

6 M. D. 1st Depot Battalion No. 3204609 Regiment

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison
2. Christian name Alexander
3. Present address Mount Vernon, P.E.I.
4. Military Service Act letter and number HC 583206
5. Date of birth May 1 1893
6. Place of birth Mount Vernon P.E.I.
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin Jonathan D. Morrison
11. Relationship of next-of-kin Father
12. Address of next-of-kin Mount Vernon, P.E.I.
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 Ch'town, P.E.I. (b) Date 11-1-18 (c) Category A2

Sufficient Address WBT

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 22 yrs 8 mths.
Height 5 ft 8 ins.
Chest measurement fully expanded 32 1/2 ins. range of expansion 39 ins.
Complexion Ruddy
Eyes Blue
Hair brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease.



O.C. [Signature] Depot Btin. M. REGT. O.C. "H" COY. 1st DEPOT B'N N.S. REG'T

Place Date

3504600

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

**Morrison**

**Alexander**

**Mount Vernon, P.E.I.**

**HC. 583208**

**May 1 1893**

**Mount Vernon P.E.I.**

**Single**

**Presbyterian**

**Farmer**

**Jonathan D. Morrison**

**Father**

**Mount Vernon, P.E.I.**

**No**

**No**

**A2**

**Ch'own, P.E.I. (D) Date 11-1-18**

## DECLARATION OF RECRUIT

**Alexander Morrison**

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

indicative marks and marks indicating congenital peculiarities or previous illness

Age	22
Height	5
Build	34 1/2
Complexion	33
Hair	<b>Brown</b>
Eyes	<b>Blue</b>
Other	<b>Buddy</b>

Doc. No.

Key

M. S. 17  
1917

REGIMENTAL DOCUMENTS

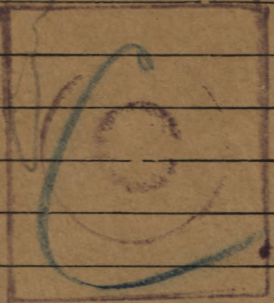

Pte.

NAME **MORRISON** *Alexander*

REGT. NO. **3204609** UNIT

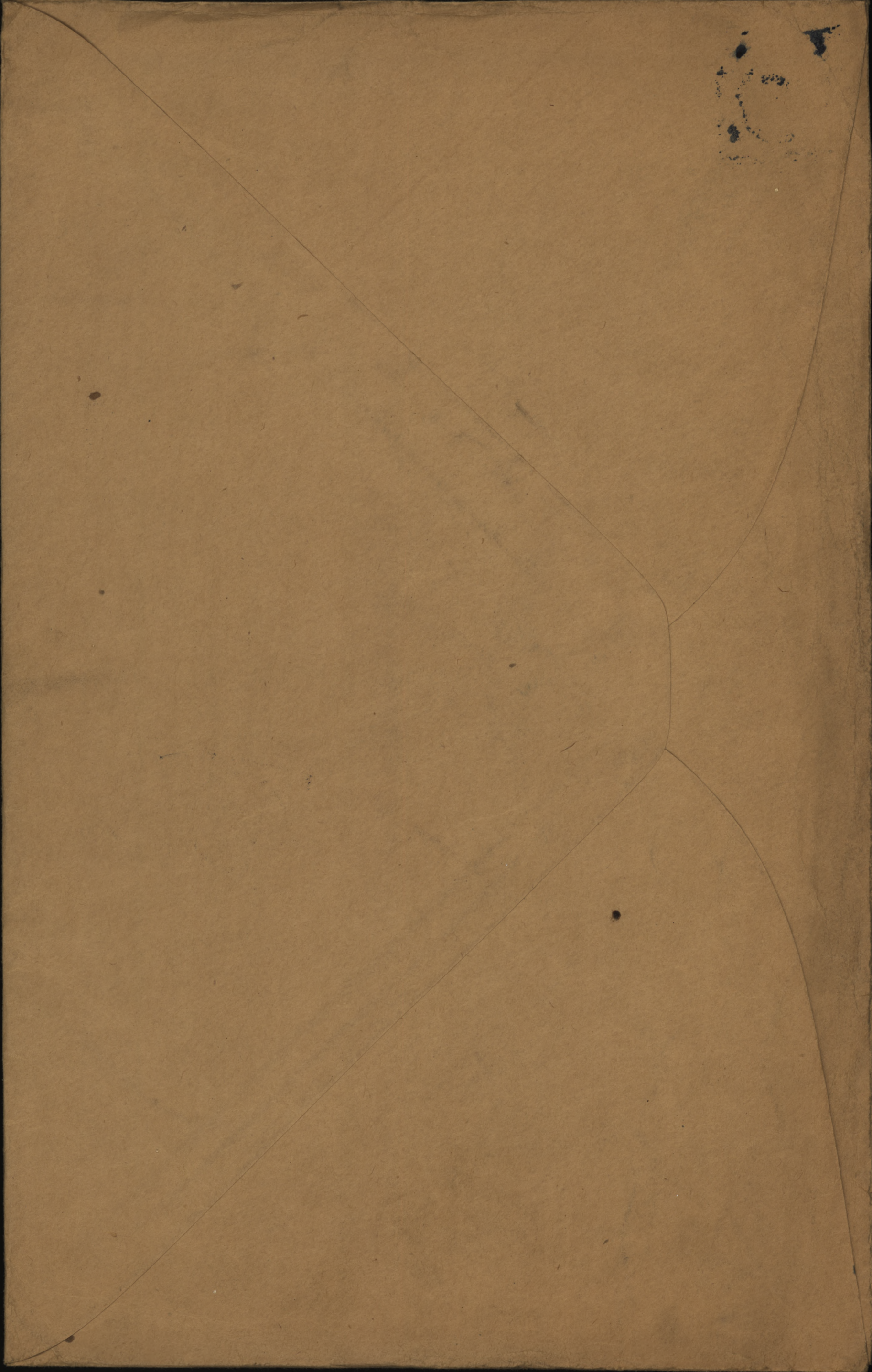
*6th Det. C.G. R.* H. Q. FILE NO.

*a.s. 5-5-49*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
3 2 1 <b>S</b> ATTESTATION PAPER (M.F.W. 23, 133, or 51)						
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						
1 TRAINING HISTORY SHEET (M.F.W. 113)						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
1 DENTAL HISTORY SHEET (M.F.B. 465)						
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1 MEDICAL EXAMINATION (M.F.W. 129)						
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				33815		
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						
1 LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
1 PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>land card</i>						
					49 — 23	
					20 — 23	
					13 — 23	
					—	
					1	



49 — 23  
20 — 23  
13 — 23  
—  
1



C

M. F. W. 71-500M.-6 18.  
1772-39-951.

NAME

Morrison, A

REGIMENTAL NO.

3204609

RANK

Pvt.

ENLISTED AT

PROMOTIONS, &c.  
AND DATE

DATE

11.2.19

IF SERVED PREVIOUSLY, STATE UNIT, &c.

1st Bn R.N.R.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C
	NO.	DATE	
Trans from 1st Lt. 11/2/19 to 2nd Lt.	46	15. 2. 19	1st Lt. Hammond Charlottesville, P. E. S. S. Y 7 0.398.
Sed 21-4-19 on Demobn	114	24-4-19	U.S. 133-111-13-d/13-4-19

Surname *Morrison*  
Christian names *Alexander*  
Regtl. No. *3204609* Rank *Pte.*  
Unit *N.S. Regt 1st Depo Bn*

H. Q. ✓

M. D. No. *6*

T. O. S. *June 18<sup>th</sup> 1918*

D. O. Pt. II *168* of *19-6-18*

S. O. S. *110. 21-4-19 19*

Reason *Demob.*

Auth. *Do 114-24-4-19*  
*#67-8-1-P.*

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

Address *Mount Vernon, P.E.I.* Also notify:

BORN—Place *Canada, Mount Vernon, P.E.I.* Date *May 1<sup>st</sup> 1893*

ATTESTED—Place *Charlottetown, P.E.I.* Date *June 18<sup>th</sup> 1918*

O/S..... R/C.....

1.  
42



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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st. D. B. N. S. Regt.

Regimental No. 3204609 Rank Pte. Name Morrison, Alexander  
C. E. F.

Enlisted (a) 18-6-18 Terms of Service (a) War and 6 Mons. Service reckons from (a) 18-6-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended ..... Re-engaged ..... Qualification (b) Former

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				
		<i>Transf'd to 6th Rec Co. Ch. Town 12.19 102 F.O. No 338.</i>	<i>Ch. Town</i>	<i>12.19</i>	<i>Recd. O.C. No 8 Platoon</i>
		<i>Struck off strength 6th. Rec. C.G.R. C.E.F. On disembarking</i>	<i>Ch. Town</i>	<i>21.19</i>	<i>C.W. MacArthur Officer i/c Recoras 6th Rec. C.G.R. C.E.F.</i>
		<i>Sold. D.O. Part II No. 1114.</i>		<i>(21.19)</i>	

(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. [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				

Reference copy of original C.E.F. Discharge Certificate  
issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. <u>3204609</u> (Rank) <u>Private</u>	
(Name in Full) <u>Alexander Morrison</u> enlisted in	
<u>Wesley's</u> <u>3rd Bn</u> <u>18th</u> of <u>June</u>	
Canadian Overseas Expeditionary Force, on the	
191 <u>8</u> , and accompanied said unit to <u>Canada</u>	
was returned to Canada, and discharged from the service at <u>Charlottetown P.E.I.</u>	
on the _____ of _____ 191 <u>8</u> , in consequence of _____	
<b>DESCRIPTION ON DISCHARGE</b>	
Age <u>24 yrs.</u>	Marks or Scars _____
Height <u>5 feet 8 ins.</u>	_____
Complexion <u>Ruddy</u>	_____
Eyes <u>Blue</u>	_____
Hair <u>Brown</u>	_____
Trade <u>Farmer</u>	_____
Signature of Man <u>A. Morrison</u>	<u>Charles E. J. S. Lieut. Col.</u> Officer in charge Discharge Depot.
Place and Date <u>Charlottetown P.E.I. 24 April 19</u>	

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. ....

Rank .....

Name .....

Unit .....

Address on Discharge.....

.....

.....

.....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

His conduct and character while in the Service have been : .....

.....

.....

Place .....

Date ..... Commanding .....

Campaigns .....

Medals and Decorations .....

.....

.....

# 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. 3244609 Rank Pvt. Surname Morrison  
(Given name in full)

Unit or Corps 6. Det. C. G. D. Birthplace Alexander  
Mount Vernon, D. C.

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition good

Pulse 78

Condition of arteries good

Vision Rt. 20-20 Left 20-20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).

Nil.

Opinion as to general health and physical condition good

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 ..... (Overseas)

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 Medical Board.)

**THIS SECTION FOR USE IN CANADA—**

Examined at *Charlottetown* (Canada)

Date *21-4-19* ..... 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 *[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.)

MILITARY SERVICE ACT, 1917.

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 HC 583206  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 88  
 4. Address (including street and number, if any) Mt Vernon, P.E. Island

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of January 1918 by the undersigned medical board sitting at Charlottetown, P. E. I.

5. Age as stated 22 Years 8 Months. 6. Apparent age 22 Years \_\_\_\_\_ Months  
 7. Height 5 Feet 8 Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 32½ Ins. 10. Complexion Ruddy { Eyes Blue  
 { Maximum 39 Ins. { Hair Brown

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

13. Number of vaccination marks { Right arm 0 14. When vaccinated last 10 years ago  
 { Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Vision R 20/30 L. 20/30 Hearing Normal

(Sgd) J. A. McPhee, Capt AMC President.

(Sgd) A. Ross, Capt A.M.C. Member. (Sgd) Geo Carruthers M.D. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
21/6/18	Good	Syphilis M.O.	20/6/18	Good	Syphilis M.O.
		M.O.	5/7/18	u	Syphilis M.O.
		M.O.	13/7/18	Good	Syphilis M.O.

Joined 18 day of June 1918 at Charlottetown, P.E.I.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st DBNSR</u>	<u>3204609</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Charlottetown, P.E.I.</u>	<u>11-1-18</u>		<u>Category A2</u>
<u>de'loin.</u>	<u>21-4-19</u>		<u>Cat. A</u>

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

Signature of Man (sgd) Alexander Morrison





MILITARY SERVICE ACT, 1917.

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 Morris Christian name Alexander  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 583204  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 58  
 4. Address (including street and number, if any) Mount Vernon P.E.I.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of April 1917, by the undersigned medical board sitting at St John's P.E.I.

5. Age as stated 32 Years 8 Months. 6. Apparent age 32 Years 8 Months  
 7. Height 5 Feet 8 Inches. 8. Weight 160 Pounds.  
 9. Chest measurement { Minimum 32 1/2 Ins. Maximum 39 Ins. 10. Complexion Ruddy { Eyes Blue Hair Brown  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks nil  
 13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last 10 yrs ago  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

rd. to Schedule by CSM D

16. Slight defects but not sufficient to cause rejection. The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A As per para 17 2d 3d  
As per para 17 1st 2d 3d  
As per para 17 1st 2d 3d  
 President. Dr. [Name]  
 Member. [Name] Member. [Name]

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
20/6/18	Good	<u>Spurain</u> M.O.	2/6/18	Good	<u>Spurain</u> M.O.
		M.O.	5/7/18		<u>Spurain</u> M.O.
		M.O.	13/7/18	Good	<u>Spurain</u> M.O.

Joined 18 day of June 1918 at Charlottetown, P.E.I.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st DBNSR</u>	<u>3204609</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>St John's P.E.I.</u>	<u>11/11/18</u>		<u>Category A</u>

Signature of Man



Serial no. 30  
29.4.19.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	3204609	
2. Rank.	Private	
3. Name.	Morrison Alex	
4. Unit.	6 Det C.S.M. C.E.F.	
5. Date of Discharge	21 April 19	Place Charlottetown P.E.I.
6. Reason for Discharge	Demobilization	
7. Authority.	G.O. 133. 111. 13. (13. 4. 19)	
8. Proposed Residence after Discharge	Mount Vernon I.E. Island	
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.? 39.	
	Morrison A.	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
	Place Charlottetown P.E.I.	
	Date 21st April 19	
	Signature Charles Leigh Lieut. Colonel	
	(O. C. Discharging Unit.)	

REPORT FORM NO. 10  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1. NAME	
2. GRADE	
3. UNIT	
4. SERVICE NUMBER	
5. DATE OF DISCHARGE	
6. PLACE OF DISCHARGE	
7. TYPE OF DISCHARGE	
8. NAME OF DISCHARGE OFFICER	
9. SIGNATURE OF DISCHARGE OFFICER	
10. SIGNATURE OF SELLER	
11. SIGNATURE OF BUYER	
12. SIGNATURE OF WITNESS	
13. SIGNATURE OF DISCHARGE OFFICER	
14. SIGNATURE OF DISCHARGE OFFICER	
15. SIGNATURE OF DISCHARGE OFFICER	
16. SIGNATURE OF DISCHARGE OFFICER	
17. SIGNATURE OF DISCHARGE OFFICER	
18. SIGNATURE OF DISCHARGE OFFICER	
19. SIGNATURE OF DISCHARGE OFFICER	
20. SIGNATURE OF DISCHARGE OFFICER	

LIST OF DISCHARGE PROCEEDINGS

William Linn, Typhoid	1871
John Linn, Typhoid	1872
John Linn, Typhoid	1873
John Linn, Typhoid	1874
John Linn, Typhoid	1875
John Linn, Typhoid	1876
John Linn, Typhoid	1877
John Linn, Typhoid	1878
John Linn, Typhoid	1879
John Linn, Typhoid	1880
John Linn, Typhoid	1881
John Linn, Typhoid	1882
John Linn, Typhoid	1883
John Linn, Typhoid	1884
John Linn, Typhoid	1885
John Linn, Typhoid	1886
John Linn, Typhoid	1887
John Linn, Typhoid	1888
John Linn, Typhoid	1889
John Linn, Typhoid	1890
John Linn, Typhoid	1891
John Linn, Typhoid	1892
John Linn, Typhoid	1893
John Linn, Typhoid	1894
John Linn, Typhoid	1895
John Linn, Typhoid	1896
John Linn, Typhoid	1897
John Linn, Typhoid	1898
John Linn, Typhoid	1899
John Linn, Typhoid	1900

**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