"B" Coy.

#### ATTESTATION PAPER.

No.

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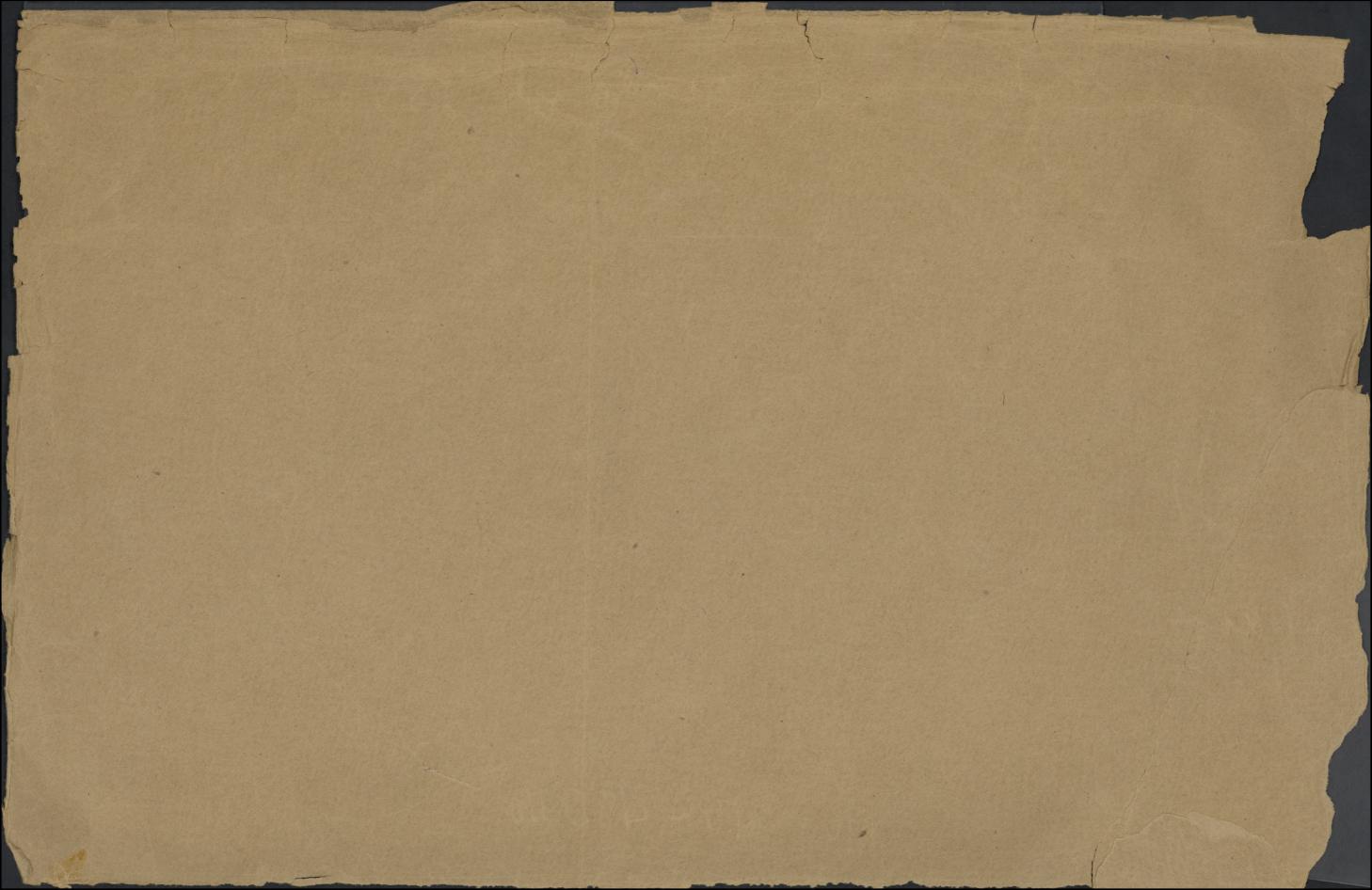
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORCE.

	QUESTIONS TO BE PU	Γ BEFORE ATTESTATION. (ANSWERS.)
1. W	hat is your surname?	Mokan
	hat are your Christian names?	Koule L Colward
	hat is your present address?	It Walt Commall Got
2. In	what Town, Township or Parish, and in hat Country were you born?	, Cormall Cot
	hat is the name of your next-of kin?	Mrs lave Mossaw
	hat is the address of your next-of-kin?	1 Staff Cofun a C C-+
	hat is the relationship of your next-of-kin?.	Mr Ther
	hat is the date of your birth?	28 June 1897
		1 Labores
	re you married ?	
	re you willing to be vaccinated or re-	A A. A.
	accinated and inoculated?	1965
	you now belong to the Active Militia?	0 Do
	ave you ever served in any Military Force?  If so, state particulars of former Service.	The state of the s
	If so, state particulars of former Service.  you understand the nature and terms of	11
	our engagement?	ig S
12. A	re you willing to be attested to serve in the annabian Over-Seas Expeditionary Force?	1 ges
existi after t discha	ng between Great Britain and Germany shou he termination of that war provided His Ma arged.	e therein, for the term of one year, or during the war now ld that war last longer than one year, and for six months jesty should so long require my services, or until legally  (Signature of Recruit)  (Signature of Witness)
in dut Dignit	I, Allegiance to His Majesty King George by bound honestly and faithfully defend His l	
Date	Dec 29 1915.	eyhpermory aw (Signature of Recruit)  (Signature of Witness)
	CERTIFICATE	OF MAGISTRATE.
	ons he would be liable to be punished as pro The above questions were then read to the I I have taken care that he understands each	
before	me, at. Lindsay this.	5 th fax of Justice)
	The same of the sa	- Comment
200 M	. <b>W. 23.</b> .—11-15. 772-39-841.	

Description of balph ldwa	on Enlistment.				
Apparent Age years 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 ftins.	I have night thus				
	Dear on have night				
Girth when fully expanded.  Range of expansion.  Range of expansion.					
Complexion A.					
Eyes Blief:	Total lesses and traplactions and ones while				
Hair De Brown	STATE OF THE PARTY				
(Church of England	A STATE OF THE STA				
Presbyterian					
Methodist  Baptist or Congregationalist  Roman Catholic  Lowish	A LANGE AND				
Baptist or Congregationalist Roman Catholic	. Make the county of the count				
Roman Catholic	Dolayers Braserinkar mil har better accept the				
Jewish.	Total of the second of the sec				
Other denominations (Denomination to be stated.)					
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*  for the Canadian Over-Seas Expeditionary Force.					
Place X indopay	Medica Medical Officer.				
*Insert here "fit" or "unfit.'  Note.—Should the Medical Officer consider the Recruit unfit been attested, and will briefly state below the cause of unfitness:—	he will fill in the foregoing Certificate only in the case of those who fave				
CERTIFICATE OF OFFICER COMMANDING UNIT.					
1-01 81 1/4	having been finally engaged and				
inspected by me this day, and his Name, Age, Date been recorded, I certify that I am satisfied with the	of Attestation, and every prescribed particular having correctness of this Astestation.				
been recorded, a cording that a am satisfied with the	1/1/1.				
INN 1319	Ogth Overseas Battalion, C. E. F.				
DateJAN					

all offer 2		REGIMENTAL DOCUMENTS		The second secon
NAME MORPAW, JOS	EPH	REGT. NO. 7250971 U	INIT 109 BILL H. Q. FILE NO	
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I.D. number
No. d'identification

MORPAW

Surname Nom de famille JOSEPH

Given names Prénoms

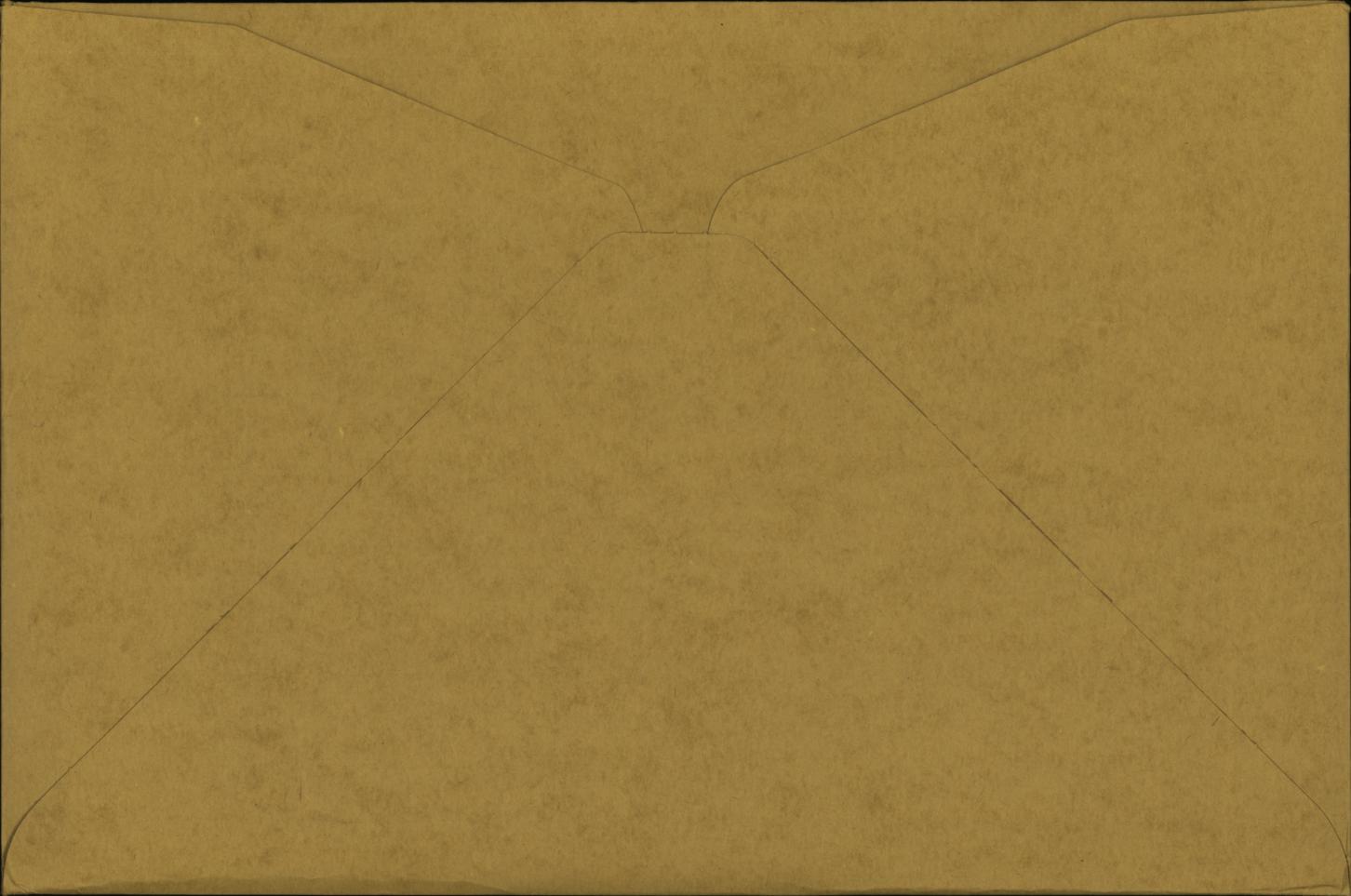
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Bear Wood.

HOSPITAL.

A. & D. CARD

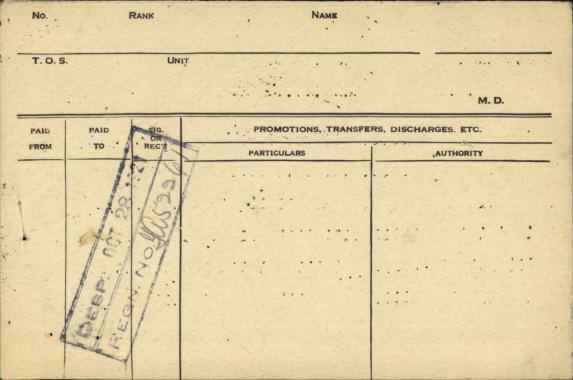
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Name Morpaw, Rank Pte. 354 Reg. No. 725097 R. 149. Unit 20th. Battalion. Next of Kin CANADA. List Notified Movement Place W.O. List Date Casualty No. N/K O. 1916 29-12. No.18.C.C.S. V.D.G.A420 31-12 No. 39 Gen. Hosp. Havre. 24-2-17 Dis. to Reinf. Havre. do. A453 V.D.S. A453 20-8 CAMB. HSP. ALDERSHOT. GSW CHEST. BAIR M5946 25.8 13-10. C.C. Bearwood. Shrup. St. arm Houts, Bis 3626 9-11 MCD Eforan 5484

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	4.					
	414					

A0-249-480110 Number 725097 surname. MORPAWY Josephica age 7/34 ENVOYE Roll No.



CABLE adm. Camberwell Hosp. a aug. 20th 1917. Ilw Chest L. L. 12767-M. & D. 7390. M. F. W. 42-50m.-12-16. H. Q. 1772-39-893.

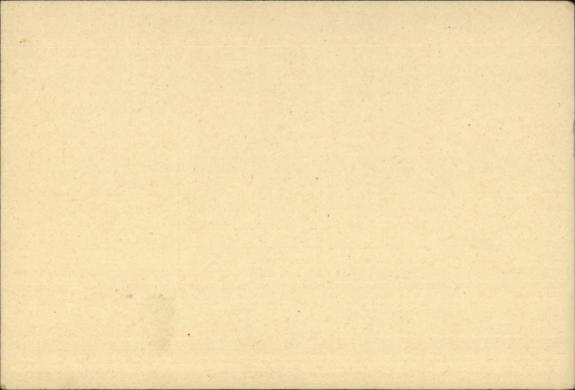
1354 LIST No a 420 no 18 fas. fl. Station 29-12-1 V. W. G. a 453 ho 39 General, Havre 31-12-16 V. D. S. a 453 Disch to Keinf . Havre 24-2-17 V. D.S. 3 418 bamb. aldershot 20-8-17 HSW. Chest. g. 11-B393 bay bons, Bear Wood, 240k 13.10.17. Sw. L. aim + Back. 13 62-2 G. Can. Conv. Hosp. Bearwood 9-11-17 SW. L. arm. + Back (1st Centrel, ORA) B71 3 Mil. Conv. Epsom 19-11-17. Disch Sw Liamo Back. 21-12-11.

SURNAME. Hoysaw,	CARD No.
CHRISTIAN NAMES Joseph ldward.  REGL. NO. 725097 RANK Ote.	FOLL.
UNIT /09 CM	Batt.
FORMER CORPS Nil.	
NEXT OF ĶIN.	CHANGE OF ADDRESS
NAMES IN FULL Moysaw, Mrs. Jane.  RELATIONSHIP TO SOLDIER Mother.	
RELATIONSHIP TO SOLDIER Mother.	
ADDRESS No. 6 St., Cornwall, Out.	
COUNTRY OF BIRTH Canada Cornwall, Out. DATE PLACE OF ATTESTATION LINDS AY, Unt. DATE	June 28th. 1897
PLACE OF ATTESTATION Lindsay, Unt. DATE	Jan. 5-th. 1916
	1
L. L. 90:89.—M. & D. 6312. M. F. W. 22.	100m.—1-16. H. Q. 1772-39-839.

DESCRIPTION. /8 YEARS 6 MONTHS APPARENT AGE 5 FEET / INCHE\$ CHEST MEASUREMENT 36/2 INCHES EXPANSION 4/2 COMPLEXION # air EYES Blue. HAIR DR. Brown HEIGHT DISTINGUISHING MARKS Scar on base right th MEDICAL EXAMINATION. PLACE Lindsay, Out. DATE Dec. 29th 1915.

No. 721797 RANK Ste NAME Marpaw. J. G.							
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SURNAME. Morpau	SOS 5-4-19. Domot
CHRISTIAN NAMES JOSEPH E.	auch DO #3 1010 100 FOLL 10-4-19
REGL. NO. 725097 RANK PLE.	
UNIT 199th. 109th.	Bn.
FORMER CORPS Wil.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Morpaw Mrs. Jane	
RELATIONSHIP TO SOLDIER mother	
ADDRESS bth. St. Cornwall, Ont.	
COUNTRY OF BIRTH Canada Cornwall, Orbate	June 28 th. 1894
	/
018 28/7/16 488 R/B. 4-4	Jan. 5th 1916
L. L. 10437, M. & D. 7253.  M. F. W. 22, 100m1	1-16. H. Q. 17 2-39-339.

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TRADE OR CALLING LA	/	RELIGION R. Catholie
	. DESCRIF	PTION.
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HEIGHT	5 FEET	INCHES
CHEST MEASUREMENT	3 6 /2 INCHES	EXPANSION H//2 INCHES
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MEDICAL EXAMINATION.	PLACE Lindo	4 DATE Dec. 29 th. 1915
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Christian Name or Names

Reg. No.

Morpaw

J.E.

725097

Rank

Pte Hospital

20th Bn

Date of Admission 18.C.C.Stat 17-12-16

Transferred

no 39 En Sypel Some

Hosp. 31. 12.16

Can bow. Bearwood Wham. Hosp. 13-10-14.

Diagnosis

V.D.G.

(1) Later Diagnosis (if changed)

865

Sow chest & Additional Diagnosis: if more than one state present

DISPOSITION

C-1-24-1-17 A420

25.8.17 8418

25.8.17 8418 -- 18.10 14-13 9(3)

24.11.14.19/16)

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7.	superior profit was also year of an or a standard	To serve of the color

# CANADIAN EXPEDITIONARY FORCE War Service Badge Class...

#### DISCHARGE CERTIFICATE 23/183

THIS IS TO CERTIFY that No. 7250	1977 (Rank) Junate Joseph Brussell enlisted in
the 1092 6 and onf	John John John John John John John John
CANADIAN EXPEDITIONARY FORCE at	comwalls on the 29th
day of Alcensely 19/2	
HE served in 65.6	France
and is now discharged from the service by reaso	Demobilization. n of Modical Unfitness
THE DESCRIPTION OF THIS SOLDIER on th	e DATE below is as follows:—
Age	Marks or Scars
Height 5 H/wi:	TIM Coft arm
Complexion Day	
Eyes Jeff	
Hair And	
Morpaw JE Signature of Soldier Station	Jacqualetts
Date of Discharge	Issuing Officer  Rank
Districts Districts	Date March 19. 19 19

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

### CANADIAN EXPEDITIONARY FORCE

#### DISCHARGE CERTIFICATE

SHIP I

	THE STANDARD OF STANDARD
(Rank) A section of the	THIS IS TO CERTIFY that No Lea
ni hatsilmar and the semisted in	Name (in full)
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on the contract	CANADIAN EXPEDITIONARY FORCE at
	day of the state o
	HE served in
Demobilization.	and a new discharged from the service by reason
Total Traff	THE DESCRIPTION OF THIS SOLDIER on the
Marks of Scars	194
	Height
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	Service of the servic
	TigH.
	Signature of Soldier
Issuing Officer	Opte of Discharge
Renk	
Date.	

CN.E - As no duplicate of this Certificate will be issued, any person hading same is requested to forward it in an anstanged entelope to the Secretary, Militia Council, Ottawa, Canada.

H Q 1778 88-482

B. CLASS "A"

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

#### Casualty Form—Active Service.

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

250м.—1-16, H. Q. 1772-39-920.

1	*		Unit, Regiment or Corps 109th U	VERSEAS BAIL	ALIUN, C.	E.F.
	Regime	ntal No. 1/2	509 4 Rank Trivale Na	me Morpai	7 los	eph Colward
	7		Terms of Service (a)	e W. se	rvice reckon	as from (a) 29-12-15.
	Date of	f promotion to	Date of appointm	ent }	Numer	rical position on )
		esent rank.	to lance rank			1 of N. C. Os.
	Extend	ed	Re-engaged	Qualification (	3)	anorev.
	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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30/	12/16	H.CEA.	Sohorchaea alla	4 CFA	24/12/16	1 A36 Ac/ 262 d 23/1/17
24-	2-17	39 Genl	Frofeits Fld allce & is	placed under from 4-1-17	stoppa	ge of AF01643. No.2735.
	(a)	in the case of a m	an who has re-engaged for, or enlisted into Section I	D. Army Reserve, particula	TO ZZ	P-1'/nt 0 01 - 7 WD 00 0 7 M
	(a) (b)	e.g. Signaller, Sho	an who has re-engaged for, or enlisted into Section I being Smith, etc., etc., also special qualifications in tec	hnical Corps duties.	rs of such re-en	gagement or enlistment will be entered. [P.T.O.

	•		7	354	
	CALMAN W. S. NO.	Artive Service	w Form	tlenas	
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	TOBILLONE		Remarks
* Date	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213. Army Form A. 36, or other official documents.
25-2-17 24-2-17 1-3-17 6-3-17 18-3-17 24-3-17	do	Adm Classified "A" from 3  Left for Arrived Left for Arrived  Sy & Arm Back Adm 0	9 Genl CHDer CRAPP. 2nd C E Bn do 20th Bn do tryn 6 crs	24-2-17	B.R. Sitter Massery
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			poho	Canadia	Major for LtCol., A.A.G.  Section G.H.O. 370 Echelon B.F.F.
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26/11/17.	lst.CORD	S.Off.S.to 5th.Res Bn	V.Sandling	for Col 19-11-1	onel i/o Records. 7 Bn. Ord 262
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1 - 1	VS. of the treatment	Can-fronty Caps.	Witter	10518	100 N. D. O. R. D.

Name Morpaw Joseph Edward /

18/10

If in perm. Corps, What Unit?

Reg'l No. 725097.

Married or SingleSingle.

Place and Date of Enlistment Lindsay 29th Dec. 1915 V

Place of Birth

Cornwall.Ont.

Name and Address, Next-of-Kin

Mrs Jane Morpaw.

No6 St. Cornwall. Ont. Can. .

Relationship

Mother.

Assigned Pay Monthly\$

Unit 109th Bn.

Payable to

Separation Allowance\$

Payable to

Relationship

N/6. A.B. Nº 1138'd

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Relationship

de A.L. O. E. G. a. n

	charge, Date	and Place	Reason		Character
H. W. & V., Ld.		Record of promotions, reductions, transfers,	Dlana	Dete	REMARKS.
Date.	From whom received	casualties, etc., during active service.  The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.
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	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form	Place of Casualty	Date of	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents	4300
Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., 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.	Frace of Casuatry	Casualty	B. 213, Army Form A. 36, or other official documents	
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ORIGINAL Markaw Morpaw Christian Name Approved by Examined 109th Overseas BattaMoR, C. E. F. Tornwall Birthplace Fit or Unfit Date EXAMINED FOR RE-ENGAGEMENT. Apparent age. Trade or occupation/ M.O. Height... ... Inches M.O. Weight\_ 127. Lbs M.O. 32 inches Chest measurement Maximum expansion 36/2 inches M.O. Physical development.... M.O. Small-Pox Marks... M.O. Date Result Vaccination Marks (Number When Vaccinated last... M.O. (a) Marks indicating congenital peculiarities or previous mine. disease .. M.O. ANTI-TYPHOID INOCULATIONS, ETC. Date Result (b) Slight defects but not sufficient to cause rejection M.O. Under leight December CORPS REGT'L NUMBER. HABITS. DATE. Joined on enlistment Transferred to... EXAMINED OR DISCHARGED BY A MEDICAL BOARD. DATE. RESULT. STATION.

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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.

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so f		STATION.	Date of Arrival at the Station.	in	Admission to Hospit			Dischargom Hosp	ge oital.		DISEASE.	Numb of day in Hospit	er s	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.
er of		**	Station.	Day	Month	Year	Day	Month	Year					appliances supplied. Particulars of prophylactic inoculations.	
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#### MEDICAL CASE SHEET.\* W DOBC

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Station and Date.

## MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No.72.5.0.97 Rank S. P.R. S	Joseph Edward
o race ka	irthplace Cornwall Ont.
(Examination of Officer or Other Rank (stri	pped) to be made by one Medical Officer.)
1. GENERAL DESCRIPTION:	Constant of the second of the second
1000	eight. 5. ft in. Colour of Eyes. 9: Blue
Nutrition ( 970 )	Identification marks, scars, or deformities.  (Give cause and date of origin.)
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Hearing (conversational voice) Rt. 2ft.	
Left 21ft.	A STATE OF THE STA
Opinion as to general health and physical condition.	good
2. Has Officer or Other Rank ever suffered from, or (Answer "Yes" or "No"). (Subjective evidence	
Nervous System Genito Urinary Sy	stem
Special Senses	stem. A.MRespiratory System.
Disturbance of mentality. Muscular System.	
Osseous and Joint System. M. Any other general	
Osseous and Joint System. Any other general	condition
3. If the answer to any part of Section 2 above is "	
of origin; and also a description of the present co	10x 0,28.2.19. says.
Smear rug	Vrine clear - no enidence QU.D.
i.W. Les * arm.	Aga. Of Eastmin.
7 losh 15.8.17. gr	Det. 928.2.19. says.  Vrin clear- no enidence QV.D.;  Dega. Of Eastman.  Vol recovery. Capt Carno
0.	

>354.

#### **EXAMINATIONS.**

THIS SECTION FOR USE OVERSEAS—
Examined at. Deaford (Overseas)  Date 4.3, 19 Signed J. B. B. M.O.
Date 4, 3, 19 Signed 8. 8. M.U.
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.  Signature
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
Examined at(Canada)
Date Signed
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
Signature
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12. 50m.—4-16. H. Q. 1772-39-819.

To Whom John Morpaw.

Address bornwall.

Ont-

Rate 15,00 AUG 1 1916

By Whom Assigned Morpaur. J. E.

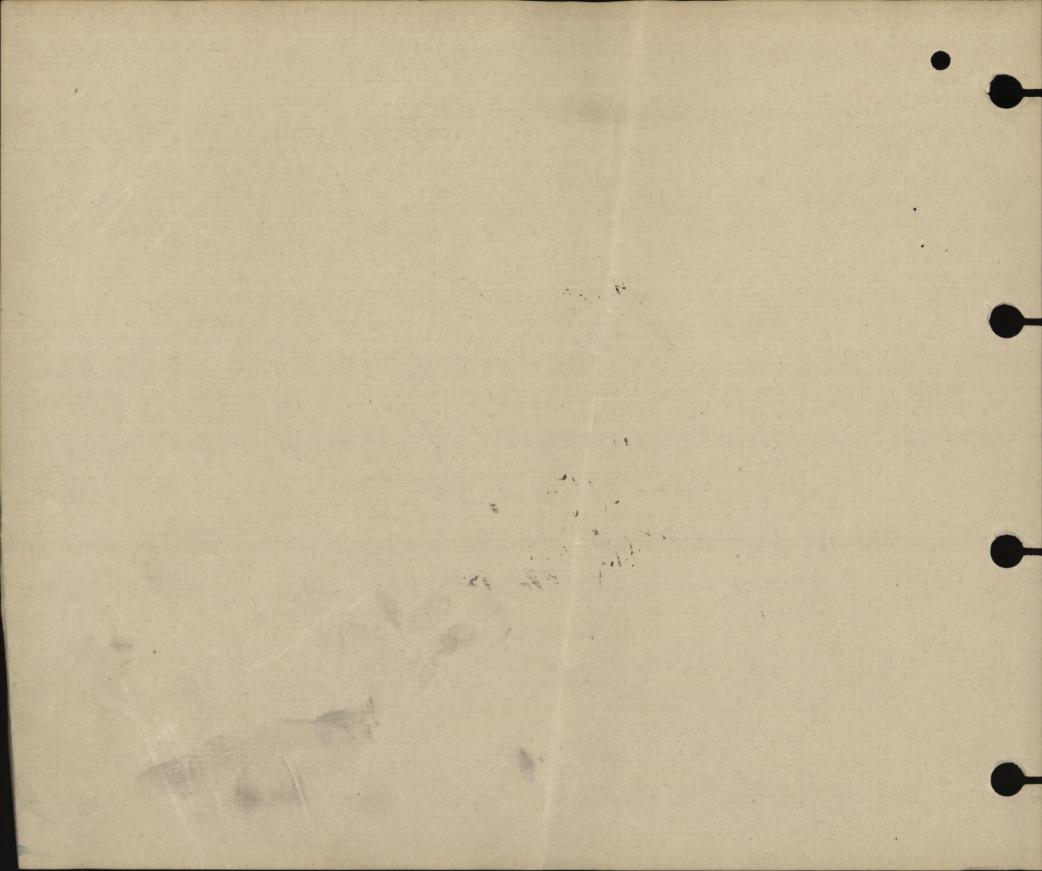
Regtl. No. 125091

Rank Ple.

Corps 109 th Batt. B. boy.

#### **PAYMENTS**

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### ASSIGNED PAY

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### ASSIGNED PAY

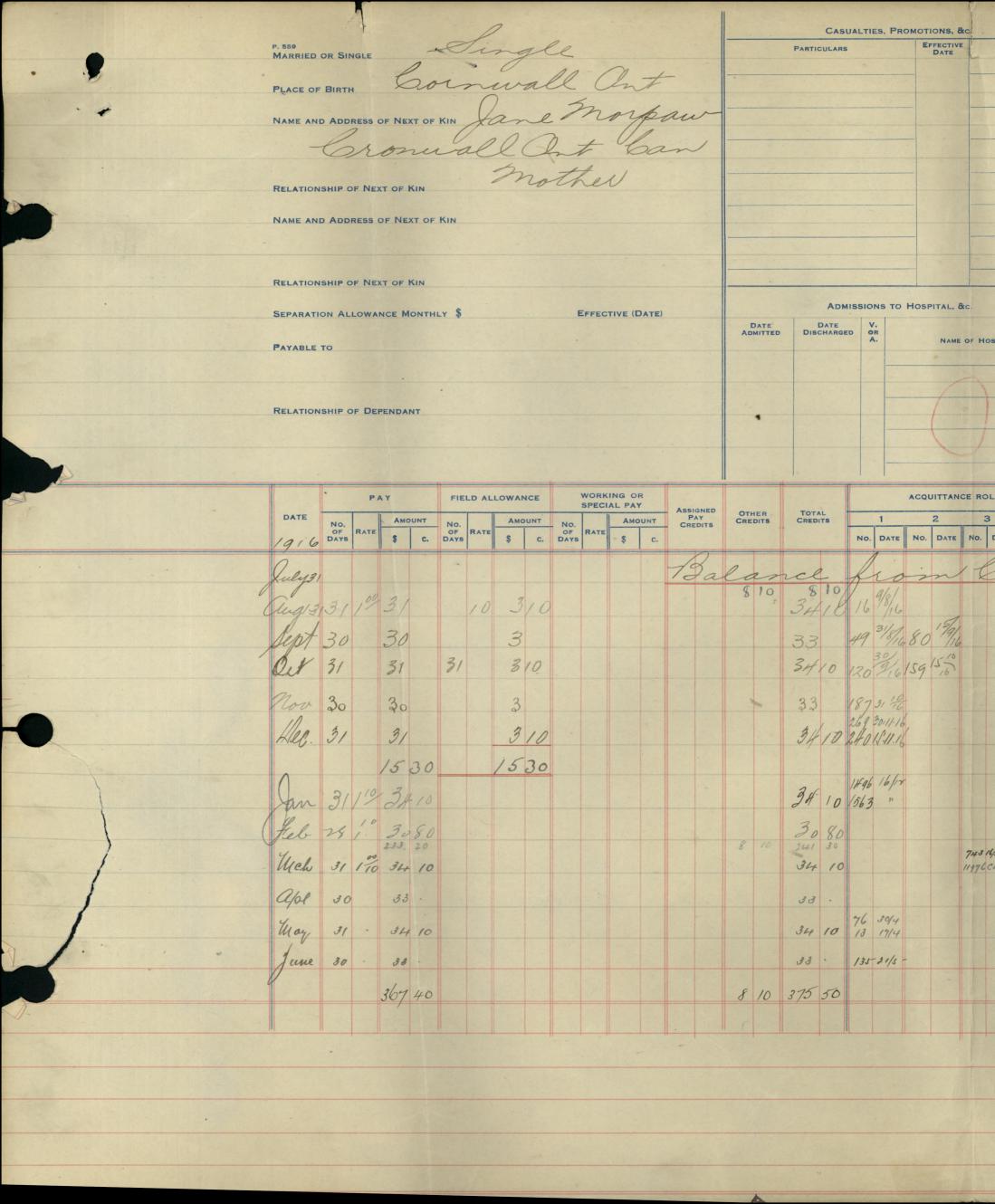
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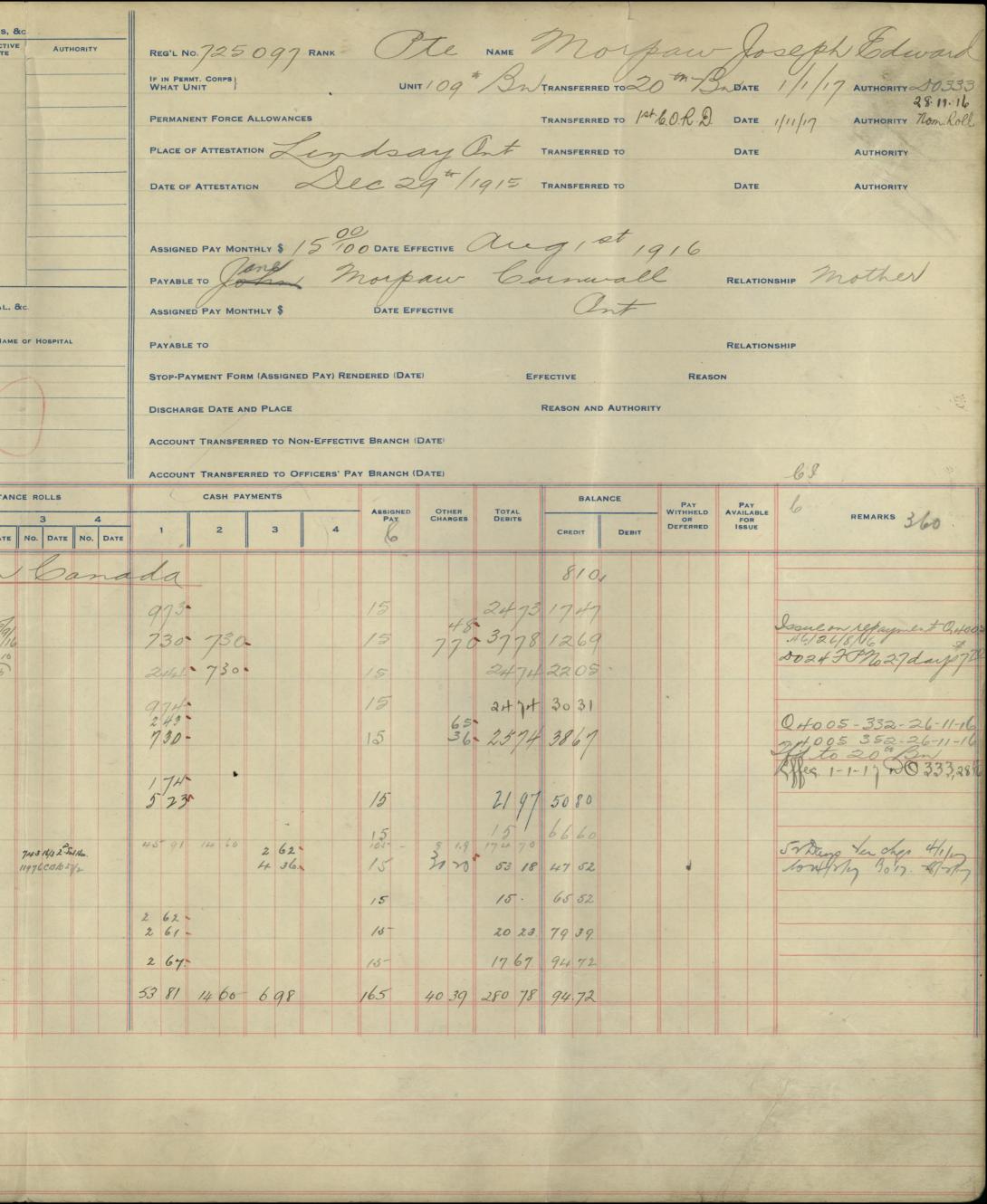
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#### PAYMENTS.

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SHOW FORM PROCEEDING

M. D. 3

1	(Den	nobilization.)	No. 23.1.183	Issued
1.	No. 725097			
2	Rank.			
3.	Name. MORPAU	/	Josep	of E
4.	Unit. 3 -10 6 8 18	2/3	0.10	9 th Sats
5	Date of Discharge 5-4-1	9 Place	Maria	
6	Reason for Discharge	nd		Bulle
V	V.S.B.CLAS	S "A"		AIII
		3.0		
7.	Authority. 19-0-14	20	. 00	
8.	Proposed Residence after Discharge	Con	wall.	
	<u> </u>	mt-liv	erpool 25	3 19
	}	TW'L 'So	otian'- Sa	i1.33
9.	I hereby acknowledge that at the und	dernoted place a		y discharge Certificate
			J si	6 Moryew gnature of Soldier.
10.	COL	NFIRMATION.		/
	The discharge of the above named	l man is hereby	confirmed.	
	Place Date APR 5 rown			

Distric

- 144

(O. C. Discharging Unit.)

for O. C. Dispersal Area Station G.

('sepany Coming Shedo.'

#### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.	Militia Form B. 263
Company Conduct Sheet	

- 1. Triplicate Attestation Paper (M F.W. 23), or Particulars of Recruit (M.F.W. 133).
- Casualty Form (v.F.B. 105).
   Modical History Spect (M.F.B. 313 or A.F.B. 178).
- 4. Proceedings of Med. Board (M.F.B. 327 or M.F.W.129)
- 5. Dental Certificate (C.A.D.C. 5009a).
- 6. Field Conduct Sheet (V.F.B. 122)
- 7. Proceedings on Discharge (W.F.B.218a)
  8. Discharge Certificate (M.F.W.39)
  (Euclosed in special envelope (260M)).
- 9. Copy of Discharge Cartificate (M.R.W. 39a).
- 10. Dispersal Corrillette (C.D.3).
- 11. Equipment | Statement Q.M.G. Form (D.O.S. 2), and Chabing
- 12. Last Pay Certificate (P. 851).
- 13. Pay Book ( v.B 64).
- 14. War Service Grainity (Form M.F.W. 2595).
- 15, Sundry Documents.

Checked by No. 21

#### MEDICAL CASE SHEET.\*

Regimental No. Rank. Surname. Christian Name. Admission and Morpau 121. 725097 Discharge Book. an. 96 Service. Year. SIDGE HO Station GS Wed Leftam + Lide and Date. 20.8. /7. DER8HO Rifle Bullet Sarapnel L. Shell Fragment (other missles Hature of First Dressing ature of Figure applied ine elapsed before applied . Serum . 1st :- 500 21/8/2 2nd :- 500 24/8/ Time elapsed before applied 1500 '5/8/17 Whether Septic etc. hulde 24 Bones Herves Vessels etc. Description of wound . Lawy Site of wound Untrance xit (see diagram) K-ray report Las. Litting To Windelston hoor.

<sup>\*</sup> The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station and Date.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witter, 16th. april 1916
No. 725099 Rank. Pte. Name MORPAW, J. E.
Local Unit. 12th. Res. Bn. Overseas Unit. 20th. Bn. Age 21
Examination held at Wittey
DISABILITY. Overseas-Logal. (scratch one got)  VNDERSIZE.  PRESENT CONDITION.  Was returned from France for alove disability.  Caruflairs of Weakness in left arm, Suif is
He is 5 ft. I inch in height. Well developed man for his size.
BOARD RECOMMENDS:- 37
1. Fit for Duty
2. Fit for duty afterweeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty
5. Discharge
Signatures: RHUUHM Way President.  Members   Na Davids m Aft.
APPROVED Witley Whileland
Dated at Off 18 th 1916. Mayor For A.D.M.S.

## PROCEEDINGS OF A MEDICAL BOARD.

Examination held at NOTE TO ALL STATES 2. Fit for duty after ...... S. Fit for Temporary Base Dulys! Signatures:

APPROVED TO THE THE PROPERTY OF THE

Members

Dated at 11 / 1 PT

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

19515 RATE OF ASSIGNMENT

Date of Assignment

BEEN MADE

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE	PARTICULARS OF ASSIGNMENT
No. 725-097	Name John Morpaw.
Rank Ple -Promoted Reverted Discharge	Address Cornwall ant.
Soldier's Name f. C. Morpaw.	Change of Address
Battalion 109 Battro (B/Co)	1
Beneficiary	2
Relationship	3
Address	4

	Date qui		Cheque No.	Amount S/A		Amount A/P	Total		13-106-9-24 REMARKS	
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#### MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARA'	TION	ALLOW.	ANCE	

RATE OF ASSIGNM	ENT

#### PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT	PAR	TICUL	ARS OF	ASSIGNMENT
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No.		Name	
Rank Promote	ed Reverted	Discharge Address	
Soldier's Name		Change of Address	
Battalion		1	
Beneficiary		2	
Relationship		3	
Address		4	
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PREGT. NO. 425094 RANK Pte NAME (IN FULL) Morpaw. Jos.

ORIGINAL UNIT
C.E.F. 109th Br. WHAT UNIT?

(BLOCK LETTERS SURNAME) PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. OR S. DAILY RATE OF PAY AND ALLOWANCES 109th Bon NEXT OF KIN RELATIONSHIP PARTICULARS AUTHORITY ADDRESS AUTHORITY Joseph E. Morpaw ASSIGNED PAYS

ASSIGNED PAYS

DATE EFFECTIVE

PAYABLE TO

PAYABLE TO

ADDRESS John Morpaw

ADDRESS GORNWALL AND

ADDRESS GORNWALL AND DATE AUTHORITY IS SEPARATION ALLOWANCE PALL RELATIONSHIP RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE Kingston 5/4/19 DISCHARGED PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS BALANCE OTHER OTHER TOTAL ASSIGNED TOTAL MENTAL CHARGES DEBITS CREDITS PAY CREDITS CHARGES NO. OF RATE AMOUNT L. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 DEBIT PREVIOUS March Bal. per Eng L. P. C., Clothing Allee. and 1st Payment W. S. G. Pay to Estimate date of discharge. 9 73 4 89 11724 136 84 1-4-19 70 9-4-19 9 12 9 90 Advances in England. 4 40 V 15 00 Overpaid 4 days on discharge. 1500 A.P. for april not Charged 2. master Charges. 88 4 Was Service Gratuity M Dw Rec w.s.g S.A 1st payment W. S. G. De Balance on Diselarge 183 days 420 00 420 00 Way 2mg 20 28 140 70 AUG 6 1919 96036 350 420

200M-3-19.—L. L. 58783-1... & D. 9985. M. F. W. 2-96. 1772-39-1390.

