

17-m-297
31

5th M. D. Third Depot Battalion Second Quebec Regiment

MOBILIZATION CENTRE M. D. 5

Regtl. No. 3382269

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname..... Morrisson
2. Christian name..... Wallace Robert
3. Present address..... Jonquieres, Chicoutimi Co. P. Q. Canada.
4. Military Service Act letter and number..... 242920 E.C.
5. Date of birth..... May 9th, 1897.
6. Place of birth..... Prince Edward Island.
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Paper Maker.
10. Name of next-of-kin..... James Morrison
11. Relationship of next-of-kin..... Father.
12. Address of next-of-kin..... Prince Edward Island (City of Conway) Canada.
13. Whether at present a member of the Active Militia..... No.
14. Particulars of previous military or naval service, if any..... None.
15. Medical Examination under Military Service Act:—
 (a) Place..... Drill Hall Quebec Date..... 15-7-18 (c) Category..... D.

Re-cat. E Oct. 21-20-18

DECLARATION OF RECRUIT

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

Wallace Robert Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... 1 mths.
 Height..... 5 ft..... 8 ins.
 Chest measurement } fully expanded..... 35 1/2 ins.
 } range of expansion..... 2 1/2 ins.
 Complexion..... Medium
 Eyes..... blue
 Hair..... brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Scar on dorsum of right foot with slight flattening of longitudinal arch, Bronchial ralis with cough. To be re-examined in one month's time.

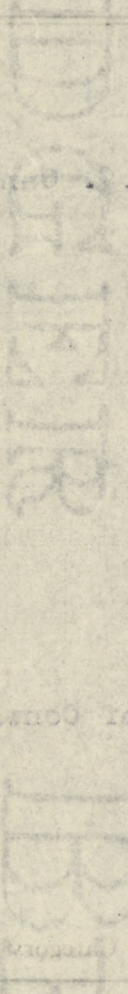
M.S.A.

W. H. Morrison
O. C. Mobilization Centre M. D. 5
Regt.

Place Drill Hall Quebec Date 15-7-18

Captain
O. C. Mobilization Centre M. D. 5

DECLARATION OF RECRUIT
PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917



(Class) _____

1. Surname: _____
2. Christian name: _____
3. Present address: _____
4. Military Service Act letter and number: _____
5. Date of birth: _____
6. Place of birth: _____
7. Married, widower or single: _____
8. Religion: _____
9. Trade or calling: _____
10. Name of next-of-kin: _____
11. Relationship of next-of-kin: _____
12. Address of next-of-kin: _____
13. Whether at present a member of the Royal Air Force: _____
14. Particulars of previous military or naval service: _____
15. Medical Examination under Military Service Act: _____
16. Place: _____

DECLARATION OF RECRUIT

I, William Robert Morrison, do hereby declare that the above particulars are true and correct.

Signature of Recruit: _____

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Build	Hair	Stature
5 ft 8 in	150 lb	Light	Medium	Light	Medium
5 ft 7 in	145 lb	Light	Medium	Light	Medium
5 ft 6 in	140 lb	Light	Medium	Light	Medium
5 ft 5 in	135 lb	Light	Medium	Light	Medium
5 ft 4 in	130 lb	Light	Medium	Light	Medium
5 ft 3 in	125 lb	Light	Medium	Light	Medium
5 ft 2 in	120 lb	Light	Medium	Light	Medium
5 ft 1 in	115 lb	Light	Medium	Light	Medium
5 ft 0 in	110 lb	Light	Medium	Light	Medium

M.S.A.

Date: 18-7-18

Signature of Officer: _____

ms. 20-2-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. - 178-1
M. F. W. - 113-1

DISCHARGE DOCUMENTS

Name MORRISON WALLACE ROBERT

Regt. No. 3382219 Rank Pte.

Corps Co. 1 1st Depo. Bns. 2nd Que Regt

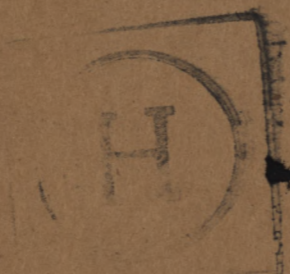
Demobilization

R. O. No.

H. Q. No.



31679



Surname *Morrison*
Christian names *Wallace Robert*
Regtl. No. *3382269* Rank *Pte*
Unit *2nd Que Regt 3rd Depo Bn*
H. Q.
M. D. No. *51*
T. O. S. *July 15th 1918*
D. O. Pt. II *169* of *19-8-18*
S. O. S. *7-1* 19*19*
Reason *E.O.P.*
Auth. *Pl. 8. Extract Card*

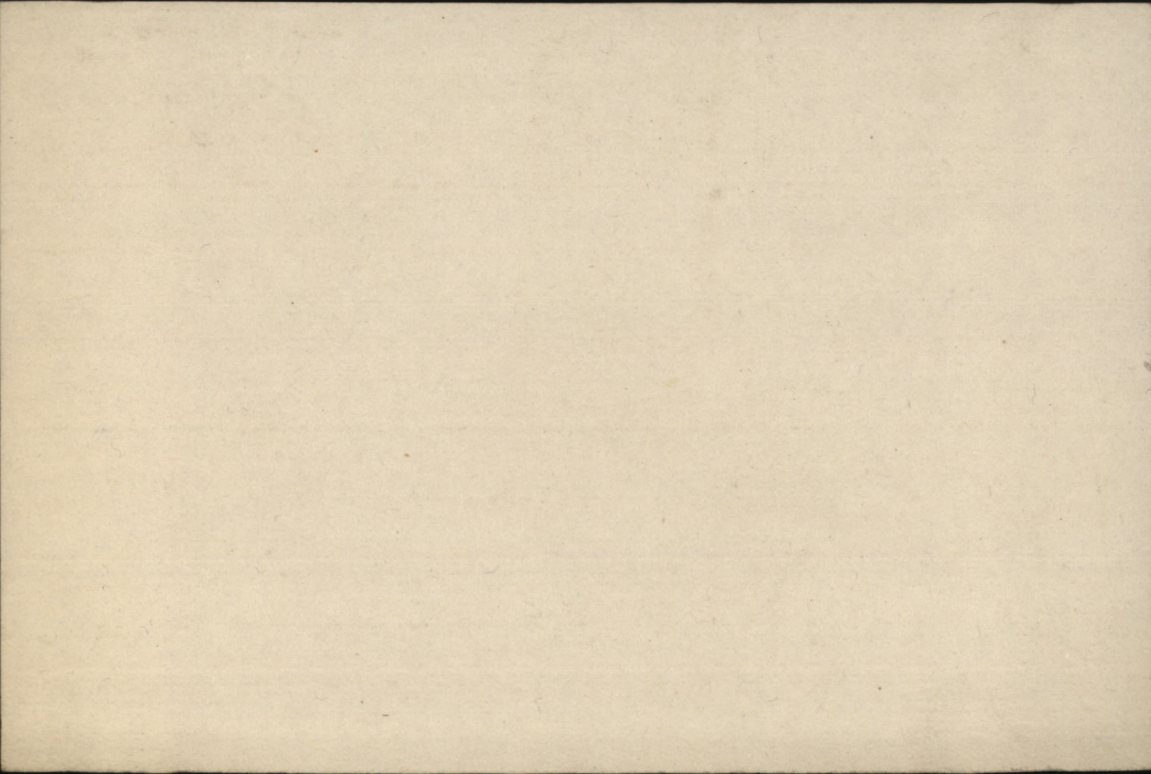
Next of kin *Morrison, James* Relationship *Father*

Address *Conway, P. E. I.*
Also notify:

BORN—Place *Canada, Prince Edward Island* Date *May 9th 1897*

ATTESTED—Place *Quebec, P. E. I.* Date *July 15th 1918*

O/S R/C



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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

MOBILIZATION CENTRE M. D. '5

Third Depot Battalion, 2nd Quebec Regiment

Regimental No. **3382269**

Rank **Private**

Name **Morrisson Wallace Robert**

C. E. F.

Enlisted (a) **15-7-18**

Terms of Service (a)

Can. Exp. Force

Service reckons from (a) **15-7-18**

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b) **Paper Maker**

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				
JAN 7 1919		Dis. under R.O. 1357, 25-11-18. H.Q. 868-1-7 H.Q. 868-1-6 H.Q. 242-15-1 of 22-11-18. P.C. 2865.	Quebec Que.	JAN 7 1919	

Lawrence
 LT. COL.
 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				

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M. D. 5
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LAST PAY CERTIFICATE.

Regt No. 3382269 Rank Pte. Name Morrisson W R.
Corps 1st/2nd Quebec Regiment. Who was Discharged
On 7-1-19 191 To _____

Debit	Credit
Bal. Dr. from Prev. Month _____	Bal. Cr. prev. month _____
Advances _____	Regt. Pay/ds at _____
A. R. & S. A. No. <u>NIL</u>	Fld. Allow ds at <u>NIL</u>
Other Charges _____	Sep. Allowance _____
Pay't on Transfer or Disc. _____	Other Allowances _____
Bal. Cr (to be paid by new unit) <u>NIL</u>	Bal. Dr (to be deducted by new unit) <u>NIL</u>
TOTAL: _____	TOTAL _____

A monthly stoppage of \$ _____ has _____ paid on account of Assigned Pay for the month of _____ 191 and Separation Allowance, for the month of _____ 191.

To:-- (Name & Address) _____

REMARKS: Date of Enlistment 15-9-18
if married and if S.A. Card has been submitted Single No.
Cause of discharge --- Authority B.O.8 of 8-1-19
Authority for transfer _____

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

Date 8-1-18

Place: Quebec, P. Q.

Myrdmaris Lieut
Capt.,
Paymaster 1st/2nd Quebec Regiment.

M.F.W. 44.

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UNITED STATES DEPARTMENT OF JUSTICE

Bank Pass Book No. 2002

THIS IS TO CERTIFY THAT THE FOLLOWING ACCOUNT HAS BEEN EXAMINED AND FOUND CORRECT

AS OF THE DATE OF THE BALANCE SHEET

IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACT OF MARCH 3, 1879

AND THE REGULATIONS THEREUNDER

AND THAT THE SAME IS TRUE AND CORRECT

AS SHOWN BY THE BOOKS AND RECORDS

OF THE BANK

AND THAT THE BALANCE SHEET IS TRUE AND CORRECT

AS OF THE DATE OF THE BALANCE SHEET

IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACT OF MARCH 3, 1879

AND THE REGULATIONS THEREUNDER

AND THAT THE SAME IS TRUE AND CORRECT

AS SHOWN BY THE BOOKS AND RECORDS

OF THE BANK

AND THAT THE BALANCE SHEET IS TRUE AND CORRECT

AS OF THE DATE OF THE BALANCE SHEET

IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACT OF MARCH 3, 1879

AND THE REGULATIONS THEREUNDER

AND THAT THE SAME IS TRUE AND CORRECT

AS SHOWN BY THE BOOKS AND RECORDS

OF THE BANK

AND THAT THE BALANCE SHEET IS TRUE AND CORRECT

AS OF THE DATE OF THE BALANCE SHEET

IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACT OF MARCH 3, 1879

AND THE REGULATIONS THEREUNDER

AND THAT THE SAME IS TRUE AND CORRECT

AS SHOWN BY THE BOOKS AND RECORDS

OF THE BANK

1880

[Signature]

Place: Place, P. O.

N.Y. N. 44

MEDICAL HISTORY SHEET.

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

1. Surname MORRISON Christian name W. ROBERT.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 242920 EC.

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

4. Address (including street and number, if any) Quebec, L. Chevreton St.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of Oct 1917, by the undersigned medical board sitting at Quebec

5. Age as stated 21 Years 5 Months. 6. Apparent age 24 Years 5 Months

7. Height 5 Feet 7 Inches. 8. Weight 128 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34 Ins. 10. Complexion Fair { Eyes Grey Hair Fair

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease U.D.H. Mental Regurgitate

16. Slight defects but not sufficient to cause rejection

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

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

E

Eyes R. 20 L. 20
Hearing R. OK L. 20

W. Frank President
J. Mcintosh Member

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

Joined 21 day of October 1918 at Quebec, PQ.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>103 100. pm</u>			

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

✓✓

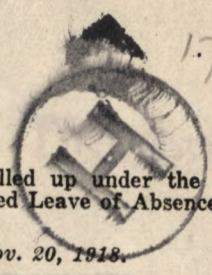
Signature of Man

8-10

877-19

14-2-1977

(1)



17-M-799 ✓

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

REGISTRY OFFICE
SECRET
JAN 7 1919
120 B I-M-34

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Quebec, Canada, Drill Hall,...

16th December 1918

TO:—

Regimental No. 3382269

Private WALLACE ROBERT MORRISON,

Jonquières,

Chicoutimi, P. Q.

DEMobilIZATION

Regimental No. 3382269

Serial No. 242920EC

1. You are directed to report on or before ... the 27th December for the purpose of being discharged from the Canadian Expeditionary Force.
2. This will be carried out by your reporting in person to your Depot at ... Quebec, P. Q. Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.
3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.
4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

[Signature]

Lieut-Colonel, Rank

1st Depot Bn. 2nd Que. Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 17th day of January 1919.

Signed, sealed and delivered in the presence of

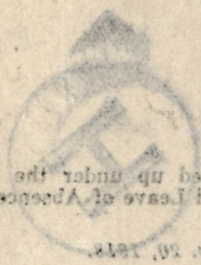
[Signature: Austin A. Ramsay]
Notary Public, Commissioner for Oaths or Justice of the Peace.

[Signature: Wallace Robert Morrison]

Regt. No. 3382269
Unit 1st D. B. 2nd Que R.



REGISTRY OFFICE
 JAN 7 1919
 THIS FORM MUST BE RETURNED INTACT AND NOT PART DESTROYED



(1)

Procedure on discharging from the C.E.F. Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2885 of Nov. 20, 1918.

18th December
 1918

DEMobilIZATION

Private WALLACE ROBERT MORRISON

Chicoutimi, P. Q.

1. You are directed to report on or before the 27th December for the purpose of being discharged from the Canadian Expeditionary Force.
2. This will be carried out by your reporting in person to your Depot at Chicoutimi, P. Q. Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.
3. OR as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.
4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be deemed a deserter and be subject to Military Law.

Rank: Lieutenant Colonel
 Depot No. 2nd Div. 1st Cdn. Div.

RELEASE

I, the undersigned, having assumed no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 18th day of December 1918.
 Signed, sealed and delivered in the presence of



Notary Public, Commissioner for
 Justice of the Peace.
 Regt. No. 2885
 Unit: 1st Cdn. Div.

17-m-797

(2)

DEMOBILIZATION

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number **3382269**

Name **Wallace Robert MORRISON** **First** of the Depot

Battalion **second Quebec** Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

J. McNamee

Lieut-Colonel Rank

Authority Part II, Order

No. **8** ~~number~~ the O.C. **1st** Depot Bn. **2nd Que.** Regt.

M.F.B. 218B
(Demob.)

DATED AT **Quebec Que.** **JAN 7 1919** this day of 191....

DEMobilIZATION

(2)

NOT TO BE FILLED IN BY THE SOLDIER

Receipt for M.R.B. 218B (Demob.)

Having received release pursuant to Notice of Order to report for discharge, Number 3382889

Name Wallace Robert Morrison of the Depot

Battalion Second Depot Regiment is hereby struck off the strength of the Canadian Expeditionary Force

Rank Lieutenant-Colonel

Authority Part II Order

Regiment No. 8 Depot No. 2nd Coy. Regt.

M.R.B. 218B (Demob.) DATED AT Quebec Que. JAN 5 1919 day of 191

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17-m-797
S. D. No.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID



STATION Quebec DATE Oct 31/18

1. (a) Unit Mob. Center 5 (b) Regimental No. 3382389 (c) Rank Pte

(d) Surname MORRISON (e) Christian name N. ROBERT

2. Age last birthday 31 Date of birth May 9/1897

3. Enlisted at Quebec on Oct 31/1918

4. Personal description:—

(a) Height 5 & 7" (b) Weight 138 (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks

Vaccination mark on left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Jonquiere Co Chicoutimi PqQ

6. Former trade or occupation

7. (a) Service	PERIODS	
	From	To
<u>Mobilization Center No 5</u>	<u>Oct 31/18</u>	<u>Date</u>

7. (a) Service	PERIODS	
	From	To
<u>Mobilization Center No 5</u>	<u>Oct 31/18</u>	<u>Date</u>

(b) Has he been Overseas? No

8. Present disease or disability (use authorized nomenclature if possible). Mitral Regurgitation

(a) Date of origin Prior to enlistment (b) Place of origin Canada

(c) Cause* Unknown
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

(1) Subjective:— Dyspnoca on exertion .palpitation of heart.

Occasional praecordial pain.

(1) Objective:— Apex of heart 5th space at nipple line 4" from middle line

Left Border 3rd space 3" from Middle line

4th " 3 1/3" " "

5th " 4" " " "

Right Border 1" from middle line. ~~Soft~~ blowing short systolic murmur
maximum intensity at apex and transmitted to left to axilla. Pulse 84

sitting irregular in rythm ~~stone~~. All other systems normal. Incapacity due to
partial loss of function of heart.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Nil

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? N.A

13. Was a Court of Inquiry held? N.A

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

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

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

Nil

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

That he be placed in Category -E- and discharged as medically unfit

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. Robt. Morrison
Signature of soldier examined.

11/4

17 m-797
S. D. No.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID



STATION Quebec DATE Oct 21/18

1. (a) Unit Mob Centre (b) Regimental No. 338 2269 (c) Rank Pte
(d) Surname MORRISON (e) Christian name W Robert

2. Age last birthday 21 Date of birth May 9/1897

3. Enlisted at Quebec on Oct 21/1918

4. Personal description :-
(a) Height 5' 7 (b) Weight 128 (c) Complexion fair
(d) Colour of hair fair (e) Colour of eyes grey (f) Identification marks Vaccination mark on left arm

5. Address after discharge (for the use of the Board of Pension Commissioners.) Jongquiere - Co Chesutemi P.A

6. Former trade or occupation paper maker

7. (a) Service _____ Years _____ Days _____

	PERIODS	
	From	To
<u>Mob Centre</u>	<u>Oct 21/18</u>	<u>date</u>

(b) Has he been Overseas? No

8. Present disease or disability (use authorized nomenclature if possible). Myocardial Regurgitation

(a) Date of origin Previous to enlistment (b) Place of origin Canada

(c) Cause* Unknown
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

① Subjective - Dryness on exertion
palpitation of heart. occasional
præcordial pain

② Objective - Apex of heart 5th space at
supple line 4" from middle line
Left Border 3rd space 3" from mid line
4th " 3 1/2 " " " "
5th " 4 " " " "

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

1-M-171

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Nil

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty?

Not apply

13. Was a Court of Inquiry held?

Not apply

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... *No*

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No

(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 1.)

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

Permanent

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

Nil

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? *Yes*

20. Recommendations

That he be placed in Category 2 & discharged as medically unfit

[Signature]

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

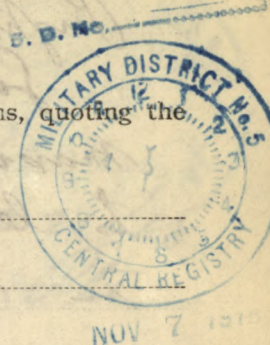
I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. Robt. Morrison

Signature of soldier examined.

17-m-797

OPINION OF THE MEDICAL BOARD



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

Do Concur.

22. Is the soldier 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).

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

AA.

(Strike out condition not applicable).

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

Category E

[Signature] President.
AR Farrell Capt Members.

STATION *Indrae.*

DATE *Oct 21/18.*

APPROVED BY

DATE *1. 11. 18*

[Signature]
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

Right Border 1" from ⁴ middle line
Soft blowing short systolic murmur
maximum intensity at apex transmitted
to left to axilla. Pulse 84 sitting irregular
in rhythm & tone.

All other systems normal
Incapacity due to partial loss
of function of heart.

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.