

ATTESTATION PAPER.

No.

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?..... Berwick Ross-shire Scotland.
3. What is the name of your next-of-kin?..... Colin Morrison
4. What is the address of your next-of-kin?..... Berwick Ross-shire Scot.
5. What is the date of your birth?..... 12th December 1884
6. What is your Trade or Calling?..... Storekeeper
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?..... No
10. Have you ever served in any Military Force?.. 2nd Seaforth's 3 years. 6-month discharge
If so, state particulars of former Service. 97th Algonquin Rifles 3 years
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).
 H. Washington (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.

Date Dec 22 1914. Angus Morrison (Signature of Recruit)
 H. Washington (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.

Date Dec 22 1914. Angus Morrison (Signature of Recruit)
 H. Washington (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 Yorkton this 22nd day of December 1914.

James Mills (Signature of Justice)

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

H. Washington (Approving Officer)

Description of Angus Morrison on Enlistment.

Apparent Age 30 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 1/2 ins.
Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 2 ins.

arrow shaped
scar on
right hip

Complexion fair
Eyes Brown
Hair Mid Brown

Religious denominations. { Church of England
Presbyterian Pres
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 Dec 22 1914.

Place Yokton

[Signature]
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:—

.....
.....
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Angus 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.

[Signature] (Signature of Officer)

Date Dec 22 1914.

REGIMENTAL DOCUMENTS

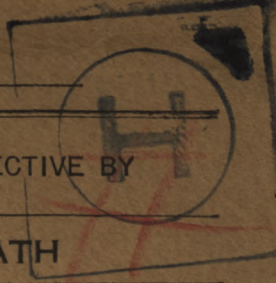
28/4/19

NAME MORRISON ANGUS

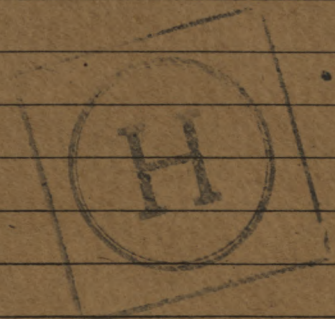
REGT. NO. 106404

UNIT 1st CMR

H. Q. FILE NO.



| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY | |
|--|---------------|-----------------------|----------------|-------------------------|------------------|--------------------------------|
| 1 IDENTIFICATION PAPER (M.F.W. 23, 133, or 51) | | <i>Medals 27-2079</i> | | | DEATH | |
| 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category | |
| 1 TRAINING HISTORY SHEET (M.F.W. 113) | | | | | | |
| 1 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) | | | | | | |
| 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | | DISCHARGE |
| 1 DENTAL HISTORY SHEET (M.F.B. 465) | | | | | | Category <i>Demobilization</i> |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | | |
| 1 MEDICAL EXAMINATION (M.F.W. 129) | | | | | | |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | | |
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| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | 33869 | DESERTION | |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | | |
| 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | | |
| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | | |
| 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | | |
| 1 Misc | | | | | | |
| 1 R122 | | | | | | |





(L49-M-46049) "R" 13

NAME Morrison, Angus

RANK & No. Pte.

106404.

CORPS 1st C. M. R.

ENLISTMENT, PLACE Yorkton Sask DATE Dec. 22/14. "S."

FORMER CORPS 3rd Seaforths

COUNTRY OF BIRTH Scotland Ross.

NEXT OF KIN Morrison, Colin

ADDRESS OF NEXT OF KIN Barvas, Stornoway, Hebrides
Scotland

DISCHARGE, PLACE

DATE

015-12-6-15-108
7



R/C 20-3-19 286 Cpl
79

REMARKS:



67

MMW
W

13
V

Number. *106404* Rank *Capl*

Surname. *MORRISON*

Christian Name. *Angus*

P Units. *1st C.M.R.* Theatre of War. *France*

Date of Service *22/9/15* *684 Hamlet St.*

Remarks. *Columbus*

Latest Address. *~~Yorktown~~ Ohio*
U.S.A.

..... *Sask.*

Roll No. *B Page 7236* .

No

RANK

NAME

T. O. S.

UNIT

M. D.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS | AUTHORITY |
|--------------|------------|---------------------|--|-----------|
| | | | | |

RECEIVED
DESP. APR 5 1923
664493

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 18-10-77

NAME Morrison A
NOM

Service No. 106404
Matricule No°

CPC No.
CCP No° 2253748

WVA No.
AAC No°

Information Received from:

Information reçue de: APC FRD

Date of Death 3-9-77
Date du Décès

Place N/S
Endroit

Distribution: WSR-DASG

VI - ASS
DO - BD
HO - BC

Pour le chef,
h. hawegne
for Chief, Central Registry Division.
Dépôt central des dossiers.

18-10-10

3023118

1011011

A
Program

ABC 750

3-1-10

n/a

L. Lundgren
Clinical Research Division
Bldg. 10, Room 3N202

10/10/10 12:30
10/10/10
10/10/10
10/10/10

E

Rank Name **MORRISON, Angus,** Reg'l No. **106404**
 Unit **1st C.M.R.** If in perm. Corps, }
 What Unit? Married or Single **Single**

Place and Date of Enlistment **Yorkton, Dec 22nd 1914.** Place of Birth **Scotland.**

Name and Address, Next-of-Kin **Colin Morrison, Barvas Barvas Rossshire, Scotland.**
 Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

File R.L. **10,417**
 Category **O.R. Can.**
 REMARKS
 Taken from Official Documents

| 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 | | | | |
| 21.5.16. | <i>1st Lt</i> <i>1st Lt</i> | Embarked for France. Leave. 10.5.16. | (Field) | 2 SEP 1915 18.5.16. | Pt. I O # 21 |
| 14.12.16 | do. | Appointed R/Cpl. | " | 1.7.15. | Pt. I O # 86. |
| 6-4-17 | " | To be Corporal, to complete establishment. | " | 23-2-17 | " 32. |
| 6-4-17 | " | Appointed Sgt | " | 5-3-17 | " 32. |
| 13-1-19 | 1 C.M.R. | RCC, T. L. LAN | " | 12.2-19. | D.O., 12 |
| 21 2/19 | ✓ | Deprived of appt of Lt/Sgt 28/11/19 for woal. overstaying leave from 0630 17:119 to 0630 23:119 Forfeit 6 days pay by P.O. Reg Retains rank of Corporal | " | | DO 14 |
| 11/3/19 | ✓ | Proc to Canada sail 22. Disch N | " | 12/3/19 | DO 21 |

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 7882

THIS IS TO CERTIFY that No. 106404 (Rank) Corporal
 Name (in full) Morison, Angus enlisted in
 the 1st Canadian Mounted Rifles
 CANADIAN EXPEDITIONARY FORCE at Brandon on the 22nd
 day of December 1914
 HE served in 1st C.M.R. Bn
 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 35 yrs

Marks or Scars _____

Height 5'6 1/2"

Complexion Fair

Eyes Brown

Hair Brown

Angus Morison

Signature of Soldier

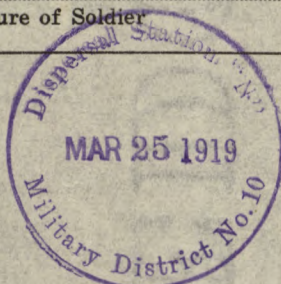
O. C. Whittier

Issuing Officer Major

O. C. Dispersal Station 'N'

Brandon, Man.
Rank

Date of Discharge



Date 25 March 1919

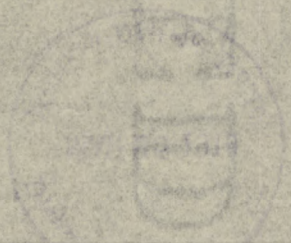
N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL, WASHINGTON, D. C.

1916

13



OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

DATE OF ISSUE

NAME

RANK

COMPANION

REG'T

BRIG

THE REGIMENT TO WHICH ASSIGNED

THIS IS TO CERTIFY THAT THE FOLLOWING

NAME

OF THE

UNITED STATES ARMY

IS

DISCHARGED FROM THE SERVICE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge or when duly authorized in writing, and
- 3.—That wearing of uniform is punishable as if on the strength of a unit.

DISCHARGE CERTIFICATE

UNITED STATES ARMY

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON A. 106405

REGIMENT 1st C.M.R.S. RANK Pvt. No. 106405

Date of Examination in England _____ Date of Examination in France Jan 16/49

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 12.

2. EXTRACTIONS 14

3. CROWNS

4. DENTURES

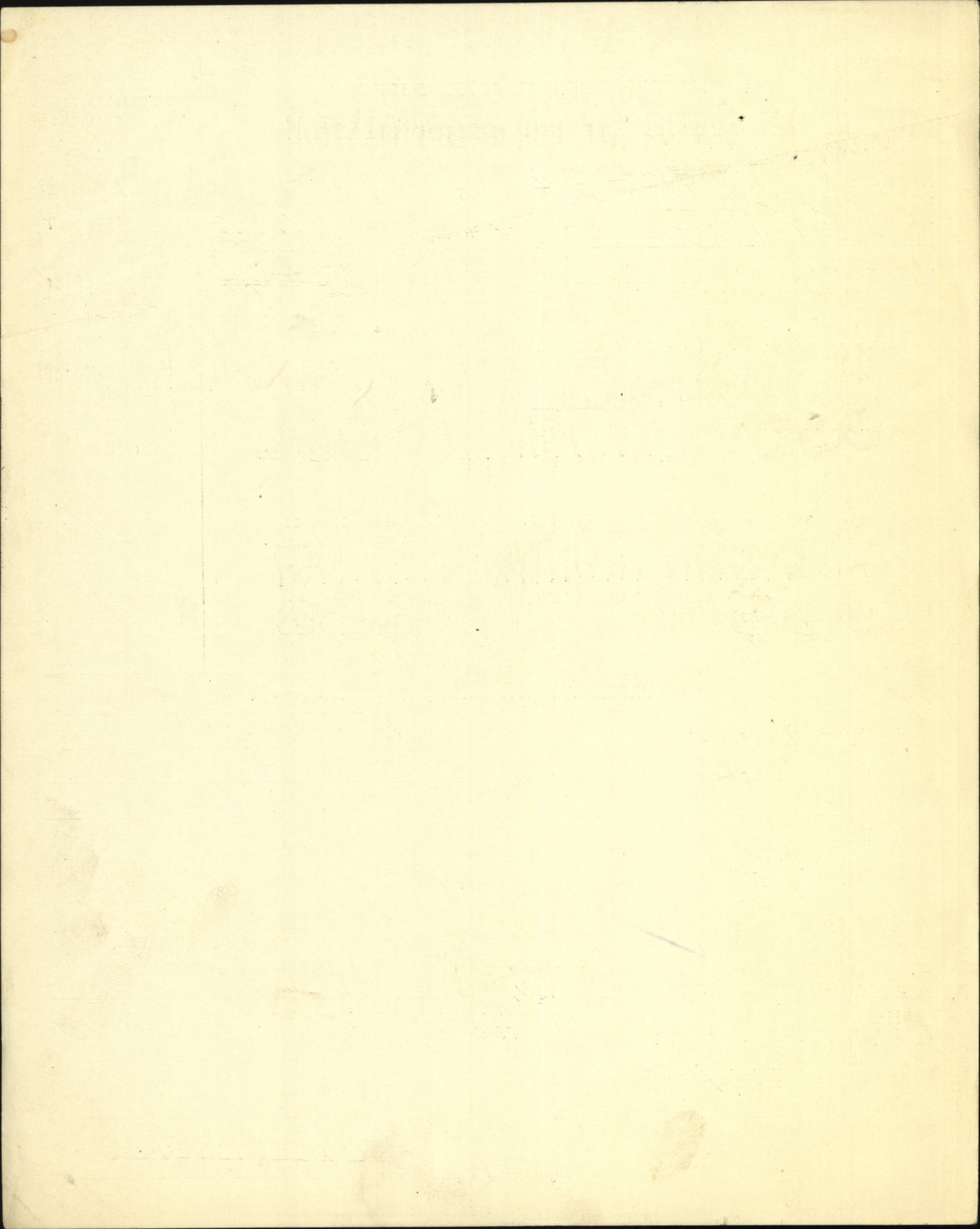
- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

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 yes.
- (c) In France

Signature of Dental Officer [Signature]
Capt



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. 106404 Rank Corporal Surname MORRISON
(Given name in full)

Unit or Corps 1st C.M.R. Bn Birthplace Perth Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 155 ^{Est} lbs. Height 5 ft. 7 in. Colour of Eyes Hazel
 Nutrition Good
 Pulse 72 Regular
 Condition of arteries Soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Vertical scar 3/4 in long upper middle of right forehead.

Opinion as to general health and physical condition Good

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

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

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.

Acute rheumatism - about three months in Brandon Man. Hospital, Dec. 1914 about end of March 1915. Complete recovery.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braunschweig (Overseas)

Date 15-2-19

Signed E. G. Arthur Capt 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 A. M. ...

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

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

[OVER]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Angus Morrison,*
Address *Stornaway P.O.,*
Sask.

By Whom Assigned *Morrison, A.*
Regtl. No. *106404,*
Rank *pte.*
Corps *1st. C. M. Co.*

Rate *250.⁰⁰*

Feb. 273

22-12-16

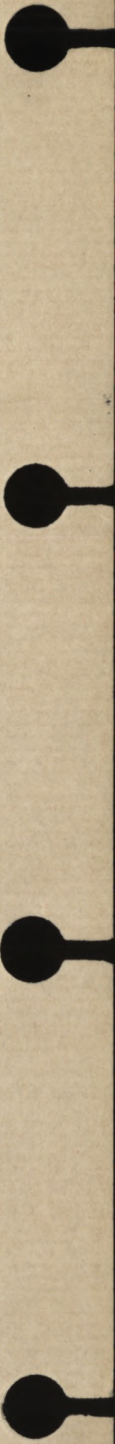
PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|-----------------|---------------|------------|---------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | <i>R37982</i> | <i>250</i> | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |



RECEIVED BY THE DIRECTOR

RECEIVED BY THE DIRECTOR



Rank *S/Lt.* Name

MORRISON, Angus,
If in perm. Corps,
What Unit?

Reg'l No. *106404*
(Old No. 1318)

Unit *1st C.M.R.*

Married or Single *Single*

Place and Date of Enlistment

Yorkton, Dec 22nd 1914.

Place of Birth *Scotland.*

Name and Address, Next-of-Kin

Colin Morrison, Barvas Barvas Rosshire, Scotland.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|-------------|-------------|-------------|-----------------------|---------------|-----------------|--------------|-------------|---------------|---------------|---------|------|---------------|--------------|---------------|---------------|---------------|---------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |
| <i>1915</i> | | | | | | | | | | | | | | | | | |
| <i>July</i> | <i>1-31</i> | <i>31</i> | <i>1⁰⁵</i> | <i>32 55</i> | <i>31</i> | <i>3 10</i> | <i>310</i> | <i>50</i> | <i>36 15</i> | | | | | | <i>36 15</i> | <i>36 15</i> | <i>Expenses</i> |
| <i>Aug</i> | <i>1-31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | <i>3 10</i> | | | <i>35 65</i> | | | <i>58 40</i> | | | <i>58 40</i> | <i>13 40</i> | |
| <i>Sep</i> | <i>1-30</i> | <i>30</i> | | <i>31 50</i> | <i>30</i> | <i>3</i> | <i>450</i> | | <i>34 50</i> | | | <i>9 73</i> | | | <i>9 73</i> | <i>38 17</i> | |
| <i>Oct</i> | <i>1-31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | <i>3 10</i> | | | <i>35 65</i> | | | <i>5 29</i> | | | <i>5 29</i> | <i>68 53</i> | |
| <i>Nov</i> | <i>1-30</i> | <i>30</i> | | <i>31 50</i> | <i>30</i> | <i>3</i> | <i>450</i> | | <i>34 50</i> | | | | | | <i>103 03</i> | | |
| <i>Dec</i> | <i>31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | <i>3 10</i> | | | <i>35 65</i> | | | <i>5 22</i> | | | <i>5 22</i> | <i>133 46</i> | |
| <i>Jan</i> | <i>1-31</i> | <i>31</i> | <i>1⁰⁵</i> | <i>32 55</i> | <i>31</i> | <i>10</i> | <i>3 10</i> | | <i>35 65</i> | | | <i>5 23</i> | | | <i>5 23</i> | <i>163 88</i> | |
| <i>Feb</i> | <i>29</i> | | | <i>30 45</i> | <i>29</i> | | <i>2 90</i> | | <i>33 35</i> | | | <i>5 23</i> | | | <i>5 23</i> | <i>192</i> | |
| <i>Mar</i> | <i>31</i> | <i>31</i> | <i>1⁰⁵</i> | <i>32 55</i> | <i>31</i> | <i>10</i> | <i>3 10</i> | | <i>35 65</i> | | | <i>2 62</i> | | | <i>2 62</i> | <i>225 03</i> | |
| | | | | <i>288 75</i> | | <i>17 20</i> | | <i>50</i> | <i>316 75</i> | | | <i>91 72</i> | | | <i>91 72</i> | | |

MARRIED OR SINGLE *Single.*
 PLACE OF BIRTH *Scotland,*
 NAME AND ADDRESS OF NEXT OF KIN *Colin Morrison,
 Barvas Barvas, Rosshire, Scotland,
 R229, RSC 181016.*
 RELATIONSHIP OF NEXT OF KIN *Mrs Morrison*
 NAME AND ADDRESS OF NEXT OF KIN *Rathorell, Manu,
 Canada.*
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

| CASUALTIES, PROMOTIONS, & C. | | |
|------------------------------|----------------|-----------------------|
| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
| <i>Apt. Corp.</i> | <i>23/2/17</i> | <i>B.O. 32 6/4/17</i> |
| <i>L. Sgt.</i> | <i>5/3/17</i> | <i>B.O. 32 6/4/17</i> |

| ADMISSIONS TO HOSPITAL, & C. | | | |
|------------------------------|-----------------|----------|------------------|
| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
| | | | |

REG'L. No. *106404* RANK *Sgt.* NAME *Morrison Angus.*
 IF IN PERM. CORPS | UNIT *1st Bn. Cank.* TRANSFERRED TO DATE AUTHORITY
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Yorkton* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *22nd December 1914* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Feb. 1 - 18*
 PAYABLE TO *Colin Morrison, Sr Lower Barvas, Rosshire, Scot.* RELATIONSHIP *Father*
 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 | 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 | | | | | |
| | | | \$ | c. | | | \$ | c. | | | \$ | c. | | | | | | | | | | | | | | | | | | | | No. | DATE |
| <i>1916</i> | | | <i>288 75</i> | | | <i>27 50</i> | | | | | | | | | <i>50 316 75</i> | | | | | | | | | <i>91 72</i> | <i>225 08</i> | | | | | | | | |
| <i>Apr 30</i> | <i>30</i> | <i>100</i> | <i>31 50</i> | <i>30</i> | <i>10</i> | <i>3</i> | | | | | | | | | <i>34 50</i> | <i>582 15/4</i> | <i>626 30/4</i> | | | | | | <i>5 23</i> | <i>2 61</i> | | | | | | | | | |
| <i>May 31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | | <i>3/0</i> | | | | | | | | | <i>35 65</i> | | <i>677 3/5</i> | | | | | | | <i>5 11</i> | | | | | | | | | |
| <i>Jun 30</i> | <i>30</i> | | <i>31 50</i> | <i>30</i> | | <i>3</i> | | | | | | | | | <i>34 50</i> | | <i>702 15/6</i> | | | | | | | <i>2 55</i> | | | | | | | | | |
| <i>July 31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | | <i>3/0</i> | | | | | | | | | <i>36 65</i> | <i>740 30/6</i> | <i>847 15/7</i> | | | | | | | <i>2 55</i> | <i>2 62</i> | | | | | | | | |
| <i>Aug 31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | | <i>3/0</i> | | | | | | | | | <i>38 80</i> | <i>882 31/7</i> | <i>929 10/8</i> | | | | | | | <i>2 62</i> | <i>2 62</i> | | | | | | | | |
| <i>Sept 30</i> | <i>30</i> | | <i>31 50</i> | <i>30</i> | | <i>3</i> | | | | | | | | | <i>34 50</i> | <i>974 20/8</i> | <i>1029 5/9</i> | | | | | | | <i>2 61</i> | <i>2 62</i> | | | | | | | | |
| <i>Oct 31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | | <i>3/0</i> | | | | | | | | | <i>35 65</i> | <i>1081 20/9</i> | <i>1095 15/10</i> | <i>1031 4/10</i> | | | | | | <i>2 62</i> | <i>2 61</i> | <i>4 35</i> | | | | | | | |
| <i>Nov 30</i> | <i>30</i> | | <i>31 50</i> | <i>30</i> | | <i>3</i> | | | | | | | | | <i>34 50</i> | <i>1183 21/10</i> | | | | | | | | <i>2 62</i> | | | | | | | | | |
| <i>Dec 31</i> | <i>31</i> | | <i>32 55</i> | <i>31</i> | | <i>3/0</i> | | | | | | | | | <i>35 65</i> | <i>1205 24/11</i> | <i>1153 7/11</i> | <i>1213 20/11</i> | <i>1256</i> | | | | | <i>3 72</i> | | | | | | | | | |
| <i>1917</i> | | | <i>55</i> | | | <i>55</i> | | | | | | | | | <i>633 00</i> | | | | | | | | | | <i>2 75</i> | <i>2 62</i> | <i>1250</i> | | | | | | |
| <i>Jan 31</i> | <i>31</i> | <i>105</i> | <i>35 65</i> | | | | | | | | | | | | <i>8 72</i> | <i>1260 31/12</i> | | | | | | | | <i>2 62</i> | | | | | | | | | |
| <i>Feb 28</i> | <i>28</i> | <i>105</i> | <i>35 20</i> | | | | | | | | | | | | <i>631 70</i> | | | | | | | | | | <i>2 62</i> | <i>2 62</i> | <i>1250</i> | | | | | | |
| | | | <i>700 35</i> | | | | | | | | | | | | <i>13 54</i> | <i>413 92</i> | | | | | | | | | <i>11 32</i> | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <i>2 75</i> | <i>200 61</i> | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <i>232 81</i> | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <i>220 50</i> | <i>12 31</i> | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <i>481 11</i> | <i>232 81</i> | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <i>220 50</i> | <i>12 31</i> | | | | | | | |

Ct

1203-4/11 and 7031-4/10 charged in error in 2017

NUMBER

106404 RANK

NAME

MORRISON, ANGUS

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|-------|--------------------------------|--------|--------|---|--------|-------|--------|--------|---------|----------|------------|
| Nov | Balance fwd | | | | | | | | 528 28 | 428 00 | |
| | S/Sgt's Ptd | 39 00 | | D88515. 4.2.2 | | | 20 00 | | | 399 75 | |
| Dec | ✓ | 40 30 | | alt 2804. 9.11.18. 1 c.c.k.R. | 7 46 | | | | | | |
| Jan | ✓ | 40 30 | | ✓ 3184. 17.11.18 ✓ | 11 19 | | | | | | |
| | | | | E 37008. 4.2.2 | | | 20 00 | | | | |
| | | | | ✓ 3669 28.11.18 1 c.c.k.R. ⁴⁰⁰⁰ | 3 73 | | | | | | |
| | | | | ✓ 4294. 8.12.18 22.38 | 3 73 | | | | | | |
| | | | | E 91286 ^{for 26.11} | | | 20 00 | | 561 77 | | |
| | | 119 60 | | | 26 11 | | 60 00 | | | | |
| Feb | ✓ | 36 40 | | alt 592. 28.12.18. 1 c.c.k.R. | 87 60 | | | | | | |
| | Sub on Oct Reg. 1/16 - 28/1/19 | 42 45 | | P 992 9606. 21.12.18. | 38 93 | | | | | | |
| | | | | alt 4928. 4.1.19. ✓ | 3 73 | | | | | | |
| | | | | ✓ 4746 24.12.18 ✓ | 3 73 | | | | | | |
| | | | | F 14062 ^{183.99} | | | 20 00 | | | | |
| | | | | E 99448 | | | 20 00 | | 466 63 | 399 75 | |
| | | | | - 243. 17.2.19. ✓ | 48 67 | | | | | | |
| | | | | Deprived of Rank of S/Sgt 28/1/19 | | 7 80 | | | | | |
| | | | | awd. d. 30. 17.1.19. to 06.30. 23/1/19 | | | | | | | |
| | | | | 6 day pay. | | | | | | | |
| | | | | Retain rank of S/Sgt (advised 3/1/19) | | | | | | | |
| | | | | over Credited pay as S/Sgt ^{advised 15.2/19} | 3 20 | | | | 406 96 | | |
| | | | | 28/1/19 to 28/7/19 32 days 200f | | | | | | | |
| | | 78 85 | | | 182.66 | | 11 00 | 46 00 | | | |

S. O. S. Canada. 12-3-19 S. K. 32.

Casualty Form—Active Service.

Regiment or Corps 1st Canadian Mounted Rifles

Regimental No. 10640⁴ Rank Sergeant Name Morrison Angus

Enlisted (a) 22/12/14 Terms of Service (a) as per attestn Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.O.s _____

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 | | | | |

LANDED IN FRANCE 22.9.15

| | | | | | |
|----------|------|----------------------------------|-------|----------|---------------------------------|
| 6/1/17 | Self | Granted 10 days leave to England | | 6/1/17 | B213 Pt II 4 |
| 28/1/17 | " | Rejoined unit from leave | | 24/1/17 | " Dec 207 |
| 15.3.17 | " | To be Corporal | Field | 23.2.17 | B213. Pt II of no 32 of 6.4.17. |
| 11.3.17 | " | App'd Lt/Sgt. | " | 5.3.17. | " " " |
| 23.12.17 | " | Granted 14 days leave U.K. | " | 14.12.17 | " Pt II 123 d/29.12.17 |
| 6.1.18 | " | Rejoined Unit | U.K. | 30.12.17 | " R-IV 4/19. |
| 5.1.19. | " | 14 days leave. | U.K. | 30.12.18 | " |

O.C. Cdn. S.D.S. for demobilisation to C.F.C.

Cmp. Proc to England Depot Le Havre

N/R. Pt. 2.0/3.12/19.

Attested
Lieut. for Lt. Col A.A.C
Cdn. Sect. G.H.Q.

SOS ONTS TO CD.

War Service Badge 72882.

Pt II orders
no 21
11-3-19

(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.

Bert
101/247

5/3/19
8/3/19

War Service Badge

Class "A" No.

77882

SHORT FORM.

Aspa. P
Occ Gr 3 20-5

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1064074

2. Rank. ~~Pvt~~ Capt

3. Name. Morrison Angus

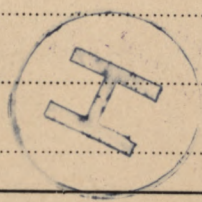
4. Unit. 1st CMB.

5. Date of Discharge MAR 25 1919 Place Saskatoon Brandon

6. Reason for Discharge Demobilization

7. Authority A.O. 92

8. Proposed Residence after Discharge Yorkton, Sask



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

AMORRISON

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Brandon

Date

MAR 25 1919

Signature

C. Wheeler

(O. C. Discharging Unit.)

Star 27-10-19

PROCEEDINGS ON DISCHARGE

(Classification)

| | |
|--|--|
| 1. No. | |
| 2. Rank | |
| 3. Name | |
| 4. Title | |
| 5. Date of Discharge | |
| 6. Reason for Discharge | |
| 7. Authority | |
| 8. Proposed Location after Discharge | |
| <p>CERTIFICATE TO BE SIGNED BY BOARD</p> <p>I hereby certify that at the aforesaid place and date I received my discharge Certificate</p> <p>M. J. W. T. [Signature]</p> <p>Signature of Soldier</p> | |
| <p>CONFIRMATION</p> <p>The validity of the above named case is hereby confirmed.</p> <p>Place</p> <p>Date</p> <p>[Signature]</p> <p>(O. C. Discharging Unit)</p> | |

LIST OF DISCHARGE DOCUMENTS

| | |
|---|-------|
| Attestation Paper, Triplicate | ..... |
| or Particulars of Service | ..... |
| Field Contact Sheet | ..... |
| Casualty Form | ..... |
| Last Day Certificate | ..... |
| Certificates that missing documents are transmittable | ..... |
| Medical History Sheet | ..... |
| Proceedings of Medical Board | ..... |
| Dental History Sheet | ..... |
| Medical Report | ..... |
| Regimental Contact Sheet | ..... |
| Company Contact Sheet | ..... |

Group _____
 Chapter _____
 Page _____

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). ** duplicate*
13. Pay Book (..B.64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... B

Checked by No..... 18 *W.H.*

Date..... 11-3-19

Baltic

AUDITOR PAYMASTER

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

REGT. No. 106404 RANK Cpl NAME (IN FULL) Morrison Angus 24

M. OR S.

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Large handwritten signature or initials 'Baltic' across the top section.

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE. Includes handwritten entries for 28-2-19, 13/6-14/19, 183 days, April, 22-5-19, June, and August.

PARTICULARS OR REMARKS: le BAL. ENG. L. P. O. 4/14 76, Clothing Allowance, Advances Boat Train, chkd. on Eng. L. P. O. to, Quebec, 1st Payment W. S. G. as above, 70- 2nd Payment W.S.G., 70 3rd, 70 4, 70 5, 6/60 6th.

AUDITED AUG 28 1919 Audit. Clerk M.D. 10

W

W

W

