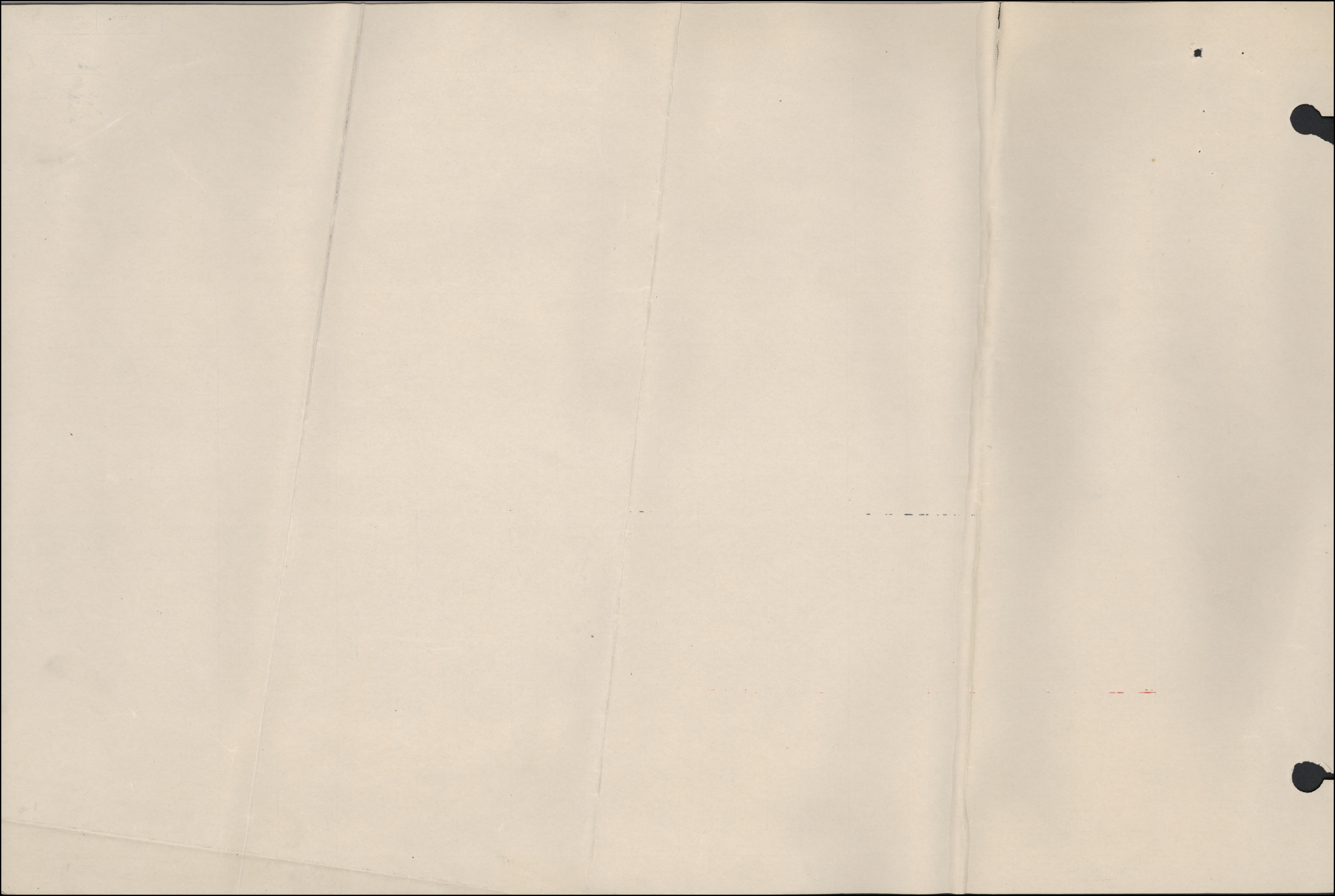
Date..... *25-4-19*

IPM 10 Mo 231 ✓ 46

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. NO. 2010317 RANK Spv NAME (IN FULL) Morrison Russell George
 NEXT OF KIN RELATIONSHIP IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST) Bank of Montreal Toronto Ont.
 ADDRESS PLACE OF ATTESTATION TRANSFERRED TO DATE 3-5-19 AUTHORITY D.O. 137
 IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE 29-5-18
 TO WHOM PAID RELATIONSHIP PAYABLE TO 15⁰⁰ Paid & closed by Ottawa 31-5-19
 ADDRESS nil. Mr. Eliza Morrison NS
 111 Brock Street
 Toronto Ont.
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PLACE DATE 16-5-19 REASON Dem. AUTHORITY D.O. 137 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.	NO.	DATE	NO.	DATE					NO.	DATE			
31-3-14				2538													Rel per Royal George 14-5-14		
1-4-14				35													PAY TO ESTIMATED 18-5-19		
18-5-14	HB	10	5280	40	15780				60558	487	5-	10438	30-	3893	18318		OLD ALICE 1ST PAYMENT 18-5-19		
WAR SERVICE GRATUITY																			
				214 00													advance 1-4-19		
				210 00	210 00												Summed 17 2953 00 19		
				210 00	210 00												AMMortment 1-4-19		
																	1st payment 214 00		
																	Soldier Dependent		
																	140 00		
																	137 80		
																	40 00		
																	141619 491513		
																	9/7/19 102846		



Date of Enlistment 29-5-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch M. 27399 1 Oct. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.00			
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826 mg

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	Canadian Railway Troops Depot Lt. 169			
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name			
Address			
Change of Address			
1	MRS. ELIZA MORRISON,		
	111 BROCK ST.,		
2	SARNIA, ONT.	15	15.00
3	% 2010317 PTE RUSSELL GEO. MORRISON		
4	FIFTEEN DOLLARS		

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct.	N 54236		15	15	✓
Nov.	N 57433		15	15	✓
Dec.	X 67714		15	15	✓✓
Jan	N 72721		15	15	✓
Feb	N 77001		15	15	✓
Mar.	M 86241		15	15	✓
Apr.	P 3843		15	15	✓
May	G 8303		15	15	✓
			12 0	12 0	

013138-R-42 REMARKS

SK/alt 20^{5/19} Des. L.P. 91801 " 19-5-19

A/c Closed 31-5-19
 Ret'd per... Royal George
 Date 14/5/19 M.F.W 187 19/5/19
 M.D.#1

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 23320-M. & D. 7983.

AUTHORITY } N.W.
 FOR } m L2-B-11
 NEW ACC. } A. Gleson
 5-18-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

1

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

51. F. W. 123.
400M.C.-17-1772-9-1141
L. L. 2-320-M. & D. 1933.

AUTHORITY
FOR
NEW ACCT.

Millbay *Sgt Montgomery*

MEDICAL CASE SHEET.* 96

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
U.S. Can. 60	2016317	Sgt	Mooreson	Russell
Year	Unit.		Age.	Service.
1918	Can Rly Tps 169th		19	4/12
Station and Date.	Disease			
Ford House 11/10/18	Influenza, admitted from S.S. City of Erie, with fever & cough			
14-	Patient improving. no fever. Cough better - at times			
15-	Completing 7 pans right side. (Pleuritic), Slight wheezing.			
7/11/18	Discharged to Cox Camp			
12-11-18	Transferred to Millbay.			
	J.T. Montgomery It m.c.u.s.a			
	Well.			
	Transferred to Basingstoke			
	H.J. Parker			

V.A. HOSPITAL
-6 DEC. 1918

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P+38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Station
and Date.

Name. Harrison R. G. No. 2010317 Unit.
 Rank Plt age. Service. Date. June 4/18
 Diagnosis. Defective vision
 History.
 Nose. Pharynx Larynx

R.E.	Ear.	L.E.	R.E.	Ear.	L.E.
	Perforation			Schwarback	
	Discharge.			Weber.	
	Retraction			Rinne	
	Voice.			Upper Fork Limit	
	After Inflation			Lower Fork Limit.	
	Galton			Tinnitus.	
				Paracusia.	

Condition was ~~present~~ previous to enlistment and has.....
 been by active service..... improvement is
 to be expected.

Vision. 20
 V.O.D. 20 c. Glasses.
 V.O.S. finger at 3 ft. (amblyopic) c. Glasses. as improvement
 Cornea Fundus.

Condition was..... present previous to enlistment and has.....
 been..... by active Service..... improvement is
 to be expected.

He is a Category..... B man due to..... vision.....

[Signature]
[Signature]

Unit

Unit

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Condition was present previous to enlistment and has been

been improved by active service

to be expected

Unit

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Unit

Unit

Condition was present previous to enlistment and has been

been improved by active service

to be expected

He is a category

Vertical text at the bottom of the page, possibly a date or reference number.

GU

13/2

MEDICAL CASE SHEET.*

BIT 478
Year

No. in
Admission
and
Discharge
Book.

Regimental No. 2010317 Rank. Sfr. Surname. Morrison Christian Name. R. G.

Unit. C.R.T. 169 Draft. Age. 19 Service. 6/12

Station
and Date.

6.12.18

Disease Influenza.
Previous Occupation - Student. Category Bii

Listed :- May 27th 1918. - London Ontario
England: September 28th 1918.

Hospital - Transport "City of Cairo"
Ford House Hospital - 7-10-18.
Millbay Hospital 12-11-18.
No. 4 Canadian General Hospital 6-12-18.

Taken sick en route from Canada on Transport
with Epidemic Influenza - Typical case. Has now
fully recovered. Feeling all right. No cough - no
elevation of temperature or pulse. Can walk to Bassem Tower
& back 5 miles without difficulty.

Heart - not enlarged - not systolic murmurs or apex
not transmitted action - quiet & regular.

Reynolds - apparently OK. no organic lesion found.

Lieut. Kent Clarke
Captain

Dec. 18.

R.V. = 6/12.c-.50 V. = 6/6.
L.V. = less than 6/60. Has a high degree of myopia but a
glass does not improve the vision. Fundus normal.
His category should be B 2.

W. J. G. W. G.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
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Station
and Date.