

ATTESTATION PAPER.

No. 527258.

Folio. *A<sup>2</sup>*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Morrison*
- 1a. What are your Christian names?..... *Alexander Gordon*
- 1b. What is your present address?..... *Scotatown, Que. R.M.D.No.2.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lingwick, County Compton, Que.*
- 3. What is the name of your next-of-kin?..... *Dorothy Campbell Morrison*
- 4. What is the address of your next-of-kin?..... *Scotatown, Que. R.M.D.No.2*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *19th Sept. 1894*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *Royal Highlanders of Canada for about 3 weeks. Never in the Navy. A.G.M.*  
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alexander Gordon Morrison*, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Date..... *20<sup>th</sup> Sept.* 191*7*..... *Alexander Gordon Morrison* (Signature of Recruit)  
..... *A. G. Thomas* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alexander Gordon Morrison*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date..... *20<sup>th</sup> Sept.* 191*7*..... *Alexander Gordon Morrison* (Signature of Recruit)  
..... *A. G. Thomas* (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..... this..... 191*7*.





Description of Alexander Gordon Morrison on Enlistment.

Apparent Age.....33 years .....0 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 10 ft.....ins.  
 Chest measurement { Girth when fully expanded.....39 ins.  
 Range of expansion.....✓ ins.  
 Complexion.....Dark  
 Eyes.....Blue  
 Hair.....Black

Religious denominations { Church of England.....  
 Presbyterian.....X  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

Eyesight R. D.= 2/0  
 " L. D.= 2/0  
 Hearing R. Ear OK  
 " L. " OK

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\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....SEP 17 1917.....191  
 Place.....MONTRÉAL, P. Q.

Declared **FIT** by MEDICAL BOARD  
 MOBILIZATION CENTRE, M. D. #4  
*H. A. ...*  
 Medical Officer.  
 President, S. M. B.

\*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:—

21  
 "A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Alexander Gordon Morrison.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*W. ...*  
 (Signature of Officer)  
 S. O. A. M. C. Training Depot No. 4.

Date.....SEP 26 1917.....1917.



9ms  
30.7.11  
pte

# REGIMENTAL DOCUMENTS

NAME MORRISON ALEXANDER G REGT. NO. 527258 UNIT 4.m.e.t.D. H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

**M**

TO WHOM FORWARDED

M

DATE FORWARDED

M. F. W. 2505  
REFERENCE

33823

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Demolition*

DESERTION

H

**S**

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

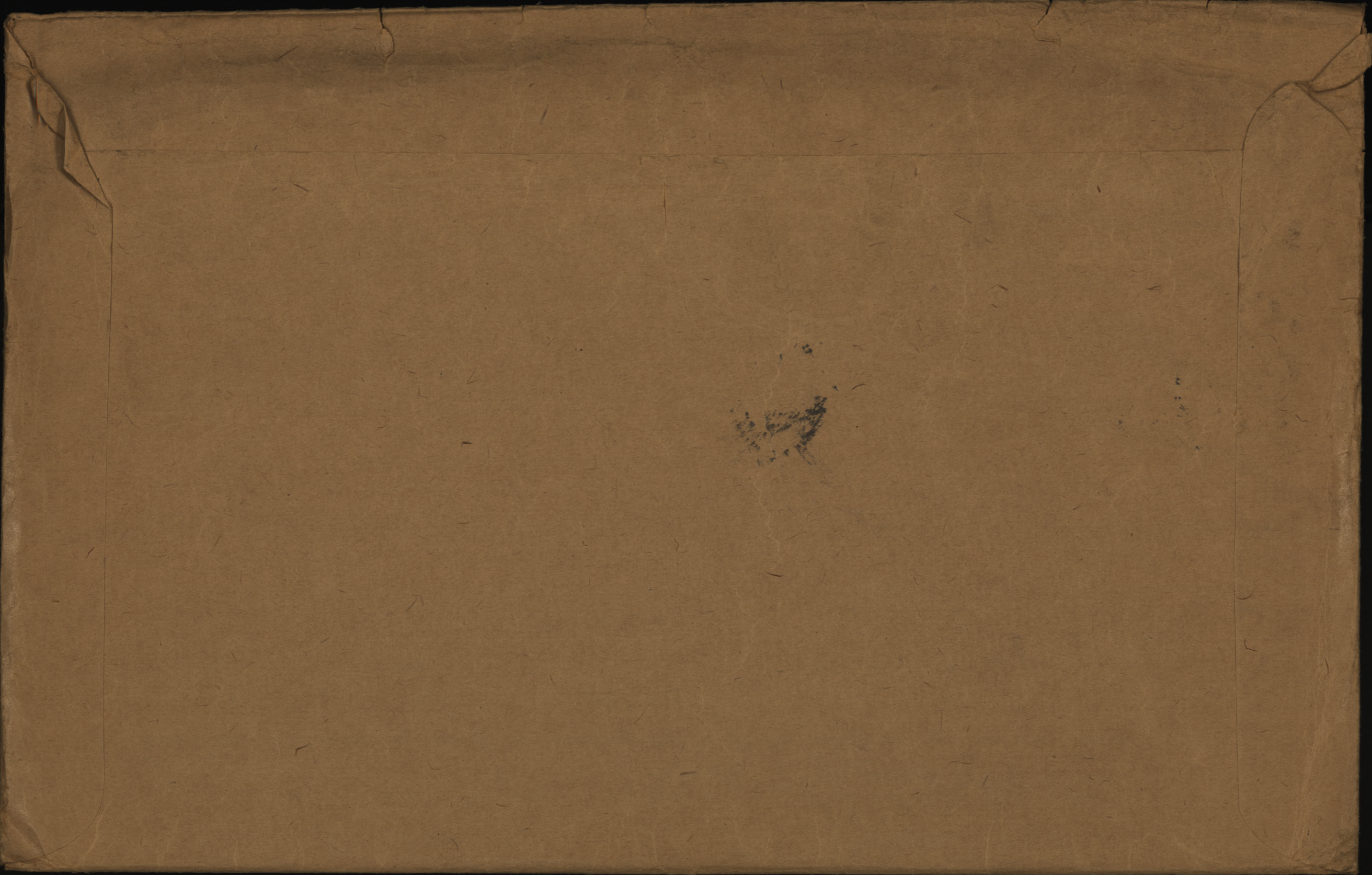
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 misc

*1 R149  
1 Discharge  
1 Discharge  
1 Discharge  
1 pay card  
1 med card*

23  
23  
*17-23  
8-23  
1*







No. 527258 RANK *Pte.*

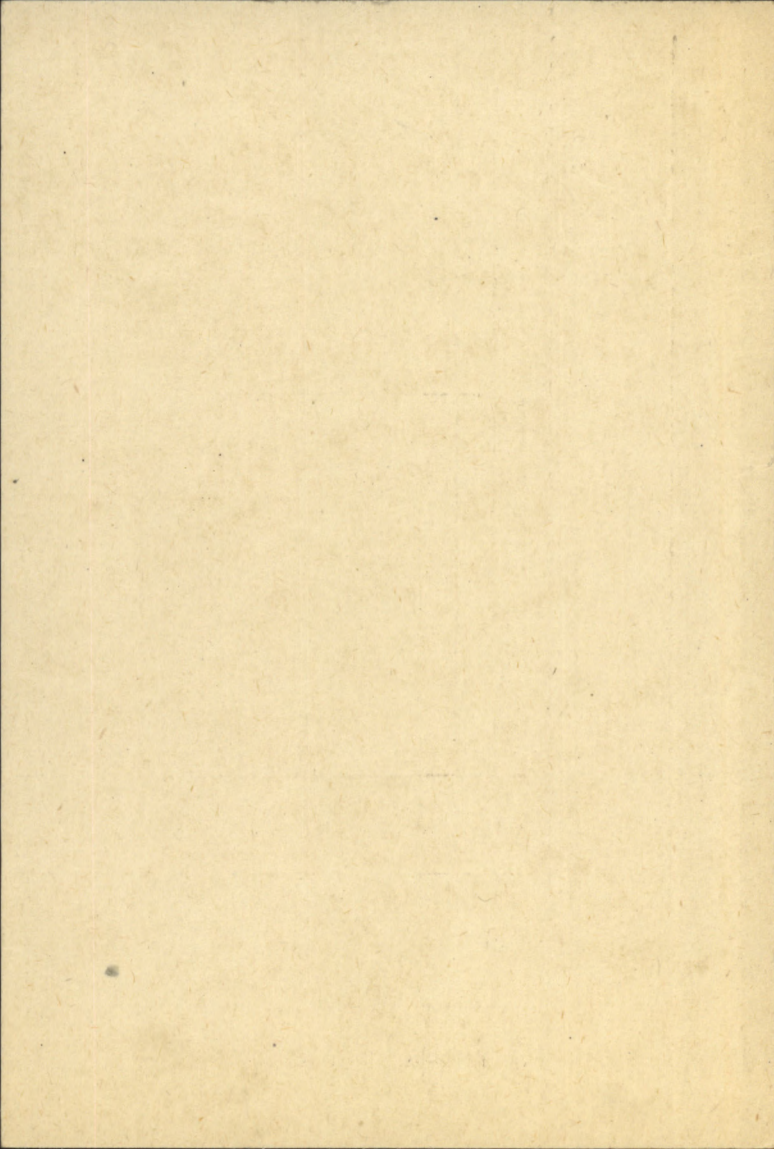
NAME *Marrison, A. G.*

T. O. S. *20-9-17* UNIT *A. M. C. Training Depot, No. 4.*  
*(No. 265 of 22-9-17)*

M. D. *4. Val.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i> <i>Sept. 20</i>	<i>1917</i> <i>Sept 30</i>	<i>d.</i> <i>u.</i> <i>u.</i>		
<i>Oct</i>				
<i>Nov</i>				















SURNAME.

*Morrison*

CHRISTIAN NAMES

*Alexander Gordon*

REGL. NO.

*527265*

RANK

UNIT

*C. A. M. C. T. D. # 4 (13<sup>th</sup> RD)*

FORMER CORPS

*R. H. of C. (3 weeks)*

4  
CARD NO.  
*808 Dis 4-7-19*  
*Perm # 4100*  
*1919 10-7-19*  
FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison, Mrs. Dorothy Campbell*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*R. M. D. #2 Scotstown, P. Q.*

COUNTRY OF BIRTH

*Canada, Lingwick, P. Q.*

DATE

*Sept. 19<sup>th</sup> 1874*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Sept. 20<sup>th</sup> 1917*

*Halifax per S.S. Misserabic 3-2-18*

*R/C 2/7/19 060  
38 Pte.*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

*10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



NAME

Morrison A. G.

REGT. NO.

527258.

RANK AND UNIT

Pvt C.A.M.C.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 357

3<sup>rd</sup> Can. Gen. Boulogne

27-10-18

Influenza

A 363

Disch

2-11-18

" " "



a-x-E  
FMBV

Number. 5-2723-8 ..... Rank ..... Pte

Surname. MORRISON .....

Christian Name. Alexander Gordon .....

Units. C.A.M. Co. .... Theatre of War. France

Date of Service. .... 29-5-18 .....

Remarks. ....

Latest Address. ~~R.M.D. #2 Scotland~~ .....

..... P.O.

Roll No.

B. Page 7357.

1 Bagley St  
St Johnsbury  
Vermont  
U.S.A.

Handwritten initials and a large blue 'X' mark on the right side of the document.



No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.  PARTICULARS	AUTHORITY
				<p>DESP OCT 18 1921 REGN. NO. 4842430</p>



Surname

Christian Name or Names

Reg. No.

MORRISON.

A.G.

527258.

Rank

Unit

Pte.

C.A.M.C. 3G.

Cas. List.

3. C.G.H. B'logne.

27-10-18.

31-10-18.A357.

Influ'za.

*Rv*

*7-11-18 @ 368*

*Dis. 2-11-18*

A.M.D. 2 DEPT.

Sch. of D.G.M.S. O.M.F.C. London.







# Casualty Form—Active Service.

Unit, Regiment or Corps. *Off. A. M. C. TRAINING DEPOT NO 4 to class "A"*

Regimental No. *527258* Rank *Private* Name *Alexander Gordon Morrison*

C. E. F.

Enlisted (a) *20.9.17* Terms of Service (a) *C.E.F. Prof War* Service reckons from (a) *20.9.17*

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) *Farmer*

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>Embarked Canada</i>		<i>3 FEB 1918</i>	
		<i>Disembarked England</i>		<i>16 FEB 1918</i>	<input checked="" type="checkbox"/>
<i>21 FEB 1918</i>	<i>C.A.M.C. D</i>	<i>TAKEN ON STRENGTH from Schiffe Canada</i>		<i>3 FEB 1918</i>	<i>1252</i> <input checked="" type="checkbox"/>
<i>7 MAR 1918</i>		<i>S.P. to S.P. 6 R. 6. S.H. Beachill</i>		<i>5- 8-3-18</i>	<i>Prop 66</i> <input checked="" type="checkbox"/> <i>Cyberland Hunt</i>
<i>3-18</i>	<i>O.C.P.R.E.A.H.</i>	<i>G.O.S. on posting from C.A.M.C. Depot.</i>	<i>Cooden Camp.</i>	<i>5- 8-3-18</i>	<i>P.L. 11, J.O. 36</i> <input checked="" type="checkbox"/> <i>d-4-3-18</i>
<i>6-4-18</i>	<i>O.C.P.R.E.A.H.</i>	<i>J.O.S. on posting to C.A.M.C. Depot.</i>	<i>Cooden Camp.</i>	<i>6-4-18</i>	<i>P.L. 11, J.O. 62, d-6-4-18</i> <input checked="" type="checkbox"/> <i>R.H. Lutterland Major</i>
<i>8 APR 1918</i>	<i>C.A.M.C. D</i>	<i>TAKEN ON STRENGTH</i>	<i>Shuncliffe</i>	<i>6 APR 1918</i>	<i>P.L. 11, J.O. 98</i> <input checked="" type="checkbox"/> <i>ADJUTANT</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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



CERTIFIED CORRECT.

Date 4 JUN 1918

CANADIAN RECORDS LONDON.

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

From whom received

*S.O.P. to Overseas*  
**DISSEMBARKED**

*St. Cliffe*  
**HAVRE**

*29-5-18*  
**CAPT. ASST. ADJUTANT FOR OFFICER COMMANDING. C.A.M.C. DEPOT**

Having arrived as Reinforcement is taken on the strength of

*Field* 29-5-18 *M.R. Pt II 34 of 5-6-18*

6-6-18 *by B.D.*  
9/6/18 *3 C G.H.*  
8/6/18 "

*Left for 3 Gen. Hosp*  
*Posted to No 3 C G Hosp*  
*To Son Posting from C.A.M.C. Gen.*  
*Authy D.G.M.S. 13/1504/108 24/5/18*  
*Influenza. ad. 3 C G. H.*

6-6-18 *M.R. Pt II no 36 of 25/6/18*  
9/6/18 *B213*  
7/6/18 *B213 Pt II no 33*  
27-10-18 *W3024 M312*

2.11.18 "  
9.3.19 "  
22 "

*do To duty.*  
*Leave to ok. 7.3.19 to 21.3.19*  
*Returned from leave.*

2.11.18 *W3034 M 2645*  
*B213 no No 14 1919*  
21.3.19 *B213*

Proceeded to England.

*A. G. Curson*  
Capt. for Lt.-Col., A. A. G.

Canadian Section, G. H. O. 3rd Echelon, B. E. F.

*26/5/19 B.Wing* **T.O.S.**  
**SOS, OMFC TO CEF-CANADA**

*Witley* 24/5/19 *D.O. No 39*

18 JUL 1919  
*R. Wing C.C.O.*  
**OFFICER in RECORDS.**  
**R. WING C.C.O. WITLEY**



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

Sheet #2

## Casualty Form—Active Service.

Unit, Regiment or Corps C.A.M.C.Regimental No. 527258 Rank Pte. Name MORRISON A.G.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
10-7-19.	O/S	T.O.S. DD#4.Disp.Stn"F"	Montreal	35-6-19.	D.O.PT.II#191
10-7-19.		S.O.S. DD#4.Demob.	"	4-7-19.	D.O.PT.II#191 R.O.1420.

*G. W. Fletcher*  
2/ Lieutenant,  
Assistant Adjutant,  
District Depot No. 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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]







Dft. NO 4 C A M C. To C A M C T D

LTR

Rank

Name

MORRISON, Alexander Gordon

Reg'l No.

527258

Unit

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment

Montreal. 20th Sept, 1917

Place of Birth

Lingwick Co Compton.

Name and Address, Next-of-Kin

Dorothy Campbell Morrison

Quebec.

R.M.D. No.2. Scotstown

Quebec

Relationship

?Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—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		1-2-18	S/S MISSANABIE
21-2-18	Came to	Taken on Strength	Schliffe	3-2-18	Pt II 52
7-3-18	Came to	SOS to PPCRC Hp	Pte Schliffe	5-3-18	Pt II 66436 $\frac{3}{18}$ of PPCRCX Hp
6-4-18	PPCRC Hp	SOS to Came to	" Bexhill	6-4-18	Pt II 62498 $\frac{4}{18}$ of Came to
29-5-18	Came to	S.O.S. on Proc O'sear	Schliffe	29-5-18	Pt II 149 + 34 $\frac{6}{18}$ of Came to
15-6-18	Gen	S.O.S. to 3rd Can Gen Hp.	Field	6-6-18	Pt II 36 + 33 $\frac{6}{18}$ of 3rd Gen.
26-4-19	R Army PCC	TOT for C & ML part. PTC	" Witley	26-5-19	— 39
25-6-19	do	SOS to Canada.	Pte Witley	25-6-19	DO 65

84 - F - 40 of 25-6-19

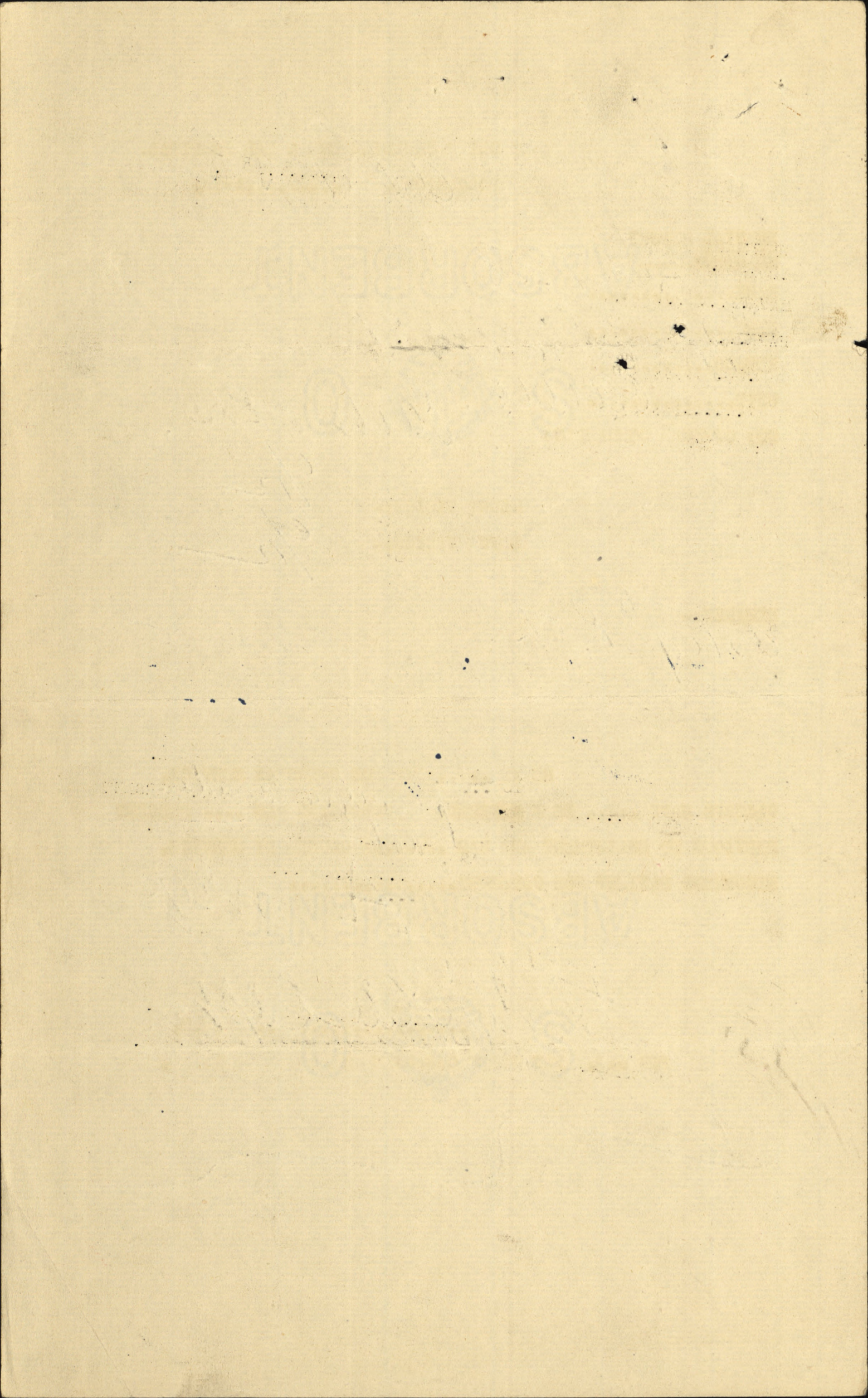














CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MORRISON Alex Gordon

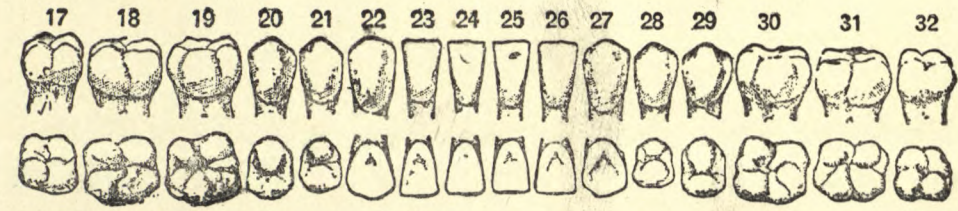
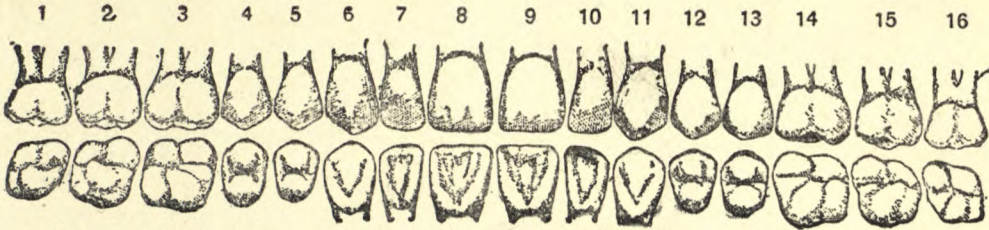
REGIMENT 3rd Can Gen Hosp RANK No. 527258

Date of Examination in England 26/5/47 Date of Examination in France

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 20. 31. 32. 29.

2. EXTRACTIONS

3. CROWNS

- 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

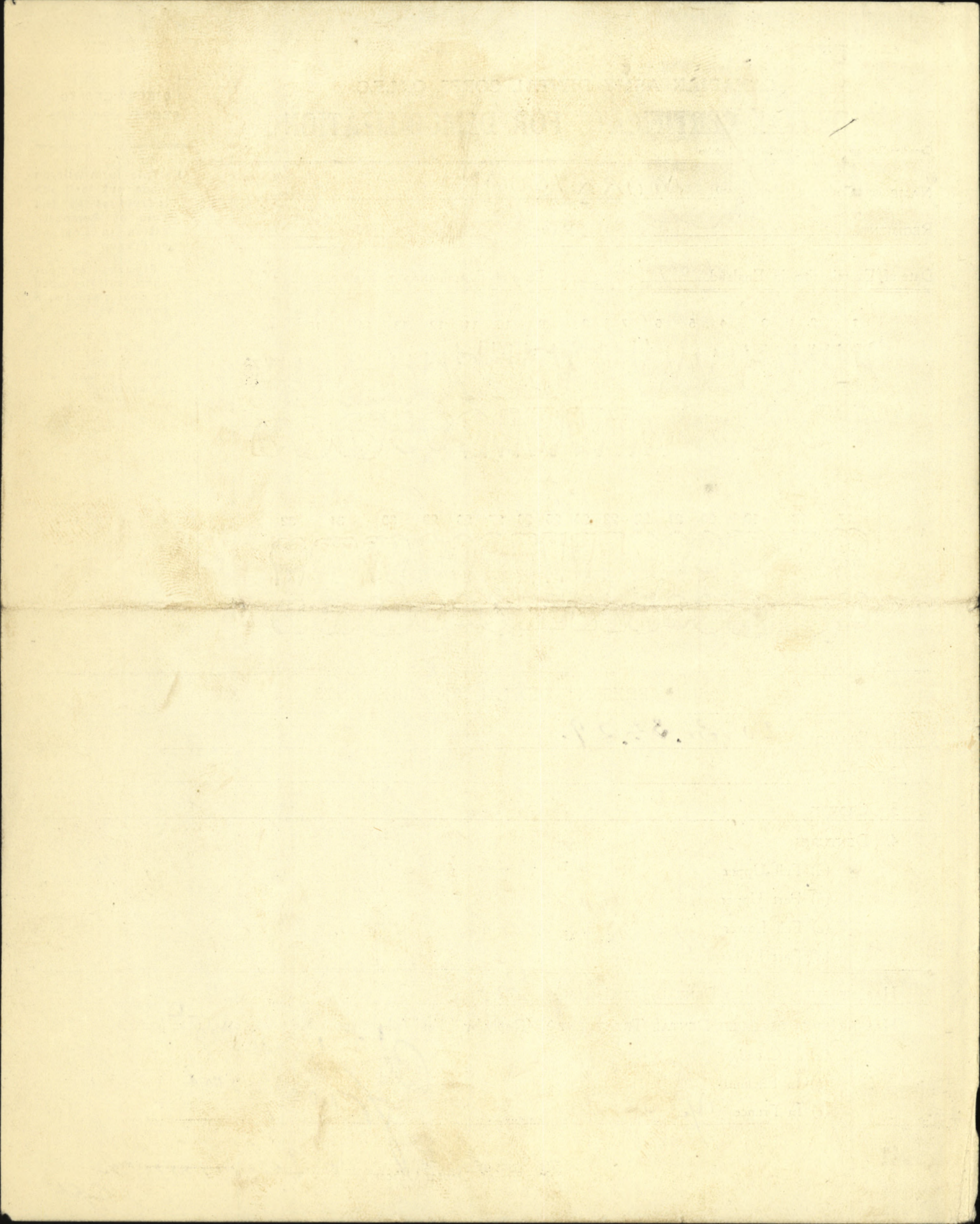
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
(b) In England
(c) In France Yes

Signature of Dental Officer: R. Simpson Capt A.D.D.S.M.D. No. 4

Signature of Dental Officer: H. A. Simon Capt







PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

A. M. C. TRAINING DEPOT NO 4

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number ..... 527258 .....
- (3) Full Name of Soldier..... Alexander Gordon Morrison .....
- (4) Place of Birth..... Lingwick.....  
..... Co. Compton. P. Q. Canada .....
- (5) Are you married, or not? ..... No .....
- (6) If married, state, ..... not applicable .....  
  - (a) Full name of your wife.....
  - (b) Present Postal Address..... not applicable .....
- (7) Are you a widower? ..No..... not applicable
- (8) Have you any children?..... not applicable  
 If so, give number of boys and girls.....  
 Also their names and ages..... not applicable  
 .....  
 .....  
 .....







War Service Badge  
Class "A" No. ....

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 527258 (Rank) Pte  
Name (in full) MORRISON, Alexander Gordon enlisted in  
the C. A. M. C.  
CANADIAN EXPEDITIONARY FORCE at Montreal on the 20<sup>th</sup>  
day of Sept 1917  
HE served in C. A. M. C. IN FRANCE  
Demobilization.  
and is now discharged from the service by reason of Medical Unfitness.

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

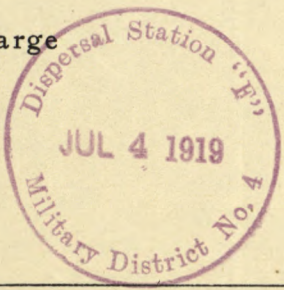
Age 24 yrs 9 mos  
Height 5 ft 10 ins  
Complexion Dark  
Eyes Blue  
Hair Black

Marks or Scars Nil

A. Morrison  
Signature of Soldier.

[Signature]  
Issuing Officer.

Date of Discharge



Lieutenant  
Rank

Date July 4 1919

NB. - 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

No. 228  
The undersigned hereby certifies that

the following named person

has been discharged from the service of the

Canadian Expeditionary Force

on the

date

of

at

in

the

rank of

and

is hereby discharged from the service of the

Canadian Expeditionary Force

*[Handwritten signature]*





# 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. 527258 Rank Pte Surname MORRISON  
 (Given name in full)

Alex. Gordon  
 Unit or Corps 3rd Bn York Hosp Birthplace Lingwood Compton

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

P. 2

**I. GENERAL DESCRIPTION:**

Physique Good Weight 175<sup>est.</sup> lbs. Height 5 ft. 10 1/2 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 78 Regular  
 Condition of arteries Soft  
 Vision Rt. 6/2+ Left 6/2+  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
1 Vaccination left arm  
1900

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 Yes  
 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.**

Influenza 27. 10. 18 - 2. 11. 18. Recovered.



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Wiley (Overseas)

Date 10-5-19 Signed Robison 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 Robison

(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.)



# ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL

527258

Surname Marrison Christian Name Alexander Gordon



Examined on 17th day of Sept. 1917  
at Montreal, Que.

Approved by [Signature]  
Declared **FIT** by MEDICAL BOARD  
MONTREAL, P. Q. REGISTRATION CENTRE, M. D. #4  
Rank [Signature] **Private, B. M. S.** M.O.

Birthplace { City or Town Lingwick,  
County Compton, Que.

Apparent age 23 years 0 months

Trade or occupation Farmer

Height 5 feet 10 Inches

Weight 157 lbs.

Chest measurement { Minimum 34 inches  
Maximum expansion 39 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last about 1910

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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
<u>OCT 19 1917</u>		<u>Waff Hunter Lieut MC</u>
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>SEP 28 1917</u>		<u>John K. Fraser Capt MC</u>
<u>OCT 6 1917</u>		<u>W. Ross ?</u>
<u>OCT 19 1917</u>		<u>Waff Hunter Lieut MC</u>
		M.O.
		M.O.

Enlisted on 20<sup>th</sup> day of Sept. 1917 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C.</u> <u>T.D.No.4</u>	<u>527258</u>		<u>20<sup>th</sup> Sept. 1917</u>
Transferred to	<u>same</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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















ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- MURRISON, Alex. Gordon
EFFECTIVE DATE:- 1-12-17		EFFECTIVE DATE:-		NUMBER:- 527258
AMOUNT:- \$20 <sup>00</sup>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
	Mrs D. C. Morrison R.M.D. #2, Scotstown, Que. (Mother)			Private

UNIT AND TRANSFERS			
ORIGINAL UNIT:-	C.A.M.C.J.D.H.		
DATE ACCOUNT FIRST OPENED:-	20-9-17		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
D.O. 52	3-2-18.		C.A.M.C.

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
28/5/19	3635	Rising	<del>2433</del>			Lead Bal.	31 90
						Inc.	2433
						L.P.B. Bal.	#757

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis. to loan. 1/7/19 N.R.M. 10144 B'shot 3/6/19 B'shot. Md. H. Wing. R*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March 31	Balance Forward								4 46		
April	Pde Pay.	33		Can a.P.				20	24 46		
				G.H.005-705. Canada 2/3/18. (M9)	1 06				7 48		
				DR 121. cancelled. 12/4/18 (M6)	2 43				5 05		
				" 303 " 24/4/18 (M19)	2 43				2 62		
				" 257 " " (M19)	18				2 44		
		33			6 10			20			
May	Pde Pay	3410		Can a.P.				20	36 54		
				DR 541 cancelled. 13/5/18. (M2)	2 43				16 54		
				" 901 " 29/5/18 (M14)	14				14 11		
				" 788 " " (M14)	4 87				13 97		
		3410			7 44			20	9 10		
June	Pd.	33									
				M2 AR 4173 - C.R.D. - 9/6/18	4 46				22 10		
				M3 2730 - Det Baulry. 17/6/18	4 46				17 64		
				M4 4018 - " - 28/6/18	6 25				13 18		
		33			15 17			20	6 93		
July	Pd.	3410							21 03		
				M5 AR 5129 - " - 16/7/18	4 46				16 57		
				M6 5753 - " - 29/7/18	5 35				11 22		
		3410			9 81			20			
Aug	Pd.	3410							25 32		
				M7 AR 6955 - " - 16/8/18	4 46				20 86		
				M8 7618 - " - 28/8/18	5 35				15 51		
		3410			9 81			20			



NUMBER 527258 RANK

Pvt

NAME

MORRISON,

A.

G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Aug	Bal Fund	-			-				1551	nil	
Sept	P.P.	33			-						
								20	2851		
				M <sup>12</sup> AR 9155 - Det Bond - 16/9/18	446				2405		
				M <sup>16</sup> .. 10151 - .. - 28/9/18	535				1870		
Oct		33			981			20	3280		
		34 10		476 16.10.18	33	466			2814		
Nov		33			466			20	4114		
				M <sup>18</sup> AR 3751 - " - 16/11/18.	933				3181		
Dec		34 10						20	4591		
				M <sup>10</sup> .. 4684 - .. - 28/11/18.	1026				3565		
Jan		34 10			1959			20	4975		
Feb		10150			1959			60			
		3080						20	6055		
				M <sup>3</sup> AR 5999 - .. - 16/12/18.	466				5589		
				M <sup>7</sup> .. 7014 - " - 31/12/18	560				5029		
				.. 40 .. 8569 - .. 16/1/19	466				4563		
				.. 68 .. 9379 - .. 28/1/19	560				4003		
				.. 91 .. 10114 - .. - 14/2/19	466				3537		
Mar	OP	34 10		AR 10700 28/2/19 " 117	560				2977		
								20	4387		
		6490		LC 189 6/3/19 " 144	2930			40	1467		
Apr	4	33			5998						
								20	2767		
				AR 278 28/4/19 3 4H 58	486				2311		
				" 579 9/5/19 APOS 38 65	1308				1003		
" May		34 10			1764			20	2413		
				" 501 17/5/19 3 4H 85	513				1890		
" June		6410			2287			20	3190		
		33						60			
		10010									
June				" 3635 28/5/19 Ewing 3	2433				757		
				" 4989 13/6/19 3 4H Ew 20	973				216		
					3406						
					3406						

Los Banos P.O. St



War Service Badge  
Class "A" No. *24951*



O.G - 1.  
S.G - 20.  
D.A.F

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

**HM T-CARONIA**  
**SAILING, No 84**  
**Embarked 25, 6, 19.**

1. No. *527258*

2. Rank. *Pte.*

3. Name. *MORRISON, Alexander Gordon*

4. Unit. **No. 8 CANADIAN GENERAL HOSPITAL (Mc GILL)**

5. Date of Discharge **4-7-19.** Place *Montreal* **B. E. F.**

6. Reason for Discharge .....  
.....  
.....

DEMOBILIZATION



7. Authority. **D.D.#4 R.O. 1420 D.O.Pt.II#191**

8. Proposed Residence after Discharge.....  
*Scotstown, P.M.D. No 2 P.Q.*

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 Montreal* *July 4 1919*

*A.S. Morrison*  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *@ Montreal Pte*

Date *July 4 1919*

Signature *[Signature]*  
(O. C. Discharging Unit.)



SHORT FORM NO. 100  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

HM T. CARONIA

RAILING NO. 84

Embarked 23.8.1918

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	4-7-19
6. Reason for Discharge	
7. Authority	D.D. 200 G.O. 1430 D.C. 24. 11.1918
8. Proposed Residence after Discharge	
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p style="text-align: right;">M. T. Caronia</p> <p style="text-align: right;"><i>[Signature]</i></p>	
<p style="text-align: center;">CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed</p> <p style="text-align: right;">Place</p> <p style="text-align: right;">Date</p> <p style="text-align: right;"><i>[Signature]</i></p>	

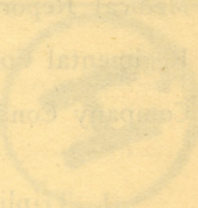


OBILIZATION



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W-20
or Certificate of Discharge	Medical Form W-133
Field Contact Sheet	Medical Form W-178 or A.F.B. 123
County Report	Medical Form W-24 or A.F.B. 101
Last Pay Certificate	Medical Form W-44
Certificate that missing documents are made up	
Medical History Sheet	Medical Form B-113 or A.F.B. 123
Proceedings of Medical Board	M.B. EX. A-1 or A.F.B. 123 or A.F.B. 44
Dental History Sheet	Medical Form B-103
Medical Report	M.T. W-129 or M.T. 123
Personal Contact Sheet	Medical Form B-203
Company Contact Sheet	Medical Form B-203M
1. Triplicate Attestation Paper	Medical Form W-20
2. Certificate of Discharge	Medical Form W-133
3. County Report	Medical Form W-24 or A.F.B. 101
4. Field Contact Sheet	Medical Form W-178 or A.F.B. 123
5. Dental History Sheet	Medical Form B-103
6. Last Pay Certificate	Medical Form W-44
7. Certificate that missing documents are made up	
8. Medical History Sheet	Medical Form B-113 or A.F.B. 123
9. Copy of Proceedings of Medical Board	M.B. EX. A-1 or A.F.B. 123 or A.F.B. 44
10. Personal Contact Sheet	Medical Form B-203
11. Company Contact Sheet	Medical Form B-203M
12. Last Pay Certificate	Medical Form W-44
13. Certificate of Discharge	Medical Form W-133
14. County Report	Medical Form W-24 or A.F.B. 101
15. Field Contact Sheet	Medical Form W-178 or A.F.B. 123
16. Dental History Sheet	Medical Form B-103
17. Medical Report	M.T. W-129 or M.T. 123
18. Personal Contact Sheet	Medical Form B-203
19. Company Contact Sheet	Medical Form B-203M



Group \_\_\_\_\_  
 Check by No. \_\_\_\_\_  
 \_\_\_\_\_



**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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

Checked by No..... *12*

..... *(Signature)*

Date..... *15-6-19*



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *[Blank]* REGT. NO. *527258* RANK *Pvt* NAME (IN FULL) *MORRISON, A.G.*

NEXT OF KIN: ADDRESS: RELATIONSHIP: PARTICULARS: EFFECTIVE DATE: AUTHORITY: ORIGINAL UNIT C.E.F.: PLACE OF ATTESTATION: IF IN P.F. WHAT UNIT?: TRANSFERRED TO: DATE: AUTHORITY:

ADDRESS: *T.O.S. 25/6/14 Do 191 P-45-B SUPP 3 NJR 86* PLACE OF ATTESTATION: *C. A. M. Co* TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: *20-9-17* TRANSFERRED TO: DATE: AUTHORITY:

IS SEPARATION ALLOWANCE PAID? *Nil* DATE EFFECTIVE: *20-9-17* ASSIGNED PAY \$: *20.50* DATE EFFECTIVE: *1-8-19*

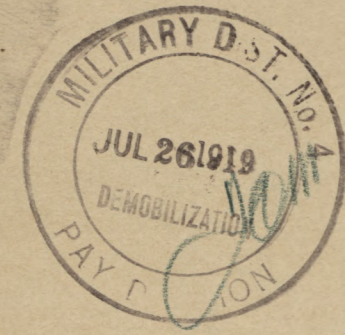
TO WHOM PAID: *Nil* RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS: *W.S.G.* PAYABLE TO: *Mr D Morrison* RELATIONSHIP: *Bank of Commerce*

ADDRESS: *R.M.D. # 2* *Scotstown* *Quebec*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: *Scotstown* *Quebec* EFFECTIVE: *1-8-19*

DISCHARGED: *Montreal 4-7-19* PLACE: *Demob* DATE: *20191 P-45-13* REASON: *NJR 86 SUPP 2* AUTHORITY: *20191 P-45-13* IF ENTITLED TO POST DISCHARGE PAY:

*201964*  
*210.*



MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		CREDITS			COL. NO. 1, 2, 3			COL. NO. 1, 2, 3			PAY		CHARGES		CHARGES		DEBIT		CREDIT						
			\$	C.	\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
<i>11/7/19</i>																										<i>Pay Bal. Eng. R.P.R. 2.16</i>		
<i>10/7/19</i>	<i>10</i>	<i>1.10</i>	<i>11.00</i>		<i>35.00</i>		<i>116.00</i>				<i>CHK</i>	<i>487</i>	<i>500</i>	<i>839.7</i>	<i>20.00</i>			<i>6.60</i>		<i>120.44</i>		<i>6.60</i>	<i>7.38</i>		<i>U.S.G. 7.00</i>	<i>A.P. for June 20</i>		
					<i>Other Credits</i>		<i>W.S.C. S.A. Total</i>		<i>War Service Gratuity</i>									<i>Other Charges</i>		<i>W.S.G. S.A. Total</i>		<i>Balance Soldier Dependant</i>			<i>2.16</i>	<i>R.P.R. 2.16</i>		
					<i>280</i>		<i>280</i>											<i>7.0</i>		<i>7.0</i>		<i>210</i>			<i>1268433</i>	<i>2</i>		
<i>4/9/19</i>																		<i>6.60</i>		<i>7.0</i>		<i>6.60</i>	<i>203.4</i>			<i>1321783</i>	<i>3</i>	
<i>4.9.19</i>																		<i>7.0</i>		<i>7.0</i>		<i>63.40</i>				<i>1632035</i>	<i>4</i>	
<i>11/11/19</i>																		<i>6.60</i>		<i>6.60</i>		<i>63.40</i>				<i>1268433</i>		
																				<i>280</i>							<i>mal</i>	

*T*







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# M

# 19854

*Dec 1-17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 <sup>00</sup>			
------------------	--	--	--

*9/11/21  
83*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *527258*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *A. G. Morrison*

Battalion *A. M. C. T. S. "4" Det 13*

Beneficiary

Relationship

Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs Dorothy G. Morrison*

Address *R. M. S. No 2 Scotstown. P. I.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 1917</i>	<i>A 53974</i>		<i>20</i>	<i>20</i>
<i>Jan 18</i>	<i>A 64737</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>H 73392</i>		<i>20</i>	<i>20</i>
<i>Mar</i>	<i>N 92303</i>		<i>20</i>	<i>20</i>
<i>Apr</i>	<i>N 10314</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>R 17535</i>		<i>20</i>	<i>20</i>
<i>June</i>	<i>N 21777</i>		<i>20</i>	<i>20</i>
<i>July</i>	<i>H 31186</i>		<i>20</i>	<i>20</i>
<i>Aug</i>	<i>P 40476</i>		<i>20</i>	<i>20</i>
<i>Sept</i>	<i>U 42748</i>		<i>20</i>	<i>20</i>
<i>Oct.</i>	<i>X 53991</i>		<i>20</i>	<i>20</i>
<i>Nov.</i>	<i>X 57190</i>		<i>20</i>	<i>20</i>
<i>Dec.</i>	<i>X 67529</i>		<i>20</i>	<i>20</i>
<i>Jan 1919</i>	<i>X 72510</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>W 76807</i>		<i>20</i>	<i>20</i>
<i>Mar</i>	<i>M 86053</i>		<i>20</i>	<i>20</i>
<i>Apr</i>	<i>P 3686</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>G 8187</i>		<i>20</i>	<i>20</i>
<i>June</i>	<i>H 11334</i>		<i>20</i>	<i>20</i>
<i>July</i>	<i>G 11560</i>		<i>20</i>	<i>20</i>

*013131 G.110*

REMARKS

*Ac Closed 31.7.19*

*Ret'd M. Gorman*

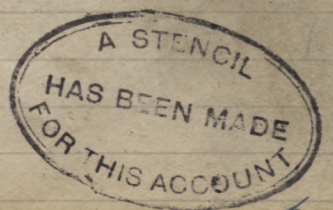
*Date 2.19 M.F.W. 187*

*Clk. 12.19*

*M. R. 1.103900-N-12.19 B.P. JUD*

M. F. W. 128.  
400M. 17-1772 89-1141  
L. L. 22220-M. & D. 7988.

*400 - 400 -*





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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
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M. F. W. 128  
 400M-6-17-1772-88-1141  
 L. L. 22520-M. & D. 7583.

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