

ORIGINAL

No. 2 M. D. Training Depot Battalion C. O. R. Regiment

Regtl. No. 3105733

3105733

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)



1. Surname Morrison
2. Christian name Alexander
3. Present address 151 Gibson Ave. Hamilton, Ont. Canada.
4. Military Service Act letter and number 810064 B.C.
5. Date of birth Dec. 18th. 1897.
6. Place of birth Curling, Newfoundland.
7. Married, widower or single Single.
8. Religion Presbyterian.
9. Trade or calling Fishermen.
10. Name of next-of-kin Elizabeth Morrison,
11. Relationship of next-of-kin Mother.
12. Address of next-of-kin Petrie's, Coxing, Newfoundland
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—
(a) Place Hamilton, Ont. (b) Date October 13th. (c) Category A-2

DECLARATION OF RECRUIT

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

Alexander Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs. 11 mths.
Height 5 ft 9 ins.
Chest measurement } fully expanded 37 1/2 ins.
range of expansion 2 1/2 ins.
Complexion Fair.
Eyes blue.
Hair Lt. Brown.
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Two moles right side of neck.

S. B. Regy. Major for O.C. 1st Depot Battalion, 2nd Central Ont. Regt.

Place Hamilton, Ont. Canada Date November 26th. 1917.



3105733
I.D. number
No. d'identification

MORRISON
Surname
Nom de famille

ALEXANDER
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 6398

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

SURNAME.

Marrison

CARD NO. 1
g 2 -
OS 100. 8-4-19
Demob FOLL # 200
00100.10-4-19

CHRISTIAN NAMES

Alexander

REGL. NO.

3105733

RANK

Pte.

UNIT

2nd Cen. Ont. Regt. 1st Depo. Bn.

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Marrison, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Petrie's, Coxing, Afld.



COUNTRY OF BIRTH

Newfoundland Curling

DATE

Dec. 18th 1897

PLACE OF ATTESTATION

Hamilton, Ont.

DATE

Nov. 26th 1917

Q/S-5-2-18-1064
11

r/c 5-4-19 ²⁹⁸/₁₂₉ spr

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

a file
Amby
Number. 3105-733 Rank Spr

Surname... MORRISON

Christian Name... Alexander

Units 13. Can. Rly. Tro. Theatre of War France

Date of Service... 28-3-18

Remarks... 3

Latest Address Curling Bay, 9. Islands
Newfoundland

Roll No. B. Page 7357.

No.

RANK

NAME

T. O. S.

UNIT

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DEPT. OF THE ARMY
 REGIMENTAL HEADQUARTERS
 40th ST. N.Y.
 JUN 18 1922

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE September 16, 1971

NAME MORRISON Alexander Service No. CPC No.
NOM Matricule No 3105733 CCP No

WVA No.
AAC No 208963

Information Received from: STMO "VA"
Information reçue de:

Date of Death September 10, 1971
Date du Décès

Place Shaughnessy Hospital
Endroit

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
W.B. Corcoran
for Chief, Central Registry Division.
Dépôt central des dossiers.

DAY 24 (Nov 130) 017

NOV 25
NOV 27
NOV 28

DURHAM, NORTH CAROLINA

THE STATE OF NORTH CAROLINA
COUNTY OF DURHAM

WE, the undersigned, being the qualified voters of the County of Durham, State of North Carolina, do hereby certify that the following is a true and correct copy of the

1955

1955

1955



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

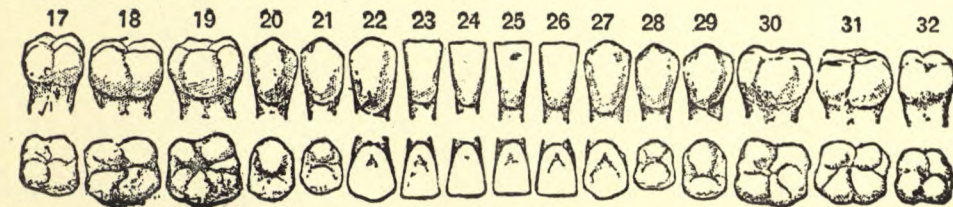
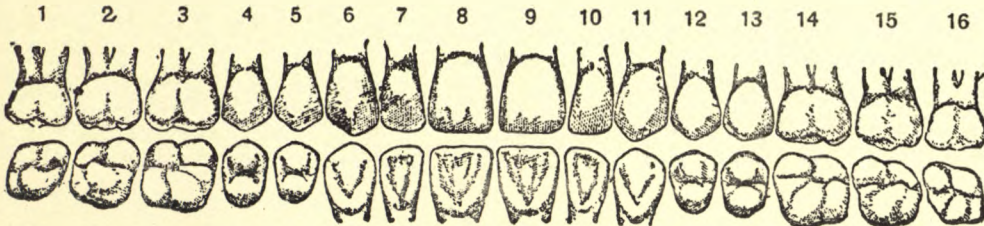
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON A

REGIMENT 13th Bn RANK Spn. No. 3105733

Date of Examination in England 4-3-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS - 5

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Dental Certificate issued.

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

No

KNOTTY ASH CAMP, LIVERPOOL.

Signature of Dental Officer

W. Kennedy Capt

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MORRISON A

3-2-52

2-1-52

13-1-52

Handwritten notes and signatures in the middle section of the document.

Handwritten initials or signature at the bottom right.

SERVICE AND CASUALTY FORM (Part I).

Army Form
Part I

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Reg
---	-----------------------	---------

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

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f)	(Place) (Date)	(Signature of { Posting Officer
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co.(3490)

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

13/3/19

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. _____ Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 76 31-3-19
J. J. Holland Commanding 2 Wing, Kinmel Park Camp.

SI GIVFL MAR 27/19
 ARR F. X. APL 5 ..
 I M T. *CARO. 1/1*

MAR 29 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO

PART. II D. O. 100

S.O.S. (Discharged) No. 2 District Depot.
 Part II, D.O. No.

J. W. Arred

For O. C. No. 2 District

Nothing to be written in this margin.

APR 8 1919
 APR 8 1919

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 3105733 (Rank) Spr.

Name (in full) Alexander Morrison enlisted in

the 1st Dep. Bty. C.O.R.

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 28th

day of Nov. 1917

HE served in 13th C.R.T.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 22

Marks or Scars

Height 5-9"

2 holes R side of neck

Complexion Fair

Eyes Blue

Hair L. brown

Signature of Soldier A Morrison

J. W. Hoff

Date of Discharge HAMILTON, ONT.

Issuing Officer It

NO. 2
 APR 8 1919
 DISTRICT DEPOT.

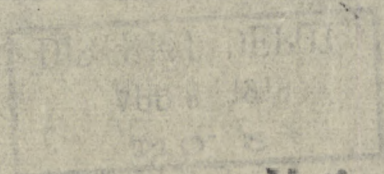
For O. C. No. 2 District Depot.
Rank

Date 8th April 1919

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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE NAMED SOLDIER HAS BEEN DISCHARGED FROM THE SERVICE OF THE CANADIAN EXPEDITIONARY FORCE



Date _____ To _____

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

Date of Discharge

Signature of Soldier

Rank

Name

Complexion

Hair

Age

Date of Entry

THE DESCRIPTION OF THIS SOLDIER ON THE ABOVE FORM IS AS FOLLOWS

and is now discharged from the service of reason of

Medical Certificate
Repatriation

HE served in

Rank of

CANADIAN EXPEDITIONARY FORCE

the

Name (in full)

at Battle of

THIS IS TO CERTIFY THAT HE

(Rank)

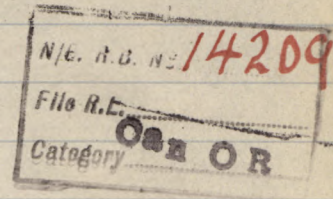
DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

1st Sec Is Depot Bn 2nd C O R To 8th Res Bn

TLH Rank Name MORRISON, Alexander, Reg'l No. 3105733
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Hamilton, Ont. Novr. 26th. 1917 Place of Birth Curling,
 Name and Address, Next-of-Kin Elizabeth Morrison, Newfoundland.
 Petrie's, Coxing, Newfoundland. Relationship Mother

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character
 H. W. V., Ld.—9546-16.

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.				
		Arrived in England	3	16-2-18	S/S SCANDIAVIAN
26 FEB 1918	3th Res Bn	T. O. S. FROM Canada	and g	3, 2.18	D. O. 57
15/3/18	8th Res Bn	S. L. S. transfered Rly J. Dep	Curling	15/3/18	D. O. 74 <i>Depot CR 1. Mar. 74</i> <i>d/15.3.18</i>
16.3.18.	Depot CR 1	505. Posted to 13' CR 1	Newfoundland	16.3.18	75/13' CR 1 <i>U.S.O. 4</i> <i>d/16.3.18</i>
28.3.18.	13' CR 1	Embarked for France	"	28.3.18	17
19.4.18	" "	Landed	Freid	29.3.18	17
4.2.19	" "	S.O.S. POSTED TO C.R.T.D.	"	30.1.19	10 <i>C.R.T.D. P-110.39</i> <i>d/13.2.19.</i>
13.3.19.	C.R.T.D.	P.O.S. to M.O.B. Winnipeg. 2	Winnipeg	12.3.19	67 <i>1064 MD 2</i> <i>d/17/3/1919</i>

2.0.19

A.F.B. 1033
MAY 1918

MEDICAL HISTORY SHEET.

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

1. Surname Morrison Christian name Alexander.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 810064 B.C.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 151 Gibson Ave. Hamilton, Ont. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of November 1917, by the undersigned medical board sitting at Hamilton, Ont. Canada.

5. Age as stated 20 Years Months 6. Apparent age Years Months

7. Height 5 Feet 9 Inches 8. Weight 162 Pounds.

9. Chest measurement { Minimum 35 Ins. Maximum 37 1/2 Ins. 10. Complexion Fair. { Eyes Blue. Hair Lt. Brown.

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

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Two moles right side of neck.

16. Slight defects but not sufficient to cause rejection Nil.

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2 Hearing normal. Visual acuity, both eyes D-15.

Alexander Morrison Signature of Man

W. M. Swait Major President. H. P. Adams Member. C. S. Russee Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for H.P. Adams with dates 7-12-17, 30-11-17, 7-12-17, 14-12-17 and results M.O.

Joined day of 191 at

Table with columns: CORPS (15th Bn CRT), REG'TL NUMBER (3105733), HABITS, DATE (FEB 3 1918)

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION (Knotty Ash Camp 6-3-19), DATE, DISEASE, RESULT

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

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. 1105735 Rank S.P.R. Surname MORRISON
 (Given name in full)
ALEXANDER
 Unit or Corps C.R.T.D. Birthplace CURLING, N.E.L.D.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique Good Weight 162 lbs. Height 5.9 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 78
 Condition of arteries None
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
2 scars on neck R side, one on upper lip.

Opinion as to general health and physical condition None

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of Mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at *Kinross Ash Camp* (Overseas)

Date *8-6-3-19*

Signed *[Signature]* M.O.

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 *X. A. Morrison*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

Signed M.O.

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 a Medical Board.)

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

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-2-18	EFFECTIVE DATE:-	
AMOUNT:-	\$20.00	AMOUNT:-	

NAME: *MORRISON Alexander*
 NUMBER: *3105733*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mr. Elizabeth Morrison (mother) 111
 Hurling Bay of Island
 Newfoundland*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.C. from Can.</i>		<i>Pt.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *2nd Draft 2nd Co. R.*
 DATE ACCOUNT FIRST OPENED: -

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSPD	UNIT TRANSFERRED TO
<i>L.C. from Can.</i>	<i>1-2-18</i>	<i>74 15/3/18</i>	<i>8th Res. C.R. 2.D.</i>
	<i>1-4-18</i>	<i>75/4/18</i>	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>25/2</i>	<i>6976</i>	<i>CRTD</i>	<i>\$2.92</i>				
						<i>Leaves P.A. \$14.91</i>	
						<i>L.P.C. \$5.18.</i>	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
<i>L.C. from Can.</i>	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Auth. No. 12924 27/2 K.A.K.A. M.D. - Trans to Canada 1/4*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March 31	<i>Balance FORWARD</i>								<i>2975</i>		
April	<i>33</i>			<i>NR 13 9/4/18 136 RT</i>	<i>3 57</i>						
				<i>504 24/4/18 DO 18 24/4/18 136 RT</i>	<i>5 50</i>						
				<i>84005 #12 7/3/18 8 RT 20</i>	<i>1 42</i>						
				<i>81.02 1937 22/2/18 CRT. 20</i>	<i>24 33</i>						
				<i>6.7P</i>				<i>20</i>			
				<i>✓ 163 27/4/18 136 RT.</i>	<i>89</i>				<i>674</i>		
		<i>33</i>			<i>30 51 5 50</i>			<i>20</i>			
May	<i>34 10</i>			<i>CAP</i>				<i>20</i>			
				<i>343 10/5/18 ✓ (7)</i>	<i>2 68</i>						
				<i>424 25/5 ✓ (14)</i>	<i>2 68</i>				<i>15 48</i>		
		<i>34 10</i>			<i>5 36</i>			<i>20</i>			
June	<i>33</i>			<i>CAP</i>				<i>20</i>			
				<i>501 10/6/18 ✓ (8)</i>	<i>3 57</i>						
				<i>582 25/6/18 ✓ (15)</i>	<i>3 57</i>				<i>21 34</i>		
		<i>33</i>			<i>7 14</i>			<i>20</i>			
July	<i>34 10</i>			<i>CAP</i>				<i>20</i>			
				<i>679 20/7/18 ✓ (5)</i>	<i>3 57</i>				<i>31 87</i>		
		<i>34 10</i>			<i>3 57</i>			<i>20</i>			
Aug	<i>34 10</i>			<i>CAP</i>				<i>20</i>			
				<i>768 6.8.18 ✓ (1)</i>	<i>7 14</i>						
				<i>847 23/8/18 ✓ (13)</i>	<i>3 57</i>				<i>35 26</i>		
		<i>34 10</i>			<i>10 71</i>			<i>20</i>			
Sept	<i>33</i>			<i>CAP</i>				<i>20</i>			
				<i>924 8/9 ✓ (1)</i>	<i>3 57</i>						
				<i>LOR. 20.8.18 ✓ (6)</i>	<i>6 67</i>				<i>44 62</i>		
		<i>33</i>			<i>3 64</i>			<i>20</i>			
				<i>Carried Forw</i>							

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Part Swd								44 62		
Oct				PP	34 10		cap				20	58 42		
							1018 5/10 136RT	14	3 93			54 49		
							1104 19/10	27	3 93			51 36		
							JOR	35	32			50 94		
					34 10				4 48					
Nov				✓	33		cap				20	63 94		
							1203 7/11	12	3 93			60 21		
							1289 12/11	31	9 88			50 88		
Dec				✓	34 10		cap				20	64 98		
							1452 15/12	64	13 06			51 92		
							20.112.17.12.18 13 CRT					46 42		
							5dup 7P *1. 3-12-18		550			60 52		
Jan				✓	34 10		cap				20	60 52		
					101 20				26 12 550			60		
Feb				✓	30 80						20			
							1600 21/1	17	7 46					
							4531 29/11	49	4 66					
							cap 17/12 Jan	61	9 73					
							1307 17/12 JOR	64	38 93					
							cap 17/12 Jan	67	9 73					
Mar				✓	34 10		cap				20	81		
							6176 23/1 CRT	81	9 73			14 91		
							7920 10/3	103	14 47			14 29		
							4571 15/3	116	4 87			19 16		
					64 90				104 58		40			
							10647 11/17 end	253	4 87			24 03		
									4 87					
SOS 29/2/19 S/L 7th														

154523

4-3-43

WAR SERVICE BADGE CLASS **M.D.2**

Hamilton
Mother
Fisherman

SERVICE GROUP 31

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

OCCUPATIONAL GROUP 5.

(Demobilization.) "A"

M

1. No. 3105 433.

2. Rank. Sapper.

3. Name. MORRISON. - Alexander.

4. Unit. 2nd C.O.R. 13th C.R.Y.

5. Date of Discharge APR 8 1919 Place HAMILTON, ONT.

6. Reason for Discharge.....

DEMOBILIZATION

7. Authority. No.2 District Depot, Part II, D.O.No. 160

8. Proposed Residence after Discharge.....

Curling Bay of Islands
of Newfoundland

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?.....

SI 1-1171 MAR 27/19
APR 1 X APR 5 ..
I M I * ANONIA *

Alexander Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... HAMILTON, ONT.

Date..... APR 8 1919

Signature.....

(O. C. Discharging Unit.)
For

PROCEEDINGS ON DISCHARGE
(Mobilization)

WPR 17 1919

[Faint, illegible handwriting]

HAMILTON, ONT. APR 8 1919

DEMobilIZATION

[Faint, illegible handwriting]

EMPLOYEE TO BE SIGNED BY SOLDIER

I hereby acknowledge that in the enclosed place and date I received my discharge. I further

ST. JAMES
APR 12 1919
J. M. + J. M. O'NEILL

Signature of soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

HAMILTON, ONT.

APR 12 1919

[Faint, illegible handwriting]

(O. O. P. [illegible])

[Faint, illegible handwriting]

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 23	Attestation Paper, Tiphin
Medical Form W. 123	or Particulars of Service
Medical Form W. 124	Field Conduct Sheet
Medical Form W. 125	Company Form
Medical Form W. 126	Last Pay Certificate
Medical Form W. 127	Certificates showing documents and discharges
Medical Form W. 128	Medical History Sheet
Medical Form W. 129	Proceedings of Medical Board
Medical Form W. 130	Dental History Sheet
Medical Form W. 131	Medical Report
Medical Form W. 132	Regimental Conduct Sheet
Medical Form W. 133	Company Conduct Sheet

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D, M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

Group *A*

Checked by No. *W*

..... *W*

Date *27 MAR 1918*



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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn. 2nd C. O. R.

Regimental No. 3105733 Rank Pte. Name MORRISON, Alexander

C. E. F.

Enlisted (a) 26-11-17 Terms of Service (a) D. of War Service reckons from (a) 26-11-17

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) Fisherman

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				
26-2-18	8th R. Bn.	Embarked Canada Disembarked England T.O.S. from 1st Depot Bn. 2nd C.O.R., on arrival from Canada.	Halifax Liverpool	3-2-18 16-2-18	
15-3-18	8th R. Bn	S.O.S. on transfer to Canadian Railway Troops	E. Sandling	3-2-18	D.O. Pt 2 57 & 58
15/3/18	CONVA.	Taken on Strength.	Purfleet	15/3/18	D.O. #74 Adjutant, 3rd Bn. 2nd C.O.R. Reserve Bn. 20# 74
16/3/18	C.R.T. DEPOT.	S.O.S. C.R.T. DEPOT ON POSTING TO 13th C.R.T.	PURFLEET	16/3/18	Part 11 D.O. 75 Lieut for O.C.
16/3/18	O.C. 13th Bn. C.R.T.	TAKEN ON STRENGTH FROM C.R.T. DEPOT. PURFLEET	PURFLEET	16/3/18	Part 11 D.O. 4

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

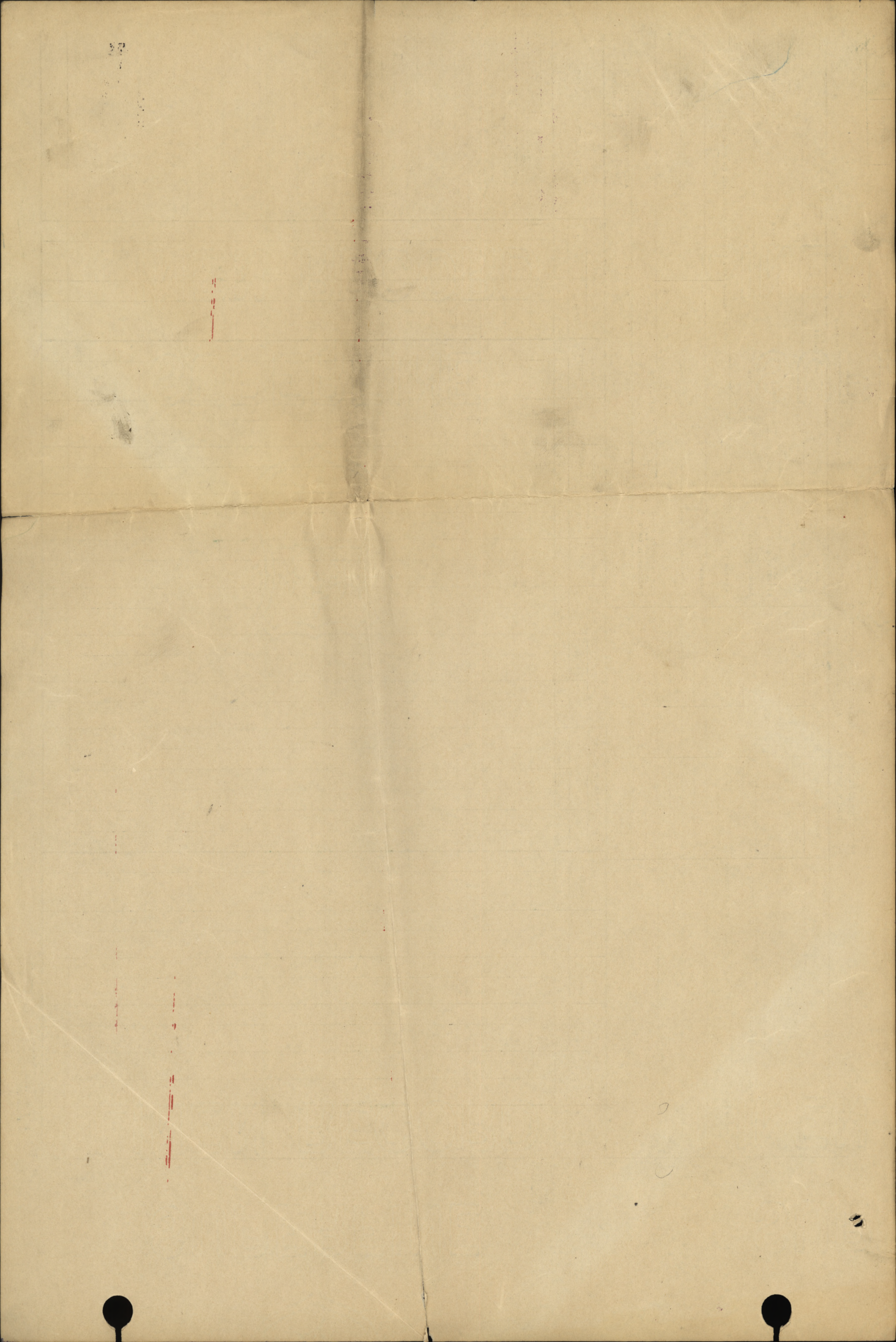
3105733. Sgt Harrison A.

CERTIFIED CORRECT

Date	Report 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
28-3-18	13th. Bn. CRT	Proceeded overseas	Furfleet	28-3-18	Part ii D.O. 16 <i>C. Harland</i> 13th. Bn. Can R'y Troops. Capt. Adj. <i>g</i>
----- Landed in France -----					
FIELD 29-3-18 Pt II DO No. 17 dated 19.4.18					
14-4-18	Ob., Bin	Sentenced to 5 days F.P. No. 2 10 ⁴ / ₁₈ for W.O.A.S. Inattention on parade 8-4-18.	Field	10-4-18	B 2069 Pt II DO 18 d/24-78
5-12-18	O.C. 13th. CRT	Sentenced to 5 days F.P. No. 1, 3-12-18, for "W.O.A.S. Absent without leave from 0730 hrs 2-12-18 until 1200 hrs 2-12-18."	do	2-12-18	B. 2069 DO 112 d/12-12-18
29.1.19	C.M.D.	Trans. to England for demob. posted to CRTD Groatby Lock, W. Liverpool	to Klamet M.D. Wing No. 2	30.1.19	GWP AZC 10 d/1919 <i>Chas. B. Chaffells</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F. <i>35 65</i> <i>W. Morrison</i>

19 FEB 1919
11 MAR 1919

COPIED
INDEXED



Date of Enlistment

Auth & R

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 19831

1.2.18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>\$20⁰⁰</i>			
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1/22 MRO

PARTICULARS OF SEPARATION ALLOWANCE

No. *3105733*

Rank *Plt* Promoted Reverted Discharge

Soldier's Name *Marrison Alexander*

Battalion *1st Depot Bn, 2nd C.O.R.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Elizabeth Marrison (Mother)*

Address *Curlew Bay of Islands Newfoundland*

Change of Address

1

2

3

4

27-2-18 Eutlang don

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Feb 1918</i>	<i>L 77845</i>		<i>20</i>	<i>20</i>	<i>R</i>
<i>March</i>	<i>M 75645</i>		<i>20</i>	<i>20</i>	<i>R</i>
<i>Apr</i>	<i>N 10297</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 17517</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>N 21759</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>H 31167</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 40455</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sep</i>	<i>U 42726</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct.</i>	<i>X 53969</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov.</i>	<i>Z 57171</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec.</i>	<i>X 67517</i>		<i>20</i>	<i>20</i>	<i>✓✓</i>
<i>1919</i>					
<i>Jan</i>	<i>Z 72492</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>W 76791</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>M 86037</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>P 3673</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>300</i>	<i>300</i>	

013131-a96

Stencil ordered 15/3/18 MRO 1^a

M. F. W. 128.
400M-517-1772-33-1141
L. L. 22520-M. & D. 7993.

Alc Closed 30/4/19

Ret'd per. Cannon

Date 4/4/19 M.F.W.187 14/4/19 MRO2

Emphibee

MRO 86233 Destroy

Date of Enlistment _____

MILITIA AND DEFENCE

Date of Assignment _____

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

	Name
	Address
	Change of Address
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M