a ~~12954~~ a ~~12959~~ ✓ and T.J. 18/10/16

ATTESTATION PAPER.

No. 412959.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? ..... Edwin W. Morrow.
2. In what Town, Township or Parish, and in what Country were you born? ..... Port Hope. Ont.
3. What is the name of your next-of-kin? ..... Miss Sarah Cosgrove (Sister)
4. What is the address of your next-of-kin? ..... 16 Margaret St. Pt. Hope
5. What is the date of your birth? ..... August 1st 1872.
6. What is your Trade or Calling? ..... Decorator
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... 20 years 46th Regt.
    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.

Edwin W. Morrow ..... (Signature of Man).

Norman Gelland ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edwin W. Morrow, 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.

Edwin W. Morrow ..... (Signature of Recruit)

Date March 22 1915 Norman Gelland ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edwin W. Morrow, 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.

Edwin W. Morrow ..... (Signature of Recruit)

Date March 22 1915 Norman Gelland ..... (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 Port Hope this 22nd day of March 1915

J. W. Sanders ..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[illegible] LT. COL. ..... (Approving Officer)

COM. 30TH BN. C.E.F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Edwin W Morrow on Enlistment.

Apparent Age 42 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Blonde

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

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).

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 March 22 1915

Place Port Hope

R H Shields Lieut
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.

Edwin Morrow 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.

LT. COL. (Signature of Officer)
COM. 50TH BN. C.E.F.

Date May 10 1915

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

Attestation Papers.....1+1.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....2.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1+2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....1.....

Inventory of Kit.....

Last Pay Certificate.....

m 7B 227 — 1
a 7B 179 — 3
1 pay card

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Morrow, Edward W.

Regt. No. 412959 Rank Pte.

Corps 39th Q. Bn. C.E.F.

Med. Unfit.

34935

Post 7/3/20

No. Rank Pte Name Marrow E.

T. O. S. Unit 46th Regiment

M. D. #3.

Paid From	Paid To	Sig. or Rec'd	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 mar	1915	O. S.	Underpaid on mar. paylist	June paylist.

No. 412959. Rank Pte. (39 Bn.) Name Morrow E. W.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916. Mar.	1916. Mar.	✓	Dates not stated.	

No. 412959 Rank Pte. 39th Bn. Name Morrow C. H.

T. O. S. Unit Casualties R. E. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 1	May 31	N.		
June		N.		
July 1	Aug 12	N.	A.P.L.	(G.O. 106 & 113) of 12/7/16
			Discharged to Pension 31/7/16	(D.O. 117) of 22/7/16
			a/c closed by payment N.	

MORROW, Ewin Washington 412959
Pte.
39th Bn. 649-M-3089

medals nil - not married
mother dead

MULLEN.P. 3317331. 116th Bn. VICTORY.

SURNAME. Morrow, (649-M-5349)

CARD NO. S.O.S. Disc 13/7/16 FOLL. 3

CHRISTIAN NAMES Edwin W.

REGL. No. 412959 RANK Pte.

UNIT 39th. Bn.

FORMER CORPS 46th. Regt.

NEXT OF KIN.

NAMES IN FULL Cosgrove, Mrs Sarah.

RELATIONSHIP TO SOLDIER sister

ADDRESS 16 Margaret St., Port Hope, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Port Hope, Ont. DATE Aug. 1st. 1872.

PLACE OF ATTESTATION Port Hope, Ont. DATE Mar. 22nd. 1915.

R/C. 24/3/16.

L. L. 14501. M. & D. 652a. O/S. 17/6/15

M. F. W. 22. 250M.—9-16 H. Q. 1779-M-339

From Montreal per S.S. Missanabie 17-6-15

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Decorator RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 42 YEARS not stated MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Blue HAIR Blonde

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Port Hope, Ont. DATE Mar., 22d. 1915.

Present address, not stated.

Number 412959 Rank Pte.

Surname MORROW

Christian Name Edwin W

Units 39th Bn. Can. Inf. Theatre of War England

Date of Service 3/7/15

Remarks 16 Margret St.

Latest Address Port Hope, Ont.

Roll No. a Page 1357

No. Rank Name

T. O. S. Unit

M. D.

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

DESP. APR 18 1922
REGN. No. 9574

R—122.

Rank Pte Name MORROW Edwin W. Reg'l No. 412959

Unit 39th BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Port Hope. Ont. 22nd March.1915 Place of Birth Port Hope.

Name and Address, Next-of-Kin Miss Sarah Cosgrove, 16, Margaret St, Port Hope, Ont.

Relationship Sister

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Report Date	Report From whom received	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
		Arrived	England	3/4/15	
29/3/4/15.	O.C. 39th Batt	Forfeits 1 Days Pay	Shorncliffe	29/4/15.	Part II D.O. No 123
8-3-16	"	Trans to C.C.A.C.	Folkestone	2/3/16	Pt II 59
2-3-16	C.C.A.C.	Taken on strength.	do	2-3-16	Pt II.O. 28
3-3-16	CCD RED	TOS	Bath	2.3.16	" 14
10-3-16	CCD RED	SOS to Canada M.U.	Bath	10.3.16	Pt II O 20

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					

Copy - Original not available.

MEDICAL HISTORY SHEET.

Surname Morrow *Christian Name* Edwin

Examined { on 10 day of March 1915 / at Port Hope

Birthplace { City or Town / County

Apparent age

Trade or occupation

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by

Rank ..... M.O.

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.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 10 *day of* March 1915 *at* Port Hope, Ont., Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	39th Battn 087	412959		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe	Feb 15th 16	Chronic Bronchitis	"Discharge as permanently unfit" Chas Hunter Capt. President
16 2/16	Approved	G H Bowlby Capt. A/D.A.D.M.S. Canadian Training Division, Shorncliffe.	

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.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

5

Surname.....

Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

649 M-3089

Form to be used instead of blank space on Army Form 179.

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-
412959 Pte Morrow, Edwin W. 39th Bn. C.E.F.

Previous civilian occupation:- Barber.

Cause of disability
Chronic bronchitis, probably due to service.

Condition, in detail, which prevent the soldier earning a full livelihood:- Invalid complains of considerable cough and expectoration
The chest is full of moist rales & coarse ronchi. Heart normal.

Opinion of the Board.

Degree of incapacity, (please state in fractions)
1/4 for 3 months.

Probable duration of incapacity:-
3 Months.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment, or the use of appliances, etc., lessen incapacity?
Convalescent home for 3 months.

Signature:- W. M. Carnegie Capt President.

Station. Quebec Conrad Gyeggie Capt RAMC.
Members.
Date. 26th March 1916. George Blumenauer A.A.M.C.

Approved.
Date MAR 28 1916 Major
Asst. Director Medical Services.
Date April 5th
Director General Medical Services.

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

Previous civilian occupation:-

Cause of disability

Condition, in detail, which prevent the soldier earning a full livelihood:-

Opinion of the Board.

Degree of incapacity, (please state in fractions)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

Would operation, special treatment, or the use of appliances, etc., lessen incapacity?

Signature:- _____ President.

Station. _____)
)
) Members.
)
)
Date. _____)

Approved.

Date _____ _____ Asst. Director Medical Services.

Date _____ _____ Director General Medical Services.

DEPT MILITIA & DEFENCE
APR -3 1916
H.Q.

No. of M. H. C. File	No. of H. Q. File

Class II.

Name and Home Address of Soldier: Morrow. Edwin W. Port Hope Ont.

1189

No. 412959 Rank Pte Original Unit 39th Bn Present Unit C.C.A.C.

Previous civilian occupation as per record Barber

Age 43 Height 5 ft. 5½ ins. Complexion Fair Eyes Blue Hair Light Character Fair

Cause of disability Chronic Bronchitis, probably due to service.

Condition in detail which prevents the soldier from earning a full livelihood

Invalid complains of considerable cough and expectoration. The chest is full of moist rales and coarse ronchi. Heart normal.

(compared with capacity on enlistment)

Degree of incapacity (Please state in fractions) Eng. Board ¼ 6 mos then none Canadian Board ¼ for 3 mos

Probable duration of incapacity 3 months

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity?

Convalescent Home for three months.

Is final disability likely to prevent return to previous occupation?

Members of Board W.M.CARRICK CAPT Pres. C.G.GEGGIE CAPT Mbr. GEO. ST AMAND . LT Mbr.
G. A. WINTERS MAJOR

TO BE FILLED IN BY MEDICAL BOARD OR FROM RECORDS

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by Sicilian Date of arrival 23/3/16 Where seen service England

Date of enlistment 10/3/15. Where enlisted Port Hope

Birthplace Canada Religion Presby.

Occupation prior to enlistment Barber - House Decorator -

Name and address of last employer For himself.

Whether work was regular or irregular Average earnings per week $ 20.00

Name and address next of kin Mrs ~~Jas~~ Cosgrove (Step Sister) Same address

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Sister	54.			Good.
Children 1					
2					
3					
4					
5					

TO BE FILLED IN BY M. H. C. AND SIGNED BY SOLDIER.

Whether any private income, self or wife—amount per year $ None -

Rent per month $ Name and address of Landlord Owns home - ?

If owner of property what payments still due $ 225.00 An. payment $?

If part of house let, or boarders taken in, state average income $ N.A. per week

If in receipt of sick benefits or other insurance—name of society Amt. per mon. $

If carrying insurance, amount of annual premium—Life, $ N.A. Accident, $

~~If unable to follow previous occupation, name preference~~ after a rest.

If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? N.A.

Destination to which transportation provided if other than Divisional H. Q. N.A.

References N.A.

Remarks

Witness W. T. Moore

I declare that the above statement is correct

Signature E. W. Morrow

Date

Accrued pay $ Amount paid at Discharge Depot $

Amount forwarded to Divisional Headquarters $ If given or credited $13 in lieu of clothes

P. T. O.

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home..... Report No.....

Degree of Disability at that date (in fractions) .....

Recommendation of Medical Board .....

.....

Pension. Degree..... Amount per year $..... Dating from.....191.....

Condition of Soldier when visited .....

.....

Whether necessary to give special training of a technical nature..... If so, training suggested.....

.....

Does visitor confirm statement by Soldier on other side?.....

.....

.....

If work secured, name of employer .....

Wages, $.....

Name of visitor.....

GENERAL REMARKS

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CLASS 1.

Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanitarium. If deemed advisable in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanitarium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 39th. Res. Battalion. C. E. F.

Regimental No. 412959. Rank Pte Name Morrow. E. W.

Enlisted (a) 22.3.15. Terms of Service (a) Duration of War. Service reckons from (a) 22.3.15.

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) _____

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				
For Discharge under Para 392 Sect XVI King's Regulations					
		A. S. Lewis Maj for LT. COL. COM. 39TH BN. C.E.F.			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.*, Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				

B[illegible] Folkestone.
10000/2[illegible]10/15/3611.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. EDWIN WASHINGTON MORROW

Regimental No. 412959 Rank Pte. Unit 39th Battn.

Date of Birth? Aug.1.1872 Place of Birth? Port Hope, Ont.

Occupation or trade previous to enlistment? Decorator

Date of enlistment? March 10.1915

Place of enlistment? Port Hope

Are you married or single? Single

If married how many children have you? (*Boys*) (*Girls*)

What are their ages?

Have you a widowed mother dependent on you solely for support? No

What was the condition of your health at the time of your enlistment? Good

Where and when did your disability originate? Caesars Camp Shorncliffe. Sept. 1915

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties? Chronic bronchitis Rheumatism

What is your present condition of health? Very poor

What work, if any, are you fit for? None at present

Have you any civil employment open to you at present? No

What is your present address? C.C.A.C. Bath

Where do you wish to take your discharge? Canada.

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

Edwin W. Morrow

Witnessed by [illegible]

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. EDWIN WASHINGTON MORROW

Regimental No. 42923 Rank Pte. Unit 25th Battn.

Date of Birth? Aug.1.1892 Place of Birth? Port Hope, Ont.

Occupation or trade previous to enlistment? Accountant

Date of enlistment? March 1.1915

Place of enlistment? Port Hope

Are you married or single? Single

If married how many children have you? (Boys) (Girls)

When are they born?

Have you a widowed mother dependent on you solely for support? No

What was the condition of your health at the time of your enlistment? Good

Where and when did your disability originate? Overseas Camp Shorncliffe. Sept. 1915

Is your disability the result of wounds, injuries or illness contracted in action in the defence of the Empire or active service during training or other duties? Chronic bronchitis Pneumatism

What is your present condition of health? Very poor

What work, if any, are you at for? None at present

Have you any civil employment which you could perform? No

When again in employ? C.G.A.C. Delta

Where do you wish to be discharged? Canada.

I hereby declare that I have read the answers given by me to the above questions and they are correct, and I have signed.

Witness

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E. 18
13143-E-1

Name Morrow, Edwin W.
Surname Christian Name

Regimental Number 412959 Rank Pte.

Address (in full) Port Hope, Ont.

Unit 39th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 13-7-16.

P. D. P. Filing Number 8-1-3

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	8	16-7-17.	33	00	8	22-8-17.	33	00	8	1-10-17	34	10			100	10

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

File No. 13143 E 18. 18/8/19

WAR SERVICE GRATUITY.

Register No. M846

Reg. No. 412959 Pte. 39th Bn.

Name Morrow Edwin W.

Address #16 Margaret St.

Dependent Nil

Address Nil

Dec'd No. ... C. A. M. C. File No. .....
Award ... days at $ ... per d. $
S. A. ..... months at ... per mo. $ ..... $
Less P. D. P. Credited $.....
$

Pay Soldier $ 179.90 Less further debit balance
Net due paid as below

Pay Dependent $

TO SOLDIER TO DEPENDENT

	Reg. No	Ck. No	Amount	Ar. No	Ck. No	Amount
1						
2						
3						
4						
5						
6						
	Total			Total		

Days 122 Rate 70 Due 280.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 179.90

S.H. Heath
S. Aikins 21/8/19

Clerk J. Barron

R. W. 134 24.10.19.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	aco				1			
2 28/8/19	10693	501592	140 00		2			
3	26568.	522543	39 90		3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by M. B.
Date 22-8-19.

L. L. Job 80137—M. & D. 5683.

556

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Miss S. Cosgrove

Address 16 Margaret St., Port Hope, Ont.

Rate ~~$20.00~~

JUL 1 1915

By Whom Assigned Morrow F. W.

Regtl. No. (41295'9)

Rank Pte

Corps H. 2. Staff 39 Battn C.E.F.

Cancelled Mar 16 44m 13 2/16 Jsy

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		Q3550	20 00	
Aug.		R.4462	20 —	
Sept.		43752	20 —	
Oct.		V5908	20 —	
Nov.		42713	20 —	
Dec.		Y6923	20.	
Jan.	1916	29542	20	returned Sicilian 24/3/16 J X Lg
Feb.		K 12595	20	
March		~~N15729~~	~~20~~	

Cancelled

COPIED FOR 5 S.

P. D. P. 19-6-17 & 12.

P—56

Rank Pte. Name MORROW Edwin W. Reg'l No. A 12959

Unit ~~39th Bn.~~ C.C.A.C. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Port Hope. Ont. 22nd March. 1915. Place of Birth Port Hope.

Name and Address, Next-of-Kin Miss Sarah Cosgrove, 16, Margaret St, Port Hope, Ont.

Relationship Sister

Assigned Pay Monthly $ 20 7/100 Payable to Next of Kin

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Canada 8 3/16 M.U. Reason C.C. 2.2.3. 23 2/16 Character

PAY OFFICE, N. B. BRANCH — MAY 30 1916 — CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1	July 31	31	1	31 00	31	.10	3 10		34 10		31	30 00	20 00	7 00	32	2 10	for 7 days pay 23-7-16
								13		46		4 87					Adj to exchange
Aug 1	Aug 31	31	1	31	31	.10	3 10	~~2 10~~	34 23	87		17 03	20		41 90	5 37	
Sept 1	Sept 30	30	1	30	30	.10	3 00		33			14 60	20	70	37 94	10 31	Pays forfeiture under charge in July
Oct 1	Oct 31	31	1	31	31	.10	3 10		34 10			2 44 / 5 11	20		25 11	1 32	
Nov 1	Nov 30	30	1	30	30	.10	3 00		~~29 93~~ 33			29 93	20		49 93	18 25	
Dec. 1	Dec. 31	31	1 00	31	31	.10	3 10		34 10			12 41	20		32 41	16 56	
Jan 1 1916	Jan 31	31	1 00	31	31	.10	3 10		34 10			12 88	20		32 88	15 34	transfd to C.C.A.C. Bath. 1/3/16
Feb. 1	Feb. 29	29	1 00	29	29	.10	2 90		31 90			5 36	20		25 36	8 80	Left C.C.A.C. 22-2-3. 7/23-2-16
Mch 1	Mch 8	8		8	8		80		8 80			5 11			13 91	5 11	Struck off strength of D.R.D. 8/3/16. auth. C.C. 2-2-3 23/2/16. a.3M. 9/3/16 Eff. 1/3/16.
Bal on Trp To M.E. Bch								5 11						5 11	5 11	✓	Paybrook verified & filed.

Transd to "Canada Disc'ge a/c"

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

E
Mon

Name Morrow Pte E W

M. F. W. 41.
10m.—11-15.
1772-39-889.

258

Regimental No. 412959 (A 12959)

Unit 39th Bn

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $20 29/2/16 miss Cosgrove 16 Margaret St Port Hope Ont

To whom payable SA Mil.

Sicilian 24-3-16

~~Name and~~ address of ~~next of kin~~

Port Hope Ont

adm. "Elmhurst" 31-3-16

Date and place discharged

Reason for discharge Discharged 12/8/16

Character on discharge

II

649-M-3089

L. 36 37694. M. & D. 6128.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	8/3/16													5 11		2 PC
9/3/16	30/4/16	53	100	53 00	53	10	5 30		58 30			50 00			55 11	Dd Due Pd
													Cr Bal		3 19	
									58 30						58 30	

Pensioned 25 Gratuity

Rendered to P & P 23-5-17.

Trans to Mn Dd 3 with Cr Bal from 1-5-16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M

NopM.D.3. - 88-M-31.

This space to be for numbers.

Military District No. 3
JUL 19 1916
Kingston, Ont.

Proceedings on Discharge.

SBW/

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

No.	412959
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Edward Washington Morrow
Corps (Squadron, Battery or Company)	39th.,Overseas Battalion, C.E.F.
Date of Discharge	July 13th.,1916.
Place of Discharge	Kingston, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 43 years months.
Height 5 feet 6½ inches.
Complexion Fair
Eyes Blue
Hair Fair
Trade Decorator
Intended place of residence (To be given as fully as practicable.) Port Hope. Ontario.

Descriptive Marks

NONE

2. The above-named man is discharged in consequence of

MEDICALLY UNFIT

Deceased Sep 5. 1934 Dep 6 49 M 3089

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

3. Conduct and character while in the service have been, according to the records, etc.

Good

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

KCM 16-3-20

Decorator.

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Landed 6-7-16

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

NONE

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

6. Medals and Decorations..... NONE

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

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

(Place) Kingston, Ontario.

(Date) July 17th., 1916.

Colonel
A. A. G. Military District, No. 3
Commanding .....

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) Kingston, Ontario. *(Signature of Soldier.)*

(Date) July 17th., 1916. *(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....125....days.

Total....1....years....125....days.

11. **Confirmation of Discharge.**

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

(Place) Kingston, Ontario.

(Date) July 17th., 1916.

(Signature) ..... Colonel
A. A. G. Military District

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.)

There are none.

Edwin Washington Morrow

(OVER)

List of Discharge Documents.

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

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. Kingston, Ont.

2. Regiment or Corps. 39th.Battalion,C.E.F.

3. Regimental No. and Rank. Private.

#412959

4. Name. Edwin W. Morrow.

5. Age last Birthday. 46

6. Enlisted on March 22nd.1915.

at Port Hope.

7. Former Trade or Occupation.

Decorator.

8. General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

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

Date. July 13th.1916.

9. Service.

	Years.	Days.	PERIODS. FROM.	PERIODS. TO.
39th.Battalion,C.E.F.			March 22,1915.	July 13th,1916.

10. (a) Disease or disability. Chronic Bronchitis. Overage.

(b) Date of origin. About Nov.1st.1915.

(c) Place of origin. West Sandling.

(d) Cause. Do not know.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

Coughs considerable--moist and sonorous and sibilent rales scattered over whole chest. Heart normal.

12. (a) Is the disability the result of service or climate? Occurrs while on service.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

13

M. F. B. 227,

100 M—2-16.
1772-39-117.

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

None.

(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 ?

No.

(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.

Do not know.

14. Treatment

Elmhurst Home, March 31st.1916.

Rest.

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

Probably-but cannot estimate previous disability. Man is 46 yrs. and might have condition under normal conditions.

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

1 year.

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

10%

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

Yes.

J. Sparks Captaine.

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.

19. Is he unfit for Military Service. Yes.

20. Recommendations: On account of Chronic Bronchial condition and age recommend discharge at once from service-- further treatment not indicated.

Signatures :—

Capt. A.M.C. President.

Capt. A.M.C.

Capt. A.M.C.

Members.

Station. Kingston.

Date. July 13th. 1916.

Date. July 15th. 1916. Lt.-Col. A.M.C.
Asst. Director of Medical Services.

Approved. M.D. No. 3.

Date. 9/8/16

Director-General of Medical Services.

Vol. X

A — 165

(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 Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Administrative Medical Officer.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—89—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

229

Bewley, Folkestone.
30,000—11/12/15—3875.

10-M-204

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station West Sandling

Date Feb 5 · 1916

1. Unit 39th Batt
2. Regimental No. 412959
3. Rank Pte
4. Name Morrow Edwin H
5. Age last birthday 43
6. Enlisted { on March 1915 / at Port Hope
7. Former Trade or Occupation { Barber. / Bandsman (Drummer)

8. Disability.

Chronic Bronchitis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Sept 1915
10. Place of origin of disability. Caesar's Camp Shorncliffe
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Pneumonia or Pleurisy in childhood (Slight catarrh for years) Perfectly well up to Sept 1915 Report sick off one day. About Dec 18th he reported sick with weakness & cough. at that time he had slight sign of general Bronchitis. increased up to Jan 1st. At times had slight temperature up to (99·99²) Returned from two weeks sick furlough on Feb 4·16 His condition is not improved. Suffers most at night cough & (smothering sensations) much worse in damp weather.

12. (a) Give your opinion as to the causation of the disability. Dampness of Climate

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). Illness on active service Due to exposure to wet & dampness

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. weight on enlistment 166. Dec 28.134

Feb 5th 145

Slight cough with expectoration of small amount of mild purulent sputum. Numerous large coarse rhonchi heard over greater part of the chest

Physical examination otherwise negative

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy?

(*b*) On active service? not applicable

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When? not applicable

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? not applicable

17. If not, was an operation advised and declined? not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable

19. Do you recommend

(*a*) ~~Fit for duty?~~

(*b*) Fit for base duty? in canada

(*c*) ~~Invalided to Canada?~~

(*d*) ~~Discharge as permanently unfit?~~

L. H. McKim Capt CAMC

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station _____

_____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii). The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. — a1 No. a2 Yes.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — exposure + climate

21. Has the disability been caused or aggravated by
   (*a*) Intemperance? No
   (*b*) Misconduct? No.

22. Is the disability permanent? Yes. for Military life.

23. If not permanent, what is its probable minimum duration? — not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — 1/4 for 6 months and then none compared with capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? — not applicable

26. Do the Board recommend
   (*a*) Fit for duty? No
   (*b*) Fit for base duty? No
   (*c*) Invalided to Canada? No.
   (*d*) Discharge as permanently unfit? Yes.

APPROVED
H. MOORE, A.A.G. OF D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION, SHORNCLIFFE.

27. Remarks. He is Stout. looks + is actually considerably over age
Has signs of Chronic Bronchitis

Signatures:—

Chas. Hunter Capt Cam C President.

H. C. Macdonald Capt Cam C
Members.

Station Shorncliffe
Date Feby 16th/16

Approved.
Station Shorncliffe
Date 16th Feby/1916

E H Bowlby
Administrative Medical Officer.
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at ~~Folkestone, Kent, England~~, on the 4th day of March 1916.
Prior Park, Bath.

Members of Board.

Lt. Col. Sir H. Montagu Allan.
Lt. Col. W. Grant Morden.
Major R. Raikes. C.A.M.C.
Hume Blake, Esq.,
Major J.L. Todd, C.A.M.C.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

No.412959.
Pte. E.W. Morrow.
39th Battn.

Recommends:-

When this man is discharged he be granted a gratuity of Twenty five Dollars under an Order in Council Number 3021 dated December 25th 1915.

Signed at Prior Park, Bath. ~~Cheriton Avenue, Folkestone~~, *this* 4th *day*

of March, *1916.*

H. Montagu Allan, Lt. Col. *President.*

R. Raikes Major C.A.M.C.

Hume Blake. Civil Member.

3 D.-88-M-31. O.W.B.H.

[illegible]59.Private Edwin Wellington Morrow,
39th Battalion, C.E.F.
[illegible]-Port Hope, Ont.
Married-No.Miss Morrow(Sister)
Occupation-Decorator(Worked for himself)
Enlisted-Port Hoep,10-3-15.
Examined by-Dr.Shields.
Age-45 years, 1-8-15.
Height-5'6½".
Chest-38".
Complexion:-Fair.
Eyes-Blue.
Hair-Fair.
Religion-Presbyterian.

Disability--Chronic Bronchitis.
First noticed at West Sandling Camp, about Nov 1st., reported to Reg'l MO., and he attended man in Camp for nearly two months, then was sent on two weeks sick furlough, on return, he was sent to Moore Barracks, for Medical Board, who sent man back to his Regiment, until he left for Bath Discharge Depot on 2nd March. On 10th March, left there for Liverpool, sailed from Liverpool, per "S.S.Sicilian" March 11th., arrived at St.Johns,N.B., 24th March, left same day and arrived Quebec March 26th., boarded same day, and left there 30th. Arrived "Elmhurst" Home, 31st March, 1916.

Man says:- He is feeling better, but still does much coughing, and has tightness of breath. Sleeps badly. Eats fairly good.

P A Y:- Received $10.00 at Quebec.
" 40.00 at "Elmhurst" Home 31-3-16.

OBSERVATION:-
Find man with great many rales in both sides of his chest. complains of cough, and inability to sleep, heart normal. Unfit for Service.

QUEBEC BOARD APRIL 26TH.,1916. - Chr. Bronchitis. Invalid complain of considerable cought and expectoration. Chest is full of mist rale and coarse ronchi. Heart Normal. English Board ¼ -6mths. None comp with capacity for enlistment.Canadian Board ¼ - 3.mths. Probable duration 3-mths. Convalescent home for 3-mths. W.M.Carrick,Capt. C.G.Geggie,Capt.Geo.St.Amand.Capt. G.A.Winters .Major