

327

Original  
No. 448588

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *Morrison Walter*
  2. In what Town, Township or Parish, and in what Country were you born? *North Sydney*
  3. What is the name of your next-of-kin? *John Morrison*
  4. What is the address of your next-of-kin? *Stanley St North Sydney*
  5. What is the date of your birth? *May 27 1896*
  6. What is your Trade or Calling? *Miner*
  7. Are you married? *Single*
  8. Are you willing to be vaccinated or re-vaccinated? *and innoculated* *Yes*
  9. Do you now belong to the Active Militia? *No*
  10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement? *Yes*
  12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*
- Walter Morrison* (Signature of Man.)  
*W. O. Livingstone* (Signature of Witness.)

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

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

*Walter Morrison* (Signature of Recruit)  
*W. O. Livingstone* (Signature of Witness)

Date *Sept 27th* 1915.

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

I, *Walter 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.

*Walter Morrison* (Signature of Recruit)  
*W. O. Livingstone* (Signature of Witness)

Date *Sept 27th* 1915.

### 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 *Sydney NS* this *27* day of *Sept* 1915.

*E. Watering Florence* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*E. Watering Florence* (Approving Officer)

*W. O. Livingstone*  
*Gen. Capt. & Chap.*

*Nov 27-2-17*

Description of Walter Morrison on Enlistment.

Apparent Age 19 years 4 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. 10 1/2 ins.

*scar above left eye*  
*Brown*

Chest measurement: (Girth when fully expanded) 35 ins.  
 Range of expansion 2 ins.

Complexion Medium

*137 lbs*

Eyes Grey Brown

Hair Grey Brown

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

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..... 191 .....

*James H. Hume*  
*W. Geo. Stamb*  
 Medical Officer.

Place.....

\*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.

Walter 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.

*W. H. Lapine, Lieut. Col.* (Signature of Officer)

Date Sept 29th 191 5

*Camp of New Recs.*

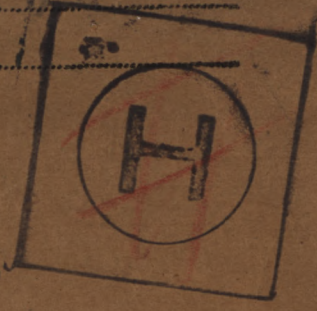
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....

1. Discharge Certificate

**DISCHARGE DOCUMENTS**

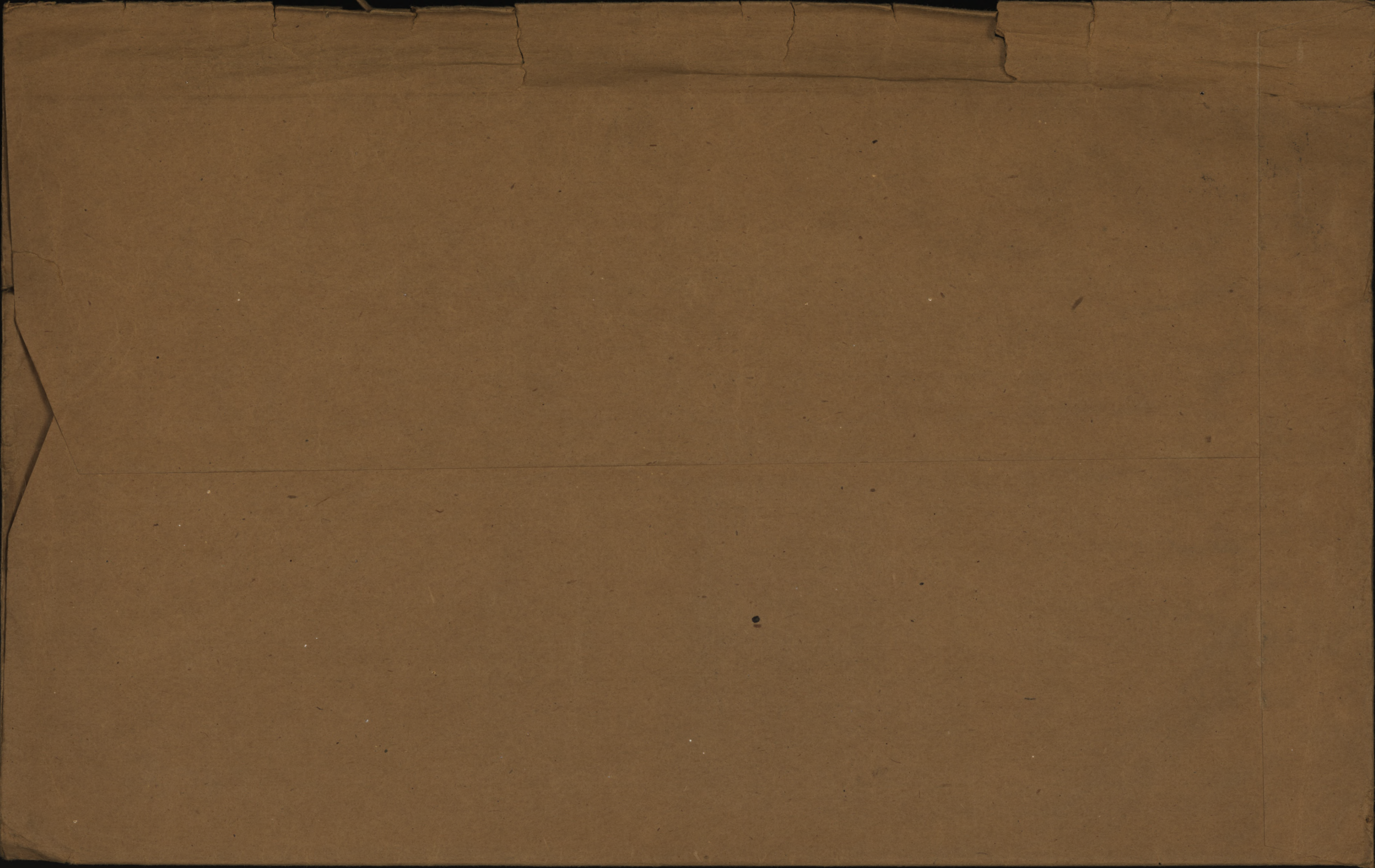
Name Morrison Walter  
 Regt. No. 478500 Rank A Se  
 Corps Roy Cambodian Reg  
Med Unfit

R. O. No. ....  
 H. Q. No. ....



34683





SURNAME.

*Morrison* 60-71-604.

CARD NO.

*S.O.S. Disc*

CHRISTIAN NAMES

*Walter*

*17/2/17*

FOLL.

*6*

REGL. No.

*478588*

RANK

*Pte*

UNIT

*R. C. R.*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison John*

RELATIONSHIP TO SOLDIER

*Not stated*

ADDRESS

*Stanley St. North Sydney N.S.*

COUNTRY OF BIRTH

*Canada North Sydney A.S.*

DATE

*May 22<sup>nd</sup> 1896*

PLACE OF ATTESTATION

*Sydney N.S.*

DATE

*Sept 27<sup>th</sup> 1915*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Miner*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*19* YEARS

*4* MONTHS

HEIGHT

*5* FEET

*10 1/2* INCHES

CHEST MEASUREMENT

*35* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Medium*

EYES

*Brown*

HAIR

*Gray brown*

DISTINGUISHING MARKS

*Scar above right eyebrow.*

MEDICAL EXAMINATION.

PLACE

*Sydney N.S.*

DATE

*Sept. 27<sup>th</sup> 1915*

*Present Address* *Not stated*

No. 479589 RANK

Pte

NAME

Morrison Walter

T. O. S. 16-4-15

D.O.S. 27-4-15

UNIT

Sydney Depot Coy C. E. F.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Sept 16	Sept 27	n	Trans. to R. C. R. 27/9/15	D.O.S. 27-9-15
Sept 28	Sept 30	L		now shown on Royal Com Regt. paylist. D.O.S. of 30-9-15
	Oct	L		
	Nov.	O.S.	in Hospital	now paylist
	Dec.	O.S.	Hospital	Dec. Paylist.
1916	1916			
Jan.		O.S.		
Feb.		O.S.	Hospital	Feb. Paylist
Mar.		O.S.	"	Mar. Paylist.
Apr		n		
May		n		
June		n		
July		O.S.		
Aug		✓		

1916	1916	
Sept	Sept 30	✓
Oct.		✓
Nov		✓
Dec		✓
1917	1917	
Jan		✓
Feb	Feb 17	✓



~~original~~

# MEDICAL HISTORY SHEET.

Surname Morrison

Christian Name Walter

Examined { on 29<sup>th</sup> day of September 1915  
 at Halsbury St  
 Birthplace { City or Town North Sydney  
 County NSW

Approved by J. Ross  
 Rank Colonel aml M.O.

Apparent age 19 yrs 1/2  
 Trade or occupation miner  
 Height 5 Feet 11 Inches.  
 Weight 137 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 37 inches.  
 Physical development Good  
 Small-Pox Marks Nil

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

Vaccination Marks { Arm Right Left  
 Number — 1

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

When Vaccinated last 1908  
 (a) Marks indicating congenital peculiarities or previous disease Scar on above left eye brow

*distinct*

(b) Slight defects but not sufficient to cause rejection

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

Enlisted on 27 day of Sept 1915 at Sydney N.S.

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C.C.F. R.C.V.</u>	<u>478588</u>		<u>27.9.15</u>
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

60-71-604

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

Regimental No. 478588 Rank Private Name W. Morrison  
 Corps P.C.P., C.E.F. who was\* Discharged  
 On Feb. 17 1917, to \_\_\_\_\_  
 \*Insert "discharged" or "transferred."

DEPT. MILITIA & DEFENCE  
 JUN 21 1917  
 H.Q. CANADA

The following is a statement of the account of the above named from 1st Feb. 1917, to 17th Feb. 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	346	15
Advances by Cheques } No. _____			Regt'l Pay <u>17</u> days at \$ <u>1.00</u>	17	00
Assigned Pay No. _____			Field Allow. <u>17</u> days at \$ <u>.10</u>	1	70
Other Charges* <u>1830 yd. Mult. S. I. 16, 209(a)</u>	201	30	Other Allowances*		
Payment on transfer or discharge No. _____			Other Credits*		
Balance Cr. (to be paid by the new unit)	163	55	Bal. Dr. (to be deducted by new unit)		
Total	364	85	Total	364	85

\*Give Particulars.

A monthly stoppage of \$ 10.00 (†) has \_\_\_\_\_ (‡) been paid on account of Assigned Pay for the month of January 1917 to (Assignee) John A. Morrison,  
 (Address) Stanley St., North Sydney, N.S.

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Outfit Allowance of \$ \_\_\_\_\_ has been paid by Paymaster, Military District No. \_\_\_\_\_

### REMARKS:—

State (1) date of enlistment 16th Sept. 1915.  
 (2) if married and if a Separation Allowance Card has been submitted No.  
 (3) cause of discharge and authority Med. Unfit. Authy. G.D. M-881.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date \_\_\_\_\_

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 17th Feb. 1917.

Place Halifax, N.S.

L. J. Cockburn 83  
 LIEUT. COMD'G. BASE COY. R. G. R. C. S. F. Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

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LAST PAY CERTIFICATE

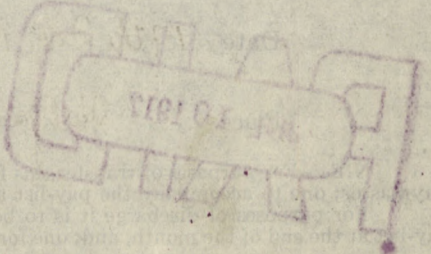
APR 11 1917

Pay	113.25	
Gratuity	124.95	
Medical Allowance		11.00
Other Allowances		17.00
Total	254.95	314.95

It is hereby certified that the above amount is the amount of the last pay and gratuity payable to the soldier named herein. The soldier is entitled to the above amount because he has been discharged from the service of the Canadian Expeditionary Force as a result of his being discharged from the service of the Canadian Expeditionary Force on the 11th day of April 1917.

On Transfer of an Officer  
 has been paid by Paymaster, Military District No. 2.  
 (Date of disbursement)  
 (Date of receipt)  
 (Signature of paymaster)  
 (Signature of recipient)

REMARKS  
 (Date of disbursement)  
 (Date of receipt)  
 (Signature of paymaster)  
 (Signature of recipient)

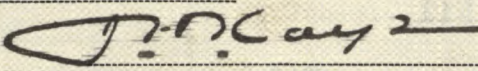


# CANADIAN OVERSEAS EXPEDITIONARY FORCES

## Discharge Certificate

This is to Certify that No. 478588 (Rank) Private  
 (Name in Full) Walter Merrisen enlisted in  
Royal Canadian Regiment.  
 Canadian Overseas Expeditionary Force, on the 16th of September  
 1915, and accompanied said unit to XX  
 was returned to Canada, and discharged from the service at Halifax, N.S.  
 on the 17th of February 1917, in consequence of having  
been found Medically Unfit for further service.

### DESCRIPTION ON DISCHARGE

<p>Age <u>20</u></p> <p>Height <u>5ft 10 1/2</u></p> <p>Complexion <u>Medium</u></p> <p>Eyes <u>Grey Brown</u> <u>Brown</u></p> <p>Hair <u>Brown</u></p> <p>Trade <u>Miner</u></p>	<p>Marks or Scars <u>Scar above left</u> <u>eye brow</u></p>
<p>Signature of Man <i>This man is unwell.</i>  </p>	<p style="text-align: right;"><u>Lieut. Col.</u>        Officer in charge Discharge Depot.        C. C. Base Depot R. C. E. F.</p>
<p>Place and Date <u>Halifax, N.S.</u> <u>15</u> <u>15-2-17</u></p>	

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39  
 200m.-5-15.  
 H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 478588  
Rank Private  
Name Walter Merrlsen  
Unit Royal Canadian  
Address on Discharge Stanley Street,  
North Sydney, C.Bn., Nova Scotia.

His conduct and character while in the Service have been :

"  
*Good*  
"

Place Halifax, N.S.

Date 17-2-17

Commanding *J. V. Kay* Lieut. Col.

Campaigns Nil

Base. Depot. R.C.R.

Medals and Decorations Nil

This space to be for Numbers.

# Proceedings on Discharge.

21-11-39

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

No. <u>478558</u>	
Rank <u>Private</u>	
Name <u>Walter Morrison</u> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>Royal Canadian (C.E.D.)</u>	
Date of Discharge <u>7<sup>th</sup> February 1917</u>	
Place of Discharge <u>Halifax N.S.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>20</u> years <u>-</u> months.	Descriptive Marks. <u>Scar above left eye brow</u>
Height <u>5</u> feet <u>10 1/2</u> inches.	
Complexion <u>Medium</u>	
Eyes <u>Grey Brown</u>	
Hair <u>Brown</u>	
Trade <u>Miner</u>	
Intended place of residence. } <u>Stanley St</u> (To be given as fully as practicable.) } <u>North Sydney C.B.</u>	
2. The above-named man is discharged in consequence of <u>Having been found medically unfit</u> <u>Authy 6 M.D. 59-M-881 dt. 8/2/17</u>	
<small>N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <u>Good</u> <u>J.W.K.</u>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <u>Miner</u> <u>J.W.K.</u>

M. F. B. 218.

3m.-7-14.  
H.Q. 1772-39-113.

Noted 27-2-17.  
2P.  
(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Halifax N.S. J. P. Kay h. Toe  
(Date) 17<sup>th</sup> Feb 1917 Commanding B. D. R. C. R.

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

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

(Place)..... (Signature of Soldier.) Insane  
(Date)..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) 1 years 143 days.  
Total 1 years 143 days.

11. Confirmation of Discharge.

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

(Place) Halifax N.S.  
(Date) 17<sup>th</sup> Feb 1917 (Signature) J. P. Kay h. Toe  
O.C. B. D. R. C. R.



Reservations referred to at Para. 8.

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

*This man is insane.*

*[Signature]*

*bull.  
col.  
N.C.P.*

## List of Discharge Documents.

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<p>Reg. Conduct Sheet, / Militia Form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, / " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Z Militia Form B. 313.</p> <p>Medical Report for Invalid* / " B. 227.</p> <p>Settlement of Man's Account on          Transfer and Last Pay Cer-          tificate, " / D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Z Militia Form B. 235.</p> <p>Proceedings on Discharge, / " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N.B. In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

# MEDICAL HISTORY OF AN INVALID.

1. Station. **Halifax**
2. Regiment or Corps.
3. Regimental No. and Rank. **R. C. R.**  
**4785, Pte.**
4. Name. **Walter Morrison**
5. Age last Birthday. **19**
6. Enlisted on **Unknown. (He does not remember)**  
at
7. Former Trade or Occupation. **Miner** Date. **Jan. 30, 1917**
8. General remarks on his :—  
(a) Conduct. **Sheets not available.**  
(b) Habits. **"**  
(c) Temperance. **"**

DEPT  
MILITIA & DEFENCE  
**FEB 19 1917**  
H. G.  
CANADA

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.		Days.
	PERIODS.		
	FROM.	TO.	
<b>Is unable to state when he enlisted.</b>			

10. (a) Disease or disability. **Insanity.**
- (b) Date of origin. **26-11-15**
- (c) Place of origin.
- (d) Cause. **Unknown.**

11. Present Condition. (Most Important). **There are no mental symptoms at present.**  
(To include full description of present disabling condition or conditions.)

B. P. C. FOLIO  
FALSE DOCKET  
**2**

Nov 5-3-17  
EP

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

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

Scar over left eyebrow about one inch long.

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

Not applicable.

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

Not applicable

14. Treatment Has been in Nova Scotia Hospital for one year and two years undergoing treatment for insanity.

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

Not applicable.

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

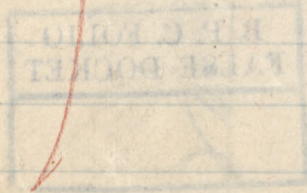
Not applicable.

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

Not applicable.

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

For discharge.



*J. E. Shaw*

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service. Yes.

Recommendations : The Board recommends that  
No. 4785, Pte. Walter Morrison be discharged the service as  
medically unfit for either general or special service under Class 1.

Signatures :—



*C. Cluchibald* President.  
Captains.

*J. Davies Kent*

Station. Halifax, N.S.

Date. Jan. 30, 1917.

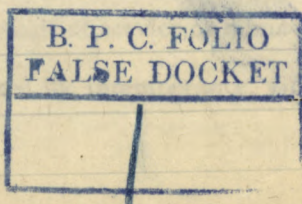
Members.

Date. FEB 7 1917

*L. A. Grant* LIENUT. COL.  
Asst. Director of Medical Services.

Approved.

Date. 23 17



*D. J. McKay* CAPT.  
Director-General of Medical Services.

*Red 5-3-17  
2P.*

OPINION OF THE MEDICAL BOARD

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

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.....

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

**DETAILED MEDICAL HISTORY OF INVALID.**

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

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

Militia Form B. 227.  
150 m-5-16.  
H. Q. 1772-89-117.

