

No. 1, held Bakery

ATTESTATION PAPER.

No. 13780

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Angus Morrison
 2. In what Town, Township or Parish, and in what Country were you born?..... Stornoway Scotland
 3. What is the name of your next-of-kin?..... Neil Morrison
 4. What is the address of your next-of-kin?..... Stornoway Scotland
 5. What is the date of your birth?..... June 5 1893
 6. What is your Trade or Calling?..... Baker
 7. Are you married?..... No
 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
 9. Do you now belong to the Active Militia?..... Yes
 10. Have you ever served in any Military Force?.. 2 yrs Territorials
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
- Angus Morrison (Signature of Man).
 J. C. Latta (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Angus Morrison, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

..... Angus Morrison (Signature of Recruit)
 Date. Sept 17 1914. J. C. Latta (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Angus 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.

..... Angus Morrison (Signature of Recruit)
 Date. Sept 17 1914. J. C. Latta (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 Valcartier this 20 day of Sept 1914.

..... J. Pawlett (Signature of Justice)
major

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

..... J. Pawlett (Approving Officer)
major

5 - 1st Batt 2nd Bde 16th Light Horse

Description of Pete G. Morrison on Enlistment.

Apparent Age <u>21</u> years <u>3</u> months. <small>(To be determined according to the instructions given in the Regulations for Army Medical Services.)</small>	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <small>(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.)</small>
Height <u>5 ft. 4 ins.</u>	<u>1 Scar mark left arm</u> <u>1 Birth mark back</u>
Chest measurement { Girth when fully expanded <u>38 ins.</u> Range of expansion <u>3 ins.</u>	
Complexion <u>Ruddy</u>	
Eyes <u>Blue</u>	
Hair <u>Dark Brown</u>	
Religious denominations. { Church of England Presbyterian <input checked="" type="checkbox"/> Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.) Roman Catholic Jewish	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Sep 10th 1914. _____

Place Valcartier _____

J. P. Hie
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

39

CERTIFICATE OF OFFICER COMMANDING UNIT.




A 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.

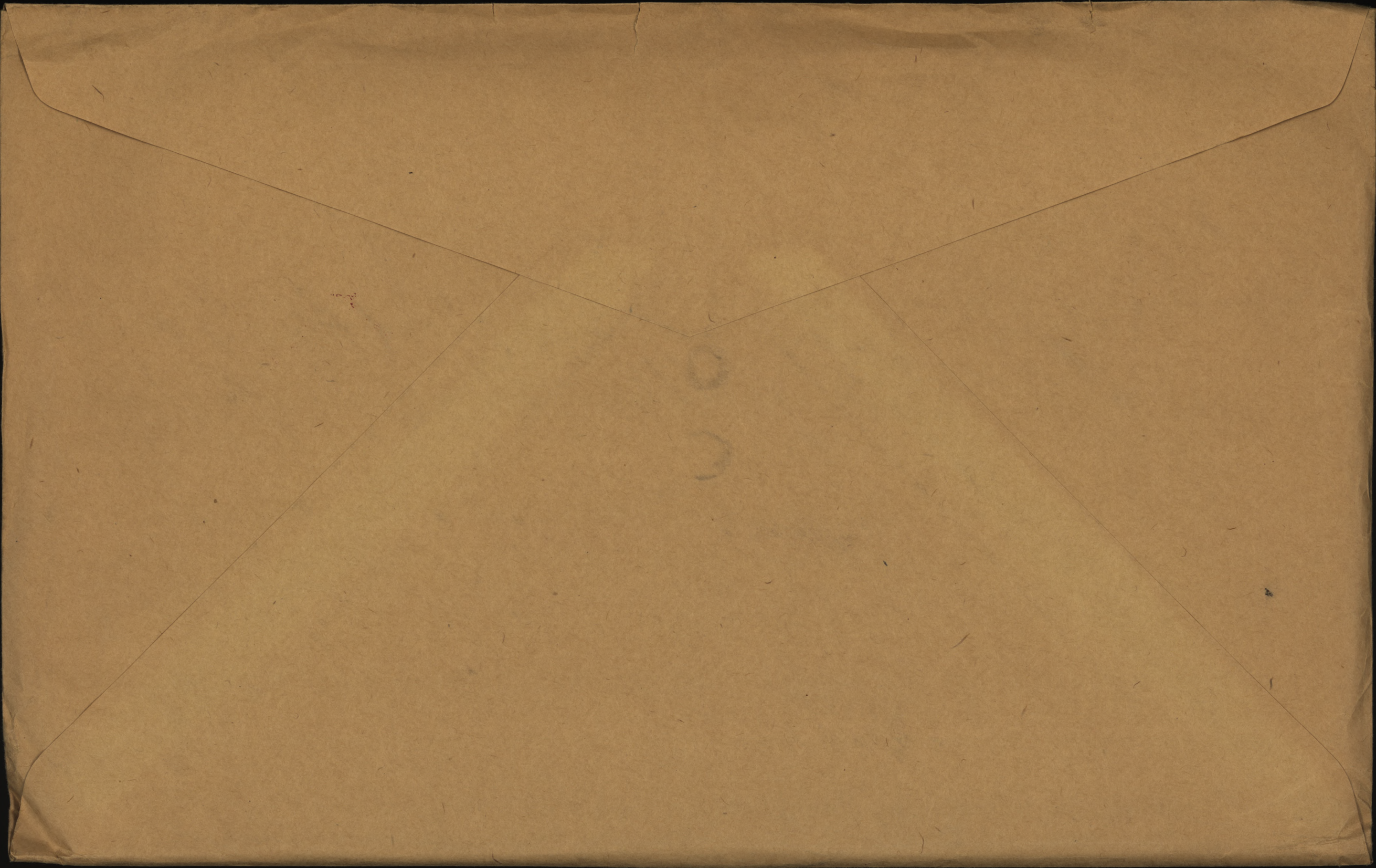
S. Sawbelle major (Signature of Officer)

Date _____ 1914.

C.E.F. REGIMENTAL DOCUMENTS

NAME MORRISON, ANGUS REGT. No. 13780 UNIT 5 BN H. Q. FILE No. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY	
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.B.W. 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. 173)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						DISCHARGE
MEDICAL EXAMINATION (M.F.W. 129)						CATEGORY
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						DEMOB
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)				33870	DESERTION	
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)						
CARDS						
PAY-SHEETS						



RS

Number.....13780.....Rank.....Sgt.....

Surname.....MORRISON.....

Christian Name.....Angus.....

Unit.....5th Bn. Can. Inf. Theatre of War. France.....

Dates of Service.....

Remarks.....

Latest Address.....Gen. Del.....

Moose Jaw, Sask.

Page 320

Roll No. B

~~2~~
~~X~~
~~X~~

6455' Deep
MAR 15 1897
G. Q. 14455' Deep June 21

Angus.

Name MORRISON. Rank Sgt.

Reg. No. 13480.

Unit *Ca. S. Co. 1st Yld. Bty.*Next of Kin *meil Morrison.
Stornoway Scotland.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i> 15. 9	<i>H. 2. C. Stry H. Outreau.</i>	<i>Outreau.</i>	<i>Laceration</i>	<i>A322</i>		<i>4104. 4</i>
18. 9	<i>Gen. mil. H.</i>	<i>Colchester</i>	<i>Finger Acc.</i>	<i>B316</i>		<i>26998</i>
<i>9-11-18</i>	<i>Inc (Con)</i>	<i>Epson</i>	<i>do.</i>	<i>B359</i>		<i>863</i>
<i>10-3</i>	<i>Discharged</i>		<i>do</i>	<i>B456</i>		<i>2374</i>
	<i>Subst 84 S. B. N. 23-3-19</i>			<i>B456</i>		<i>3569</i>

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS
BLANK.

Place: Ypsom

Regt. No. 18750 Rank Sgt Name Monisma

Unit 1st Bn Age 28 (Adm. 18.12.18)

Division 7 Hut 43 Date of (Disch. 6-2-19)

DISABILITY.

Date 14 Sept
1918

Fract 1st + 3rd Phalange.

CLASS.

Hours of
Attendance,

MACHINES.

Typing, Wristroll
Shorthand

a.m. 10³⁰
p.m. 3⁰⁰

REMARKS.

Transversely thru all
finger - very limited
flexion.

LEAVE THIS
BLANK.

PROGRESS, Notes. 23. 1. 19. no report

ankylonia Pound CV

20. 1. 19. 1. CV
6/2/19 disc Bti

DISPOSITION.

Bti

Harry K. Siff
Officer i/c Gymnasium.

Capt.

Leave this
Blank.

130

ALMERIC PAGET MILITARY MASSAGE CORPS,

MILITARY CONVALESCENT HOSPITAL, EPSOM.

Division.

11

Hut.

F43

Patient transferred from Keylonslae Date 8. 11. 18

Regt. No. 13780 Rank Lt. Name Morrison A. Unit 1/9 Grenadier Bn

TREATMENT.

Message—Vibrations.

Movements—Heat.

Ionization (Salt Salicylate)

Galvanism

Faradism

Interrupted Sinusoidal.

Breathing Exercises.

Gen. Strengthening Tr.

DISABILITY.

Comp Fract. R
Hand - loss of extension
flexion fingers of R
Hand - Frac. Phalanges
of 2^d, 3^d, 4th & 5th fingers - W. of 2
fingers still supp. - Splinters of bone
working out. Splint removed 10 days.
Slight met. - metac. ph. joints: none - interph.

Date of Injury.

14. 9. 18

Date of Admission
to Department.

11. 11. 18

PREVIOUS TREATMENT.

None

PROGRESS AND REMARKS.

Leave this
Blank.

November 18² Continue

25^o Wound nearly healed

Dec. 2 Scars loosening Imp. W. hall

9^o Scars loose W. M. M. M.

16^o Improved slightly - Stronger

20-30 Suspended

Jan 1 Absent on leave

27^o Continue for Board to improvement

Feb 3 BUI no improvement

Discontinue. No improvement

Re-achieve normal.

Disposition

No improvement

Date

Feb: 10^o

Masseuse

Reynoldt
Robinson
Hudson

M.O. i/c case

J. Bentinck
for Masseuse
at

SURNAME.

Morrison

812 CARD NO. ✓
SOS. 19519 Dues Don
100 P/H 139 B.O.D.
FOLL. of 19-5-19

CHRISTIAN NAMES

Angus

REGL. No.

13780

RANK

Pte.

UNIT

5th

Bn.

FORMER CORPS

Eng. Ser. 2 yrs.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Neil

RELATIONSHIP TO SOLDIER

Not stated.

ADDRESS

Stornoway. Scot.

COUNTRY OF BIRTH

Scotland

Stornoway

DATE

June 2th 1893

PLACE OF ATTESTATION

Valcartier P.O.

DATE

Sept 20th 1914

L. L. 6945. M. & D. 6994.

0/5.4/10/14

R/C 14/5/19 517/54 Sgt

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

From Quebec

Per S. S. Lapland. Oct. 4. 1914

MARRIED

SINGLE

Yes. WIDOWER

TRADE OR CALLING

Baker.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

21

YEARS

3

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

D. Brown

DISTINGUISHING MARKS

1 Vacc mark l. arm
1 birthmark left arm.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Sept 10th 1914

Present Address, Not stated.

NAME

Morrison A

REGT. NO.

13780

RANK AND UNIT

R Sgt

1st Bty

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS (C.A.S.C.)
A 322 ²¹	2 Can't stay Outbreak	15-9-18	Sac R Bingers Ac
B 316	Gen. Mil, Colchester	18-9-18.	" " " "
B 359	Mil Corp. Epsom	9-11-18	" " " "
B 456	Ditch	10-3-19	" " " "

Surname

Christian Name or Names

Reg. No.

MORRISON

A.

13780.

Rank
Sgt.

Unit

CASC.1FBKY.

Cas. List.

2 C Stat.Outreau.

15-9-18.

18-9-18. A321-2 Lac. Rt. Finger Accid. ²/

~~23~~ 9.18 B336 Colchester G+M 18.9.18

15.11.18 B359 Woodcote Park 9.11.18

~~14~~ 3.19 B.456 Ditch 10.3.19

A.M.D. 2 DEPT

RECEIVED G.M.E.C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
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) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
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(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)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

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.

Army Form B. 103 (ff.) 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)

13780 Sgt. Morrison A

(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

11/4/19

War Service Badge

Class "A" No.

TAKEN ON STRENGTH Part 11 Ord No: 87

EMBARKED FOR CANADA ~~28~~ MAY 1969

A. Bottomley

Lieut.

i/c Records, M.D. 12.

Kinmel Park Camp.

H, M, T ROYAL-GEORGE

EMB'D LIVERPOOL, MAY, 3. '13

EMB'D HALIFAX, 14.5.19

E B Sanders Lead
E B Sanders Lead

REGINA DISFERSAL AREA "O"

T.O.S. R.O. 1420....(D.D. 139.... Para 838.)

S.O.S. R.O. 1420....(D.D. 139.... Para 839.)

MEDICALLY UNFIT,
DEMobilIZATION.

E B Sanders Lead

Nothing to be written in this margin.

*Identified by
file R.H. 102/940 of 1916*

Field Bakery

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

No
13780

Regiment or Corps 5 Batt. 2nd Inf Brigade 7.

Regimental No. 13780 Rank Pte Name Morrison Angus

Enlisted (a) 17-9-14 Terms of Service (duration of war) Service reckons from (a) 12 Aug 1914

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) Baker

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				
20/8/15	OC 5 th Am	<u>Arrived in France</u> <u>appra Cook</u>	<u>St Nazaire</u> <u>Field</u>	<u>15/2/15</u> <u>1/8/15</u>	<u>OC 5th Am</u> <u>K 3-15-5</u>
30/10/15	"	<u>Granted leave from</u>	"	<u>27/10/15</u>	<u>B213</u>
6/11/15	"	<u>ret'd from leave</u>	"	<u>5/11/15</u>	<u>B213</u>
2/2/16	<u>D.A.A.G</u>	<u>Transferred to No 1</u> <u>Field Bakery case</u>	"	<u>2/2/16</u>	<u>K 9 2323 of 2/2/16</u> <u>Part 2 orders No 5 of 14/2/16</u>
2-7-16	<u>O.C. 1st Co. Bakery</u>	<u>Granted 8 days leave of absence from</u>	"	<u>26.6.16</u>	<u>B213. Pt. 2 O. No. 28. 14/7/16</u>
9.7.16.	<u>do.</u>	<u>Reported back from leave</u>	<u>Field.</u>	<u>8.7.16</u>	<u>B213. do. do.</u>
20.8.16.	<u>O.C. No. 3 B. S. D.</u>	<u>Promoted Corporal.</u>	<u>do.</u>	<u>5.8.16.</u>	<u>Letter 11016 on file K.9. 97/277.</u> <u>Pt. 2 Orders 34 of 31.8.16.</u>
	<u>ban Sect.</u>	<u>attached for duty to 54th Field Bakery A.S.C</u>	<u>Etaples</u>	<u>15.7.16</u>	<u>Pt 2 orders 34. of 31.8.16</u> <u>ban Sect. file 108/230</u>
3-12-16	<u>O.C. Unit</u>	<u>orders to be att to 54th F. Bakery now rejoined Unit</u>	"	<u>27.11.16</u>	<u>B213 Pt 2 Ord. No</u> <u>of</u>
	<u>O. Unit</u>	<u>Promoted Sgt. to complete Establishment</u>	<u>Boulogne</u>	<u>29/12/16</u>	<u>file K.9 97/552 Pt. 2 orders</u> <u>No. 1 of 3/1/17</u>

(e) 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.
(f) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	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.			
28/9/17	% Unit	Granted 10 days leave of absence.	Field	29/9/17	B 213 No II C. 44 of 9/10/17.
13/10/17	% Unit	Rejoined from leave	Field	10/10/17	B 213. No II C. 46 of 18/10/17
9-5-18	Casualty Paymaster	Restoration of Missing Pay at rate of 50¢ (Rate)		1-1-18	P. 2. W. R. 9518. H.A. 18/0867
15-9-18	2 Cdn. Sty.	Laceration, 2 nd R. Hand, acc.	adm 28. Sty.	15-9-18	W 3034 #9976
18-9-18	2 Cdn. Sty. Hospital	Invalided Injured (accidental) per A.T. "St. Denis", and posted to CASC. Corps Depot,	Shorncliffe	18-9-18	W. 3083/6028. Pt. 2 0.41 d/25-9-18.

has R. Chapwell

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

7/9-19. No. 8220. 2. St. Denis from 1st Lt. F. R. Shorncliffe.

18-9-19
Constance E. Cap...
LIEUT.

FOR LT: COL: I/O RECORDS, C. O. M. F.

11.4.19. Cab 680.
HAVING PROCEEDED TO *Witley*
16 S.O.S. to M.D. WING No. 12

14.4.19. P II 89
Reginald Lef...
LIEUT. AND ADJT.
FOR OFFICER COMMANDING
C.A.S.C. CORPS DEPOT.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) MORRISON A.
REGIMENT CORPS DEPOT C.A.S.C. RANK SGT No. 13780
Date of Examination in England 1/4/19 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
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

Signature of Dental Officer _____

H. H. Harding Capt

CANADIAN ARMY DENTAL CORPS D.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

[Faint, illegible text on the left margin, likely bleed-through from the reverse side of the page.]

[Faint, illegible text in the upper middle section, likely bleed-through.]

[Faint, illegible text in the lower middle section, likely bleed-through.]

[Faint, illegible text centered in the lower section, likely bleed-through.]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at EPSOM 1918.

No. 13780 Rank Sgt. Name MORRISON A

Local Unit Overseas Unit C.A.S.C. Age 27

Examination held at M.C.H. EPSOM SURREY

DISABILITY.
~~Overseas-Local~~
(SCRATCH ONE OUT.)

PRESENT CONDITION.

B III
JEP

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

(..... President.

Members (.....
 (.....
 (.....
 (.....

APPROVED

Dated 1918. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date at _____
Name _____

Presented by _____

PRESENT CONDITION

DISABILITY

BOARD RECOMMENDATIONS

- 1. For permanent base pay _____
- 2. For temporary base pay _____
- 3. For extra pay _____
- 4. For physical training _____



Signature _____

President _____

Members _____

APPROVED

For A.M.A. _____ 1918 _____

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 13780 (Rank) Sgt

Name (in full) Morrison Angus enlisted in
the 5th Bn.

CANADIAN EXPEDITIONARY FORCE at Valcartier on the 20th
day of Sept. 1914.

HE served in 5th Bn. & C.A.S.C. France

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 26 $\frac{3}{12}$ yrs.
Height 5ft. 4"
Complexion Ruddy
Eyes Blue
Hair D. Brown

Marks or Scars Vacc. L.R.

Angus Morrison
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

Issuing Officer

MAJOR

Rank



Date April 19th 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

A. No. 71933
 War Service Badge, Class
 issued
 B. No.

THIS IS TO CERTIFY that No. 378 (Rank) Private enlisted in the Canadian Expeditionary Force on the 1st day of August 1918.
 He served in the 1st Canadian Trench Battalion and is now discharged from the service by reason of Medical Unfitness.
 Demobilization 1919

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

Age	<u>28</u>
Height	<u>5' 8"</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Dark</u>
Signature of Soldier	<u>[Signature]</u>
Date of Discharge	<u>1st August 1919</u>
Issuing Officer	<u>[Signature]</u>
Place	<u>[Blank]</u>
Date	<u>[Blank]</u>

NOTE: As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in a stamped envelope to the Secretary, Military General, Ottawa, Canada.

NAME MORRISON, Angus.

Regimental No. 13780 ✓

Name and address of next-of-kin

Unit 1st Field Bakery
original 5th Bn.

Neil Morrison,
Stornoway,
Scotland.

Date of enlistment 17th September 1914.

Place of " birth Scotland.

Married (yes or no)

No.

Date and place discharged

Amount of pay assigned monthly \$ 15⁰⁰ ^{ASP} 345⁰⁰

Reason for discharge

To whom payable Neil Morrison, 9 Calshot Locks,
Stornoway Lewis ~~##~~ Scot.

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
2/9	31/10	40	1	40	40	10	4		44			40			40		
1/11	30/11	30	1	30	30	10	3		37			30			30		
1/12	31/12	31	1	31	31	10	3	10	7			40			40		
1/1	31/1	31	1	31	31	10	3	10	3			35			35		
1/2/15	28/2/15	28	1	28	28	10	2	80	70			3			3		
1/3/15	31/3/15	31	1	31	31	10	3	10	28			6			6		
1/4/15	30/4/15	30	1	30	30	10	3	56	108			8			8		
1/5/15	31/5/15	31	1	31	31	10	3	108	110			9			9		
1/6/15	30/6/15	30	1	30	30	10	3	106	213			5			5		
1/7/15	31/7/15	31	1	31	31	10	3	103	216			5			5		
16330																	
Adjustment of Exchange 484																	
1/8/15	31/8/15	31	1	31	31	10	3	106	214	370		2 92			5 84		
1/9/15	30/9/15	30	1	30	30	10	3	196	40	476		5 36					
					30	50	15	92	336	40	425	5 36			15 28	Leave 184 day sick pay Ours 184 day sick pay 1/2/15 - 31/8/15 R.C. 20	
1/10/15	31/10/15	31	1	31	31	10	3	103	50	566		5 23				5 08 to be credited Ours 50 credit in pal prev Oct.	
1/11/15	30/11/15	30	1	30	30	10	3	261	79	511		2 62			7 85	Leave sick pay Ours differ bal.	
					30	50	15	91	08	400	87	2 62			126 90	for Oct	
												336 87			336 87	End	

Nov Show

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
				475			89			216 87				
				435			50			187 97				
1/12/15	31/12/15	31	1	31	31	10	310		Remit 105	97 33			111 29	
					31	50	1550		839	2 62				
									811	11 34				
									899	2 62				Cook's pay
1/1/16	31/1/16	31	1	31	31	10	310		897	2 61			5 23	Transf 1 st Field Bakery
Feb 1	Feb 29	29	1 ⁰⁰	29	29	..	290			7 03			7 03	10 ⁰⁰ Enorm adjst Nov 15/15
March 1	31	31	..	31	31	..	310			8 72			8 72	Enorm adj of Nov 15 10 ⁰⁰
				557			5570			433 14				
				587			116 70			169 14				
							187 92			469 14				
							3572							
				55700			5570			469 14			469 14	Bal 301.40
							15784							
							77054							

4/15

MARRIED OR SINGLE *Single*
PLACE OF BIRTH *Scotland*
NAME AND ADDRESS OF NEXT OF KIN *Neil Morrison*
Stornoway Scotland
RELATIONSHIP OF NEXT OF KIN
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.			
PARTICULARS	EFFECTIVE DATE	AUTHORITY	
<i>Promt Cpl</i>	<i>5/8/16</i>	<i>80 34 218/16</i>	
<i>Promt Sgt</i>	<i>22/11/16</i>	<i>801. 21/17</i>	

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. *13780* RANK *Pte* NAME *Morrison Angus*
IF IN PERM. CORPS / WHAT UNIT UNIT *1st Batt. Battery* TRANSFERRED TO DATE AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *17th Sept 1914.* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY *25⁰⁰ effective 1/4/18.* DATE EFFECTIVE
PAYABLE TO *Neil Morrison 9 Calbooth Socho Stornoway Lewis Scotland* RELATIONSHIP
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Date of Payment.

1-1-17
15-11-17
1-12-16
5-12-15
16-11-15

ADPSA checked in. [Signature]

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
1916																																						
<i>March 31</i>			<i>557 00</i>				<i>55 70.</i>								<i>15784 77054</i>																							
<i>Apr 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30 -</i>	<i>30</i>	<i>1⁰⁰</i>	<i>3 -</i>									<i>33 -</i>			<i>1284 RR</i>	<i>208 215.16</i>	<i>225</i>																		
<i>May 1-31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31 00</i>	<i>31</i>	<i>1⁰⁰</i>	<i>3 10</i>									<i>34 10</i>			<i>708 315.16</i>	<i>775 15.16</i>																			
<i>June 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30 -</i>	<i>30</i>	<i>1⁰⁰</i>	<i>3</i>									<i>33</i>			<i>208 1/6/16</i>																				
<i>July 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>3 10</i>									<i>34 10</i>			<i>373 1/16/16</i>	<i>248 21/1/16</i>	<i>1648 15/1/16</i>																		
<i>Aug 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>3 10</i>									<i>34 10</i>																							
<i>Sept 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>3</i>									<i>2 70</i>	<i>2 70</i>		<i>3310 1/4/16</i>	<i>10066 2/78</i>	<i>9193 1/77</i>	<i>8441 2/77</i>																	
<i>Oct 1-31</i>	<i>31</i>		<i>34 10</i>	<i>31</i>		<i>3 10</i>									<i>37 20</i>			<i>3756 1/9/16</i>	<i>3874 5/6/16</i>	<i>3371 1/9/16</i>																		
<i>Nov 1-30</i>	<i>30</i>		<i>38</i>	<i>30</i>		<i>3</i>									<i>36</i>			<i>4422 1/11/16</i>	<i>3815 2/11/16</i>																			
<i>Dec 1-31</i>	<i>31</i>		<i>34 10</i>	<i>31</i>		<i>3 10</i>									<i>37 20</i>			<i>7412 2/11/16</i>	<i>4330 1/11/16</i>																			
1917			<i>83 20</i>												<i>300</i>	<i>3 00</i>		<i>8008 2/11/16</i>	<i>8712 2/11/16</i>	<i>8146 2/11/16</i>	<i>8388 2/11/16</i>																	
<i>Feb 1-28</i>	<i>28</i>	<i>1⁵⁰</i>	<i>42 00</i>												<i>42 00</i>			<i>8007 1/13 "</i>	<i>8739 2/13 "</i>	<i>8526 2/12 "</i>																		
<i>Mar 1-31</i>	<i>31</i>	<i>1⁵⁰</i>	<i>46 50</i>												<i>46 50</i>																							
			<i>1062 40</i>												<i>163 54</i>	<i>1225 94</i>																						

6.2

225° a pay not clgd. Audley Q.B.P. 3654 minut recd. 5.6.15.

*Promt Cpl 5/8/16 80 34 218/16
2700 pay Cpl 16/27 Aug 104*

*300 2/17 9. a. Syre Cpl 22/12/16 2/1/16
10 2/17*

1980-11389

8 72 653 39 24 33 390

1076 44

ASSIGNED PAY ENGLAND or CANADA SEPARATION ALLOWANCE ENGLAND or CANADA
 NAME: MORRISON Angus
 EFFECTIVE DATE: 1/4/18 EFFECTIVE DATE:
 AMOUNT: 25⁰⁰ AMOUNT:
 NUMBER: 13780

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.
 Postmaster for Me of Neil Morrison, 9. Calvest Leeks, Stornoway Scotland.
 AUTHORITY: 2001. 2/1/17. DATE EFFECTIVE: 2/1/16. RANK OR APPOINTMENT: Sergt.

UNIT AND TRANSFERS
 ORIGINAL UNIT:-
 DATE ACCOUNT FIRST OPENED:-
 AUTHORITY: DATE EFFECTIVE: DATE LEDGER SHEET T'S'0: UNIT TRANSFERRED TO:
 1.6.19 J. H. Bakery Can Sec

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
20/3/19	-	Ldn.	£3 14 60	April & May Assigned Pay 50 00			
26/3/19	6358	B.R.A.	£1 4 87				
2/4/19	32	P. Wing	£5 24 33				
			<u>£43 80</u>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Adm to Canada 30.4.19 N.R. 5.6148 Witley 4.4.19 Witley md12*

MONTH 1918.	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Ford.								115 54	88 05	
Apr.	A.P.	45		A 7130.			25		135 54		
	3rd. bwp. 20/2/16. 30/6/17. 49 1/4 50 ⁰⁰	248 50		1/2. Det. Boulogne. 1/4.	535				378 69	88 05	
				1609 " 15/4.	446				374 23		
	3rd. bwp. 1/1/18-30/4/18.	60			981				434 23	88 05	
		353 50			981		25		480 73	154 25	
May 31	3rd bwp	1550		A 97136. 5. 2. 9.			25		470 23	88	
	1/7/17-31/12/17.	92		1/256. Det. Boulogne. 1/5.	446				563 23	88 05	
				1/332. " 15/5	1781					168 05	
				1/4 Rem. 100 t. 17/5.	410				495 58		
				1/4 7709. Det. Boulogne. 15/5.	535						
		15400			6765		25				
June	S.P.	15							540 58		
				5-2-9 B35430			25		515 58		
				Remit 1008. CDB. 10/6 2 150					365 58		
				A.R. 3188 CDB. 8/6/18 2 538					360 20		
	3 C.I.W.P.	15							375 20		
				A.R. 3585 " 16/6 5 535					369 85	88 05	WP
		60			16073		25			25 50	
JULY	S.P.	116 50							116 35		
				B96632 25-2-9			25		391 35		
				A.R. A220 CDB. 1/7 1 981					381 54		
				" H988 " 20/7 7 535					376 19		
		46 50			1516		25				

COMPILED BY: J. Chatter.
 CHECKED BY: R. Kemp

NUMBER

15780

RANK

Sgt

NAME

MORRISON Angus

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
July	Bal Fwd.								376 19		
Aug	S.P.	46 50							422 69		
	3 E.I.W.R.	15 50							438 19		
	" Omitted July	15 50							453 69		
				CH8H30 5-2-9			25		428 69		
				AR 5885 EDB 1/8 2	17 84				410 85		
				" 6669 " 15/8 H	5 35				405 50	144 55	
		77 50			23 19		25				
Sep	S.P.	45		D16228 5-2-9			25		425 50		
	3 E.I.W.P.	15							440 50		
				Remit. 1162 EDB. ?	9 33				343 17		
				AR 7781 " 1/9 3	17 84				325 33		
				" 8968 " 16/9 11	5 35				319 98	Account of Proceed. 7/1/18	
		60			120 52		25				
Oct	S.P.	46 50		D7HH30 5-2-9			25		341 48		
	W.P.	15 50							356 98		
				AR. 114309. Whipp's Cross Hosp 8/10 2	4 84				352 11		
				HR 38688 " 2	9 73				342 38		
				OP 52296 23/10 29	24 33				318 05		
		60			38 93		25				
Nov		45		D94530 £ 5-2-9			25		338 05		
		15							323 05	x	
				AR. 59996 do 7.11.18 2.	4 81				318 18		
				" 3584 Epsom. 11.11.18 6.	9 73				308 45		
				654534 £ 5-2-9 assigned			25		283 45		
				G.R. 3380 28.11.18 Epsom 34	97 33				186 12		
				AR. 1973 Epsom 11.12.18 53	97 3				176 39		
Dec		46 50							222 89		
		15 50							238 39		
				✓ 8102 ✓ 21.12.18 72.	24 33				214 06		
Jan		46 50		732727 £ 5-2-9	145 99		25		235 56		
		15 50							251 06		
		180 00			115 99		75		281 06		
Feb	S.P.	42		791127 £ 5-2-9			25		298 06		
	W.P.	14							312 06		
				assigned					287 73		
				G.R. 3523. 17.12.18 1.	24 33				278 00		
				AR 2336 " 21.1.19 26	9 73						
				A.M.L. from C.C. Hosp. Epsom from m/fd 31.1.19. 20.2.19. 28.11.19 base of balance							
				AR. 5363 Epsom 21.2.19 95	97 3				268 27		
Mar		46 50		9.12.521 £ 5-2-9			25		289 77		
		15 50							305 27		
	13 dep. 2. 2. 10. 3. 19 6 23. 3. 19 20. 64. 15. 3. 19 base of	949							314 76		
		127 49		✓ 856 ✓ 10.3.19 131.	148 67		50		266 09	181	
Apr	S.P.	45			92 46				341 29		
	W.P.	15									
	Int. on def. pay.	15 20							341 29		
				a 59143 5-2-9			25				
				a 59144 5-2-9			25		291 29		
				✓ 6358 bha 26.3.19 5.	4 81						
				✓ 32 P. Wrig 3.4.19 10.	24 33						
				✓ 411 K. Park 19.4.19 29	9 73						
				AR. 52469 20.3.19 33.	14 60						
				AR. 710 26.4.19 39	24 33		50		213 43		

S.O.S. to be on ad a 3/5/19.

1520

1460 end 50

R III - 0

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Epsom DATE 1 - MAR 1919

1. 1 (a) Unit C.A.S.C. (b) Regimental No. 13780 (c) Rank SGT.
 (d) Surname MORRISON (e) Christian name ANGUS
 (f) Home address 9 CALBOST LOCHS STORNOWAY SCOTLAND
 (g) Next of Kin NEIL MORRISON (h) Relationship FATHER
 (i) Address of Next of Kin 9 CALBOST LOCHS STORNOWAY SCOTLAND

2. Age last birthday 27 Date of birth 5TH JUNE 1892

3. Enlistment, or Appointment (if an Officer) (a) Place YORKTON SASK. (b) Date 17-9-1914

4. Personal description:
 (a) Height 5' 6" (b) Weight 140 LBS (c) Complexion DARK
(stripped) ESTIMATED

(d) Colour of hair BLACK (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. LARGE SCAR OF BACK & 2 VACCINATION MARKS ON LEFT ARM.

5. Former trade or occupation BAKER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		<u>4</u>

PATIENT'S STATEMENT	PERIODS	
	From	To
	Canada <u>1 MONTH</u> 5 MONTHS	<u>AUG 14</u>
England <u>4 MONTHS</u> 5 MONTHS	<u>OCT 14</u>	<u>FEB 15</u>
France or other theatres of War <u>3 YEARS</u> 7 MONTHS <u>ENGLAND</u>	<u>FEB - 15</u> <u>SEPT 1918</u>	<u>SEP - 18</u> <u>TO DATE</u>

7. Original disease, or injury LACERATED WOUND RIGHT HAND WITH COMPOUND FRACTURE OF PHALANGES

(a) Date of origin 14-9-18 (b) Place of origin BOULOGNE
 (c) Cause ACCIDENTAL INJURY

10.—(b) (If or give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

In 1912 in Yorkton Sask had operation for removal of birthmark from back. No other illness.

(c) (Here give a description of wounds, scar, and deformities.)

Scarring and deformity of four fingers right, and large plebe scar off back 6" x 12"

11.—(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling causation at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? @ NO (B) NO

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? PERMANENT

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital, Remedial gymnastics and Massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

(If the answer is "yes" state nature of treatment required and probable duration)

NO

16. Can the former trade or occupation be resumed? No. Cannot use right hand.

(If not, briefly state why)

17. Recommendations. That he be placed in category B III S.P.

J.E. Peterson Maj. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Angus Morrison have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of N/A

H.E.M.

Angus MORRISON SGT. Rank. Signature of invalid examined.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

OLD FRACTURE OF PHALANGES, RIGHT HAND

LOSS OF FUNCTION RIGHT HAND ALMOST COMPLETE

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

CH He is well developed and nourished.
There is marked irregularity of proximal phalanges of index, middle and ring fingers, right and of distal phalanx of little finger, with complete ankylosis of the corresponding interphalangeal joints. He can flex fingers only about 25 percent of normal.

Subjective:

He states he can do nothing with right hand except tie his shoes laces, and that it is very sensitive to cold.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... NO..... Cardio-Vascular System..... NO..... Genito-Urinary System..... NO.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... NO..... Respiratory System..... NO..... Integumentary System..... NO.....

Disturbances of Mentality..... NO..... Digestive System..... NO..... Muscular System..... NO.....

Osseous and Joint Systems..... NO..... Any other general condition..... NO.....

10. (a) History (of the condition referred to in Section 9 (a).)

Notes. No 2 Can Stoby Hosp. 15-9-18, severe laceration of fingers of right hand, wds sutured. Whipp's Cross War Hosp. 18-9-18 Comp fract. 1-3 phalange hand (R) lacerated fingers Mex. Epsom 9-11-18. Comp. fract. four fingers right hand.

He states he had his hand injured in bread mixing machine in Boulogne and was sent to hospital and evacuated to England.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We Concur.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

Biii

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

None

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*No. That he be placed in Cat B iii permanent.
Consent to Return to Canada with C/Tel 9583. 11.4.18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

*H. C. Macdermott, M.D. President.
J. Moody, C.M.D.*

PLACE *Epsom*

DATE **3 - MAR 1919**

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE.....

Members

APPROVED BY *A. Collins*
Assistant Director of Medical Services.

APPROVED BY
ASSISTANT DIRECTOR OF MEDICAL SERVICES,
CANADIANS, LONDON AREA
Director-General of Medical Services.
MAR 4 1919

DATE..... Major, O.A.M.C.
for A.D.M.S., Canadians, London Area.

DATE.....
13. BERNERS ST. LONDON, W.1

42559

Rank and Name MORRISON Angus
 Regimental No. 13780
 Unit 5th Batt.
 Date of enlistment Sept. 17, 1914
 Place of birth ~~Sept.~~ Scotland
 Married (Yes or No) No

Name and Address of Next-of-kin
 Meil Morrison
 Stornoway, Scotland

If in Permanent Force

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No 4767
 FIO R CANADA
 Category

Promotions or appointments

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				
28-8-15	O.C. 5 Bn	Appointed Cook Embarked to France Embarked to France On Nom Roll	Stornoway	1-3-15 15-3-15 4/4/15	Pt 2 No 26 (2) Auth 103 19 DEC 1916 CHECKED (MIR) MEG
6-11-15	O.C. 5 Bn	Granted 8 days leave of absence from		27-10-15	Pt 2 No 36 (4)
7/2/16	O.C. No 1 3rd Bakery	Taken on strength from 5th Btn		3/2/16	Pt II #1
14-2-16	O.C. 5 Btn	Trans to No 1. fld Bty in the field		1-2-16	Pt II 8-5 Btn
14-7-16	O.C. 1 fld Bty	Granted 8 days leave from 26-6-16	In the field	26-6-16	Pt II 80 28
14-7-16	do	Rejoins unit from leave	2nd fld field	8-7-16	Pt II 80 28
31-8-16	do	Promoted Corporal	"	5-8-16	" " 34
" " "	"	Att to 54 fld Bty	Etaples	15-7-16	" " 34. ASCE for duty
11.12.16	16/6 F.B	Returned to duty	Field	27.11.16	Pt II 054
3.1.17	16/6 F.Bty	Promoted Sgt	"	22.12.16	Part II 01
25.9.18	" "	Invalided "injured" & posted to CASCO.	"	Sgt. 18.9.18	— 41.

Morrison A.

13781

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
27.9.18	casced.	Tos from 1st A. Bk, Scuffe on adn to hosp in England.		Sgt 18.9.18	P 248.
28-1-19	UNCED.	A-W-L. whilst in corp.	Borden	" 3-1-19	J024.
12-4-19	— " —	lost to 12 MD. Rhyd.	Nith	" 11-4-19	to 88 x 2087 d/2 7/19 12 MD Rhyd.
3-5-19.	12 MD.	S.O.S. to Canada.	Rhyd.	" 3-5-19	J0104 3.5.19 48-0-52

To Canada

ORIGINAL

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname *Morrison* Christian Name *Angus*

TABLE I.—General Table.

Birthplace { Parish *Quebec*
County *Canada*

Examined { on *16* day of *Sept* 191*4*
at *Halcartier*

Declared Age *21* years *—* days

Trade or Occupation *clerk*

Height *5* feet *4* inches

Weight *155* lbs

Chest Measurement { Girth when fully Expanded *36* inches
Range of Expansion *39* inches

Physical Development

Vaccination Marks { Arm *RIGHT* | *LEFT*
Number *1*

When Vaccinated

Vision { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by
Rank
Medical Officer.

Enlisted { at *Halcartier Que*
on *16* day of *Sept* 191*4*

Joined on enlistment	Corps	Regtl. No.
	<i>5th Bn</i>	<i>13780</i>
Transferred to		

Became non-effective by

on day of 191...

(Signature).....
(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

23 SEP 1918

Date	Brief Details and Signature
<i>3 - MAR 1919</i>	<i>Epsom Brit Red part of phalange 4th hand. Ankylosed joint finger 4th hand.</i> <i>J. M. ... Lt. Col.</i>
<i>3/3/19</i>	<i>Brit ... Capt. ...</i>
<i>143</i> <i>3/3/19</i>	<i>J. Mac ... Capt. ...</i>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

CANADIAN

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
WHIPPS CROSS WAR HOSPITAL	18	9	18	8	11	18	Bony fract. 1, 2, 3 Phalanges hand Lacerated finger	52	Transferred to Canadian Hoptl Epsom. Accident in dough-mixing machine	W. E. Masters. n.o.
LEYTONSTONE							do			
McEpsom	8	11	18				do ankylosing joint.		The proximal phalanx of index middle ring fingers have been fractured & there is bony ankylosis of proximal interphalangeal joint. The distal phalanx of little finger has been fractured & there is bony ankylosis of distal interphalangeal joint of this finger. He can flex fingers only about 30% of normal. Other systems normal. Bourne B. 11. 3/3/19	Effectinger Capt. Rank

Case A1

BASE COMMANDANT'S OFFICE,
BOUTOG
Army Form W. 3428.
17 SEP 1918
15941

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 13780
Sgt Morrison A.
1st Cdn Field Bakery C.A.S.C.

Date of Casualty. 14-15th Sept 1918

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)

Severe laceration of fingers R. Hand.
Cpd. Fracture, 1st, 2nd, 3rd, 4th, 5th, & ring fingers.
Vessels & tendons, lacerated.

J. G. Campbell, Capt.
 Medical Officer.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

At midnight the 14-15th Sept
the above named U.C.O. was
in charge of dough mixer when
his hand was caught and
crushed in the mixer.

4. Commanding officer's opinion as to whether the man was:—

(a) In the performance of military duty. yes

(b) To blame. no.

(c) Whether any other person was to blame. no.

Date 17. 9. 18

A.G.'s BRANCH,
 G.H.Q., 3RD ECHELON.
 Date 23 SEP 1918
 No. E4.
 CASUALTIES.

H. J. Robinson
 Lieut. Colonel
 Commanding 3rd Base Supply Depot

5. (a) Opinion of G.O.C. Brigade. Junior.

(b) Disciplinary action taken or proposed, whether against injured man or another. Johnnie

Date 20 - 9 - 1918

[Signature]
 Commanding Base Commandant
 Colonel (Hon. Brig. Gen.)

G. H. Q. 3RD ECHELON
 178/19059
 27 SEP 1918
 KDD
 CANADIAN SECTION

[Continued Overleaf.]

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

Date _____

Division. _____

7. To D. A. G.,

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as Accidental

Date 20-9-1918

injured
*17. 5/1918
No action
by M. G.
A.*
Whimley *Colonel
(Hon. Brig-Gen.)*
Army.
Base Commandant

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

Statement of 13780 Sgt Morrison a.

About midnight 14-15th September 1918
I was NCO in charge of dough makers at No. 2,
Bakery (Block B.) Mr. Nile a civilian
engineer stood at the starting wheel of the
dough machine. On completion of a dough,
the machine was tipped up in order to turn
out the dough. The machine was then
stationary, a large piece of dough clung to
the arms of the mixer, I reached in for it,
the machine was then started up causing
four fingers of my right hand to be caught
and crushed.

I have worked similar dough mixers
in civil life at 'McLeans' Stornoway, Scotland,
and have never met with an accident previously.

A. Morrison Sgt his mark X
witnesses J. Duvalley Capt

The above statement - taken by me in
the presence of the said Sgt Morrison.

16-9-18.

J. Duvalley Capt & C.M.
C.A.S.C.



11

The first machine was a simple
 hand machine, and was used
 for a long time. It was
 made of wood and iron, and
 was very simple in design.
 It was used for a long time
 and was very successful.
 The second machine was a
 more complicated one, and
 was made of iron and steel.
 It was used for a long time
 and was very successful.
 The third machine was a
 more complicated one, and
 was made of iron and steel.
 It was used for a long time
 and was very successful.
 The fourth machine was a
 more complicated one, and
 was made of iron and steel.
 It was used for a long time
 and was very successful.
 The fifth machine was a
 more complicated one, and
 was made of iron and steel.
 It was used for a long time
 and was very successful.

Statement of 3360 S. S. M. Nash Co. (W.O.)

On the night of the 14th & 15th Sept 1918

Sergt. A. Morrison was in charge of dough makers. At about 12⁴⁵ am in clearing mixer, after making No 14 dough, Sgt Morrison got his right hand caught between body of machine and kneading arm causing at present unknown injury.

I was present at the time of the accident and immediately summoned an ambulance in which he was conveyed to No 2. Cdn. Inf. Hospital. I also reported to Capt Hollister act O.C. Base Bakeries.

S. S. M. Nash

The above statement taken by me in the presence of the said S. S. M. Nash.

16-9-18.

Bl. D. Emery Capt & Comd
C.A.S.C.



Statement of the
 on the night of the
 Capt. A. Motters
 of Capt. Motters. At about 10:30
 in the evening
 Capt. Motters got
 his right hand caught between
 the top of the door and the
 frame of the door. He was
 there for some time
 before he was rescued. The
 door was closed at the time of
 the accident and the door was
 not opened until he was
 rescued. The door was
 closed by the doorkeeper
 at the time of the accident.

The above statement taken by me in
 the presence of the above
 named persons and myself.

Nile

Statement of Mr. Vyle. 1370

On the night of the 14-15th Sept. 1918.

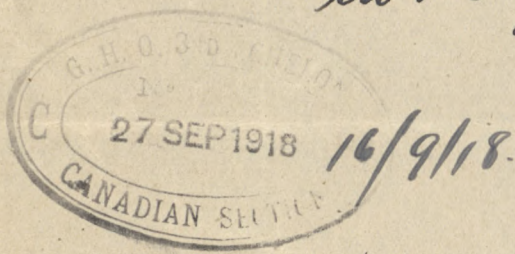
I was running the dough machine in No. 2 Base Bakery for bakers, we had already made several doughs quite successfully when my attention was called to the effect that one of the men had his hand caught, I immediately stopped the machine and released the man's hand.

W. Vyle

The above statement - taken by me in the presence of the said Mr. Vyle.

A. J. Dunlop Capt & Orm.

C.A.S.C



Statement of Mr. [Name]

On the night of the 12th of [Month] 1918
I was [action] the [object]
machine in the [location] [action]
taken. I have already [action]
several [action] [action] [action]
my attention was called to the [action]
that one of the men had [action]
[action] [action] [action] [action]
[action] [action] [action] [action]

[Signature]

The above statement taken by me
in the presence of the [action] [action]
[action] [action] [action] [action]

[Signature]

Statement of 71970 Pte. Wilson. R.C.

About midnight on the 14-15th Sept 1918 I was on duty in the dough making section at No 2 Bakery. Finishing the 14th dough, the machine was tipped up to allow the dough to be shot into a trough. About 20 or 40 lbs of dough was clinging to the arms.

I was standing on the left of Sgt Morrison ~~to the~~ both of us in front of the mixer.

The machine was not in motion, I was assisting Sgt Morrison to clear the dough, it became necessary to move the arms, the arms were revolved about one turn and again became stationary, then Sgt Morrison and I tried to free the dough, when the machine turned about another 6" and caught Sgt Morrison's hand.

R. C. Wilson

The above statement taken by me in the presence of the said Pte Wilson.

16-9-18

By Dunlop Capt. R. C. Wilson
C.A.S.C.



21

Statement of 1920 the machine
I was on duty in the shop working
with the machine the machine
was taken up to allow the shop to be closed
I thought about the machine
The machine was not in working order
because the motor was broken
I became necessary to have the motor
repaired and then the machine
was taken up to the shop
I became necessary to have the motor
repaired and then the machine
was taken up to the shop
I became necessary to have the motor
repaired and then the machine
was taken up to the shop

Statement of 514859 Corp^l Hindman W. J.

At midnight 14-15th Sept 1918, I was Corp^l in charge of dough mixer, at No 2 Bakery.

The fourteenth dough was been turned out I was in front of the machine Sgt Morrison was on my left.

The machine was not in motion, in order to clear the dough that was left in the machine it was necessary to move the arms of the mixer.

Mr Vile Civilian Engineer was at the starting gear, he turned the machine about six inches. Sgt Morrison tried to clear the dough from the arms and as he caught hold of it his hand was caught between the arm and the ~~mixer~~ body of the mixer.

W. J. Hindman Capt,

The above statement taken by me in the presence of the said Corp Hindman.

C. J. Dunlop Capt. G. M.
C. A. S. C.



Faint, illegible handwriting on aged, yellowed paper. The text is mirrored across the page, suggesting bleed-through from the reverse side. The paper shows signs of wear, including a hole at the top left and some staining.

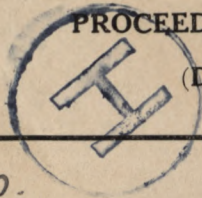
114
15-m-381

Military District No. 12
DISPERSAL STATION
MAY 23 1919
Regina, Sask.
11-735
15-m-391
War Service Badge
Class "A" No. 171933

SHORT FORM.

PROCEEDINGS ON DISCHARGE

(Demobilization.)



1. No. 13780.

2. Rank. Sgt.

3. Name. MORRISON. Angus.

4. Unit. C.A.S.C. 5th Bttn.

5. Date of Discharge 19-5-19 Place Regina

6. Reason for Discharge.....

DEMOBILIZATION

7. Authority. R.O. 1420 (D.D.O. 139 Para 839)

8. Proposed Residence after Discharge..... Category B.

Next of Kin. Father.

Intended Town of Residence. Moosejaw.

Occupation. Baker Group 12.

Service in France. 43/12

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. ?.....

A. Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Medical Documents forwarded to S.C.R. or B.P.C. on 30/5/19



Signature of O.C. Discharging Unit: [Handwritten Signature]

(O. C. Discharging Unit.)

Star 15-10-19 M.F.

PROCEEDINGS ON DISCHARGE

Demobilization

1. Name	
2. Rank	
3. Service No.	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
DEPARTMENT	
7. Remarks	
8. Proposed Discharge Status	
CERTIFICATE TO BE ISSUED BY SOLDIER	
I hereby acknowledge that the undersigned has read and understands the discharge certificate	
Signed: _____	
Name of Soldier: _____	
COMMISSIONER	
The language of the above is true and correct.	
Signed: _____	
Name: _____	
Address: _____	
City: _____	
State: _____	
Date: _____	

LIST OF DISCHARGE DOCUMENTS

Medical History	1
Physical Examination	2
Diagnosis	3
Prognosis	4
Treatment	5
Discharge Summary	6
Referral	7
Follow-up	8
Notes	9
Orders	10
Lab Results	11
Imaging	12
Pathology	13
Pharmacy	14
Insurance	15
Legal	16
Financial	17
Administrative	18
Other	19

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). ✓
13. Pay Book (A.B. 64). ✓
14. War Service Gratitude (Form M.F.W. 2595). ✓
15. Sandry Documents. ✓

Group.....

Checked by No. 27

Date 2/5/19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. NO. 10780 RANK SGT. NAME (IN FULL) Morrison. A. ADM. 10780

M. OR S. M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS	RELATIONSHIP				5th Bn	TRANSFERRED TO	DATE
Bank of Montreal, Yorkton, Sask.					20-9-14	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				25 ⁰⁰	1-6-19	1-6-19
TO WHOM PAID	RELATIONSHIP						
ADDRESS							

PLACE OF ATTESTATION: 5th Bn

DATE OF ATTESTATION: 20-9-14

ASSIGNED PAY: 25⁰⁰

DATE EFFECTIVE: 1-6-19

PAYABLE TO: Postmaster for a/c. of N. Morrison

ADDRESS: 9 Calbase Locks, Stormaway, Scot.

STOP PAYMENT FORM RENDERED, DATE: 1-6-19

DISCHARGED: Regina, 19-5-19. Reason: Demob. Authority: D.O. 129. IF ENTITLED TO POST DISCHARGE PAY: Yes.

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		DEBIT	CREDIT
30-4-19					247.49											247.49		Gr. 35° BB allow.		
																		Dr 2° CP 20-5-23-5-19.		
1-5-22-5	23	2.00	46.00	35.00	247.49															
					247.49															

I certify that all payments due on this account have been completed.

Paymaster War Service Gratuity Military District No. 12

WAR SERVICE GRATUITY M.D. 12

618437 19/4/19

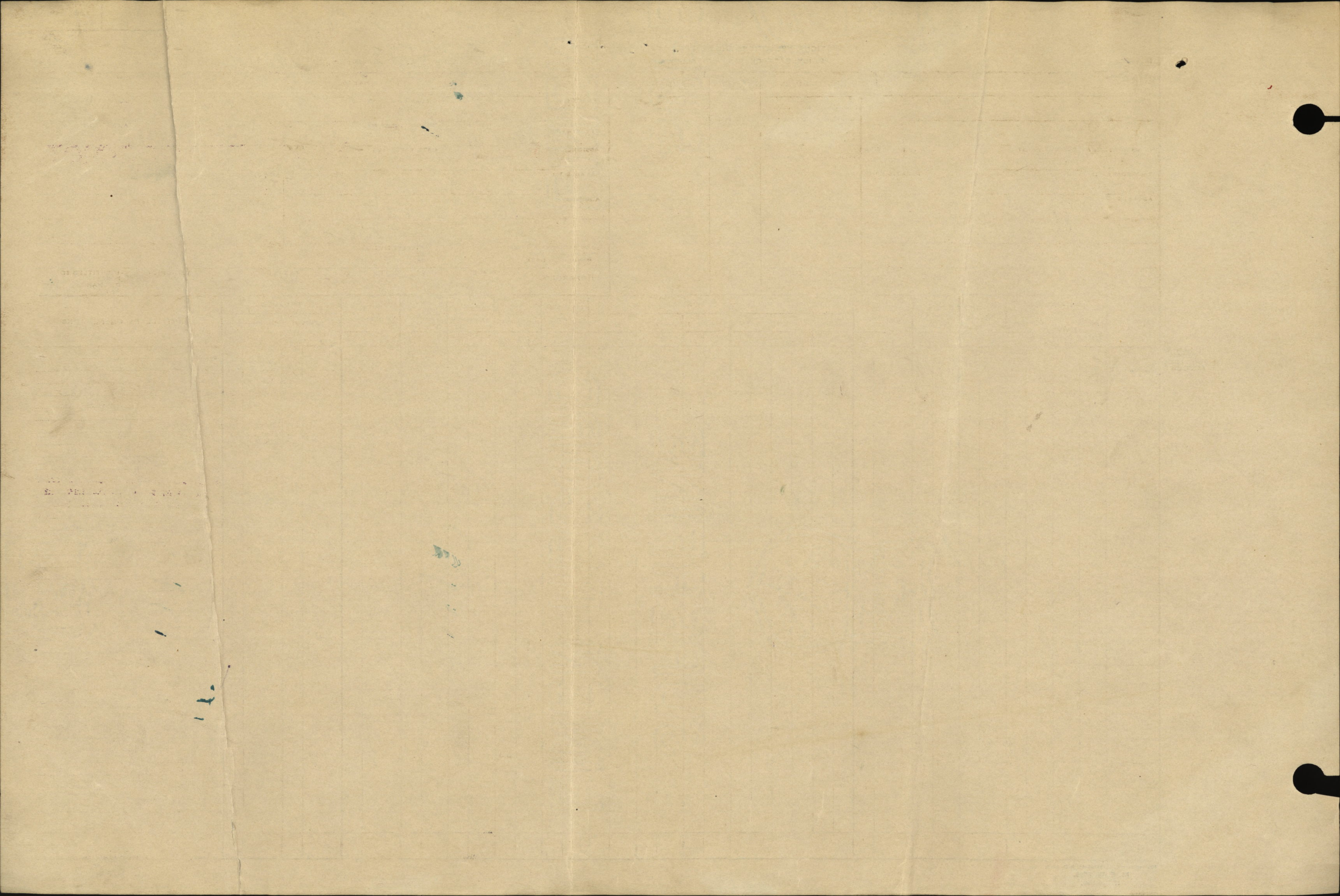
627024 JUL 19 1919

636140 AUG 19 1919

645689 SEPT 19 1919

653802 OCT 19 1919

GENERAL AUDITOR'S DEPT. DEC 10 1919



17907

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom

Address

Rate

Date to Commence

Neil Morrison
9 Calboost Locks
Storoway
Scotland

15 per mo.

1st Feb. 1915

By whom assigned

Regtl. No.

Rank

Corps, &c.

Lugus Morrison
13780
Pte.
5 Batt. H. 1st Bn. Arty. C.A.S.C.
2.2.16A.P. Sachse
40. x 10. 20. 1915

PAYMENTS.

	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.		9569	15	
March		13389	15	
April		18745	15	
May		2391	15	
June		10004	15	
July		18932	15	
Aug.		29953	15	
Sept.		42876	15	
Oct.		56784	15	
Nov.		76064	15	
Dec.		87897	15	
Jan.	1916			
Feb.			8 165	Carried Forward
March				

ASSIGNED PAY.

By whom assigned

Angus Morrison

Regtl. No.

13780 Pte. 5 Batt 2 No 1 Ft. Bakery, C.A.S.C. 2/2/16

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
			165		
Jan.	1916	109885	15	/	
Feb.		132741	15	/	
March		143449	15	/	
Apl.		13660	15	/	
May.		39331	15	/	
June		65408	15	/	
July		96918	15	/	
Aug.		136010	15	x	
Sept.		174058	15	x	
Oct.		205095	15	x	
Nov.		254319	15	x	
Dec.		281810	15	x	
Jan.	1917	323907	15	x	
Feb.		368655	15	x	
March		415060	15	x	
Apl.			390	/	
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

