

ATTESTATION PAPER.

No. *877358*

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Morrison*
- 1a. What are your Christian names?..... *August Roy*
- 1b. What is your present address?..... *Sydney B*
2. In what Town, Township or Parish, and in what Country were you born?..... *Birmingham England.*
3. What is the name of your next-of-kin?..... *Margaret Morrison*
4. What is the address of your next-of-kin?..... *~~Princes St~~ Adelaide Wharfedale*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *Dec. 7 - 1897*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *94th Lano. No*
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*

**CS
G. 75
Bot
ad*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

A R Morrison..... (Signature of Recruit)

Date *March 12* 191*6*. *Ambrose*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *August R 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.

A R Morrison..... (Signature of Recruit)

Date *March 12* 191*6*. *Ambrose*..... (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 *Sydney B* this *12th* day of *March* 191*6*

Charles White..... (Signature of Justice)

M. F. W. 23.
600M.-2-16.
H. Q. 1772-89-841.

Magistrate
Magistrate of the Peace in and for the
County of Cape Breton LEUT.-COL.
224th CANADIAN FORESTRY BATT'N. C. E. F.

gpc

Description of Morrison Angus R. on Enlistment.

Apparent Age 19 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 4 ft. 1 ins.

Chest measurement. { Girth when fully expanded 37 ins.
 { Range of expansion 4 ins.

Wt. 160

Complexion light

Eyes blue

Hair brown

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

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 12/3/16 1916

Place Oranor NS

J. Munro
 M. O. 185th. Ove Medical Officer. F. CAPT
 Nova Scotia Highlanders.

*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 R. 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.

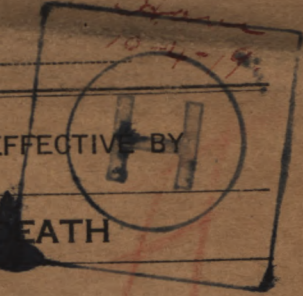
General O. White
 (Signature of Officer)

Date March 12th 1916.

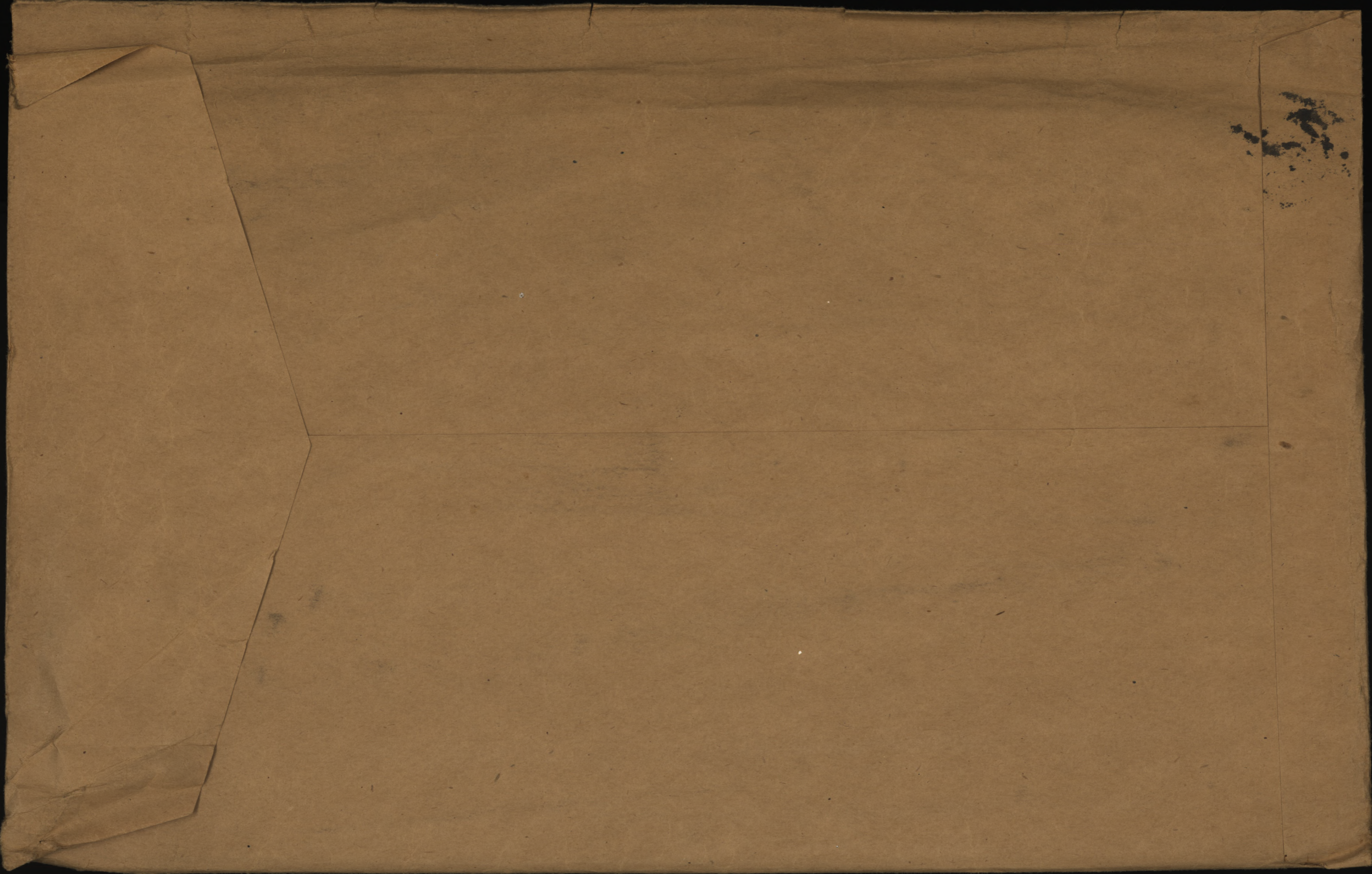
LIEUT.-COL.
 224th CANADIAN FORESTRY BATT'N. C. E. F.

REGIMENTAL DOCUMENTS

PTE. NAME Morrison Angus Roy REGT. NO. 877358 UNIT 224th Bn. H. Q. FILE NO. _____



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH		
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)							
TRAINING HISTORY SHEET (M.F.W. 113)							
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)							
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)							
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)							Category <u>Demob</u>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)							
MEDICAL EXAMINATION (M.F.W. 129)							
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)							
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)							
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)							
LAST PAY CERTIFICATE (M.F.W. 44)							
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)							
PARTIGULARS OF CHARACTER (A.F.W. 3226)							
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		I			DESERTION		
1 W.M. 5. 1375. P 122							
1 P.A.W. 5009A							
1 M. 7. W. 67.							
1 <u>Must</u>							
1 <u>CH 3</u>							
1 <u>Will</u>							
1 <u>Pay Card</u>							



ORIGINAL

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *224th Bde CEF*

(2) Regimental Number *877358*

(3) Full Name of Soldier..... *Morris on Angus Ross*

(4) Place of Birth..... *Birmingham*

England

(5) Are you married, or not? *No*

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

*Margaret Morrison
Pineville Ironworks Co
Cape Breton*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *No*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *May 16*

*W. E. Evans Major
for
Officer Commanding
224th Batt C. E. 7*

649-M-7792

CARD NO. *B.6*

SURNAME. *Morrison*

CHRISTIAN NAMES *Angus Rory*

REGL. No. *877358* RANK *Pte.*

UNIT *224th*

FORMER CORPS *1 Mch 94th Regt*

S.O.S. Dis. 30-3-19.
Demol. FOLL.

Dis. 86 (27-3-19.)
#62.A

Bm

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Morrison Margaret*

RELATIONSHIP TO SOLDIER *Sister*

ADDRESS *Bridgeville N.S.*

COUNTRY OF BIRTH *England* Birmingham DATE *Dec 7th 1897*

PLACE OF ATTESTATION *Sydney, C.B. N.S.* DATE *May 12th 1916*

of 8.12.4.16 403
17.

R/C. 24-3-19 381
Pte.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Yes

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

6

FEET

1

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

Light

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

None

MEDICAL EXAMINATION.

PLACE

Sydney C.B. & S.

DATE

Mar 12th 1916

Present address

Sydney, C.B. & S.

Mar 12 1916

No. 877358 RANK Pte

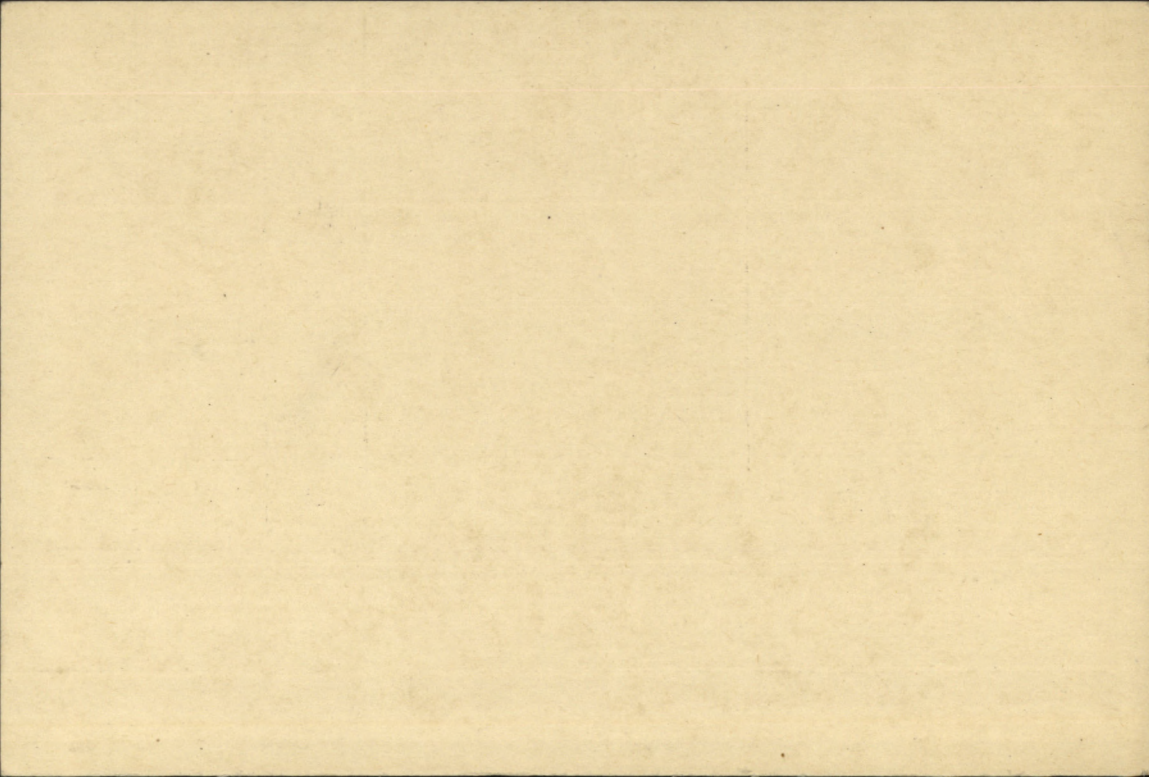
NAME Morrison A. A.

T. O. S. 12-3-16. UNIT 185th Battalion C.E.F.

Dd. 1-4-16.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 mar-12	1916-1 Apr-5	M.	Transfd to Forestry Battalion 5-4-16	April Paylist



No. 877358 RANK *Pte*

NAME *Marrison Aug. R*

E.O.S. Transferred from
185th BATTN. 6-4-16
70.O. 17 of 10-4-16

UNIT *224th Can. Forestry Battalion C. C. F.*

M. D. 5

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

SIG.
OR
REC'T

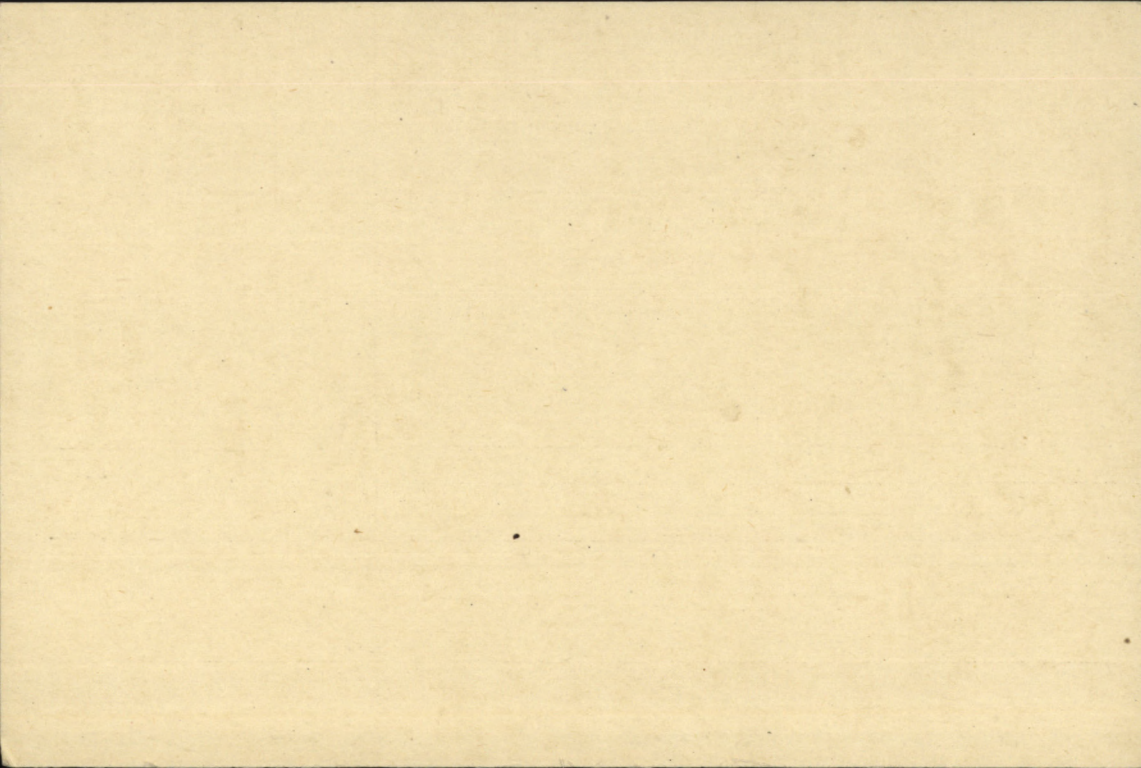
1916
apr 6
may

1916
apr 30

71
v

Proceeded 1/3 21-4-16

70.O. 29 of 22-4-16



ORIGINAL MEDICAL HISTORY SHEET.

Co D
877358

Surname Morrison Christian Name August R.

<p style="color: red; text-align: center; font-weight: bold;">MAR 12 1916</p> <p>Examined { on _____ day of _____ 191 { at <u>Sydney</u></p> <p>Birthplace { City or Town <u>Birmingham</u> { County <u>England</u></p> <p>Apparent age <u>18</u></p> <p>Trade or occupation <u>Fireman</u></p> <p>Height <u>6</u> Feet <u>1</u> Inches</p> <p>Weight <u>160</u> Lbs.</p> <p>Chest measurement { Minimum <u>35</u> inches { Maximum expansion <u>39</u> inches</p> <p>Physical development _____</p> <p>Small-Pox Marks _____</p> <p>Vaccination Marks { Arm Right Left { Number <u>None</u></p> <p>When Vaccinated last _____</p> <p>(a) Marks indicating congenital peculiarities or previous disease <u>Large scar neck and upper chest, right forearm</u></p> <p>(b) Slight defects but not sufficient to cause rejection _____</p>	<p>Approved by <u>G. Munn</u> CAPT.</p> <p style="color: red; font-size: small;">M. O. 185th "Overseas" Batt'n. C. E. F. Nova Scotia Highlanders.</p> <p>Rank _____ M.O.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Fit or Unit.</th> <th>EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>13/6/16</u></td> <td><u>OK</u></td> <td><u>R. R. Barker Capt</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>18/4/16</u></td> <td><u>OK</u></td> <td><u>Kuesterson</u></td> </tr> <tr> <td><u>13/6/16</u></td> <td><u>OK</u></td> <td><u>R. R. Barker Capt</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.																															Date.	Result.	VACCINATIONS.	<u>13/6/16</u>	<u>OK</u>	<u>R. R. Barker Capt</u>																						Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	<u>18/4/16</u>	<u>OK</u>	<u>Kuesterson</u>	<u>13/6/16</u>	<u>OK</u>	<u>R. R. Barker Capt</u>									
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Enlisted on _____ day of _____ 191_____ at _____

CORPS.	REG'TL. NUMBER.	RANK.	DATE.
	877358		
CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Summit Hill</u>	<u>6/2/14</u>		<u>A. Johnson M.D.</u>

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

29

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.R.

REGIMENT 676 RANK Pte No. 877358

Date of Examination in England 4-2-19 Date of Examination in France



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 *none*
2. EXTRACTIONS *none*
3. CROWNS *none*
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower*none*

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 *R. Jamieson*

MURRISON

(8)

Wm
Morrison
1840

Wm

Wm

Wm Morrison

29. day B16

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTE, Name ANCUS, R. Surname MORRISON.
Unit or Corps C.I.F.C. (If a soldier) Regtl. No. 877358.
Born at BERMINCHAM, ENGL. on date 23 JAN. 1898.
Signature (for identification) A.R. Morrison

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 79.2 lbs.
Height 6 ft. 1 1/4 ins.

Large scar on chin & neck
from bullet wound
none

2. NUTRITION AND DIATHESIS ?

normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

normal

4. RESPIRATORY SYSTEM.

normal

5. HEART ?

Abnormal Sounds? nil
Abnormal Size? nil
Pulse Rate? 70

Intermittence or irregularity? nil

6. ARTERIES.—Any hardening?

normal

7. DIGESTIVE SYSTEM ?

normal

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? no report Reaction? no report Albumen? no report Sugar? no report

9. SKIN, MIDDLE EAR, EYE
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

none

11. Opinion as to the health and physical condition of the one examined?

good as on enlistment

Examined at Seungdale Signed J. J. Downey M.O.
Date 6/2/19 Signed A. R. Morrison M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of the Officer fit for general service or a Soldier fit for duty

NAME OF OFFICER OR SOLDIER
RANK
REGIMENT

1. Name of the Officer or Soldier
2. Rank
3. Regiment
4. Date of Examination
5. Name of the Examining Officer
6. Name of the Surgeon
7. Name of the Assistant Surgeon
8. Name of the Medical Officer
9. Name of the Medical Director
10. Name of the Medical Inspector
11. Name of the Medical Storekeeper
12. Name of the Medical Quartermaster
13. Name of the Medical Commissary
14. Name of the Medical Assistant
15. Name of the Medical Nurse
16. Name of the Medical Cook
17. Name of the Medical Barber
18. Name of the Medical Shoemaker
19. Name of the Medical Tailor
20. Name of the Medical Saddler
21. Name of the Medical Blacksmith
22. Name of the Medical Farrier
23. Name of the Medical Carpenter
24. Name of the Medical Wheelwright
25. Name of the Medical Smith
26. Name of the Medical Gunsmith
27. Name of the Medical Saddler
28. Name of the Medical Blacksmith
29. Name of the Medical Farrier
30. Name of the Medical Carpenter

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 185th

Regimental No. 877358 Rank Pvt. Name Mouison, A.R.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
15.7.19.	6/5.	T. O. S. L. O. D.	Héfe	25.7.19.	D. O. 86
30.3.19.		Posted Dip. St. B.	"		" 86.
		S. O. S. on Discharge			

*Approved
of Records*

(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.

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				

CANADIAN EXPEDITIONARY FORCE

M. D.
6.

DISCHARGE CERTIFICATE

War Service Badge
Class: 1 No. 143487 RJA
Pte

THIS IS TO CERTIFY that No. 877358 (Rank) Pte

Name (in full) Morrison Angus Roy enlisted in
the 224 Batt.

CANADIAN EXPEDITIONARY FORCE at Sydney C.B. on the 12.
day of March 1916.

HE served in France Belgium 29th B.F.C.

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:

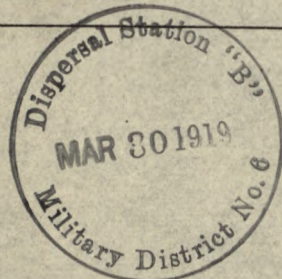
Age 21 yrs 3 m.
Height 6' 1 in.
Complexion Light
Eyes Blue
Hair Brown

Marks or Scars None

A R Morrison
Signature of Soldier

[Signature] Major
G. C. Dispersal Station "B"
Issuing Officer

Date of Discharge



Rank

Date 3 March 1919
MAR 25 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.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

This is to certify that _____

Name (French) _____

the _____

of _____

is _____

and is to be _____ from the service of _____

with _____

the _____

and is to be _____ from the _____

with _____

the _____

and is to be _____ from the _____

with _____

the _____

and is to be _____ from the _____

with _____



This form to be filled in by the commanding officer and the adjutant general and to be forwarded to the adjutant general of the force.

The original of this certificate will be returned to the adjutant general of the force.

Adjutant General's Office

1915

46. £ 32775

FORM OF WILL.

77787

I, Angus Morrison (Name in full)
Regimental Number 877385 serving in 185th Balm
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

nil

Name & Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Sarah Morrison
32 Usank St Sydney Mines
N.S. Can.

Name & Address
of person or
persons to receive
personal estate*
(see note).

ESTATES BRANCH

DEC 18 1918

MILITIA DEPT.

In Witness whereof I have hereunto set my hand
this 29th day of November A.D. 1916.

Angus Morrison Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact
everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence, at
his request, and in the presence of each other have hereunto subscribed
our names as Witnesses.

Name of Witness Archibald Daves Lieut
Address of Witness North Sydney Cape Breton
Canada
Occupation of Witness Engineering
Name of Witness C. Am. Fresh
Address of Witness Wellington N.S. Can.
Occupation of Witness Soldier

CANADIAN
26 NOV 1918

FORMAL WILL

I, Walter H. ...

of the County of ... State of ... do hereby certify that I am of legal age and sound mind and memory and that I am the author of the foregoing instrument.

I have signed and sealed this instrument in the presence of the following witnesses, who are of legal age and sound mind and memory, and who are not related to me within the degree prohibited by law, and they have signed and sealed the same in my presence.

Witness my hand and seal this ... day of ... 191...
at ...

Witness my hand and seal this ... day of ... 191...
at ...

Witness my hand and seal this ... day of ... 191...
at ...

Witness my hand and seal this ... day of ... 191...
at ...

Witness my hand and seal this ... day of ... 191...
at ...

29

WSP

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

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

WAR SERVICE BADGE

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

CLASS "A" No

Unit, Regiment or Corps

24th CANADIAN FORESTRY BATT'N, C. E. F.

Regimental No. 877358

Rank Pte

Name

MORRISON

Enlisted (a) 12/3/16

Terms of Service (a) Duration of War

Service reckons from (a) 12/3/16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b) Farmer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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CERTIFIED CORRECT. 9 MAY 1917. CAN. REGRD. LONDON.

22.11.16.	O.C. 224th.	S.O.S. 224th. Bn.	London.	22.11.16	Pt 11, D.O. #153, Lt & A/Adj. 224th. C.F.B. Bn.
22.11.16.	D. of T.O.	T.O.S. Can. Forestry Corp.	London.	22.11.16.	Pt 11, D.O. #1, Lt & Asst/Adj. C.F.C.
27.4.17	D. of T.O.	Proceeded overseas to C.F.C. France.	London.	21.4.17	Pt. 11 Orders No. 99 Lt. & A/Adj. C.F.C.
24.11.17.		Disembarked.	Have.	24.11.17	R.R. 8134, P. II #1, d. 22.11.17.
28/3/18	C9BD	Arrived from Rome Camp		27/3/18	MR 767
30/3/18	C9BD	To Rest Camp	C9BD	30/3/18	MR 86357
4/4/18	C9BD	Arrived at Base.		4/4/18	MR. R+R. 776
8/4/18	C9BD	Left for unit	Field.	8/4/18	MR 1138
23/3/18	29 Coy	Granted 14 days leave from.		24/3/18	B213 PHE 19 d. 23/4/18
13/4/18	29 Coy	Resumed duty		10/4/18	B213

(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.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6.7.18	29 Coy.	Granted 14 days l. of A to U.K.		5.7.18	B213 d/6.7.18 Part II 33 d/20.7.18
27.7.18	Do	Rejoined from leave.		20.7.18	B213
30/19	C.C. Cdn. Conc. Cmp. Le Havre	S.O.S. for demobilisation to C.F.C. Depot	Sunningdale Lt. Hewett	30/19	N/R. K4-1 Pt. 2.0/S. 4 d/1919
3-2-19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from C.F.C. France		31-1-19	Pt. 11.D.D. 34
22-2-14	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. Transfer M.D. 6. on posting to Camp Khyt. Lt. O.M.A.B. on trans to K. Camp	SUNNINGDALE	22-2-19	Pt. II 53. Lt. for O.C. B.D.C.T.
15 MAR 1919		WAR SERVICE BADGE. CLASS "A" No. L. Ryberg LIEUT. OFFICER I/c RECORDS M.D. 6			

J.P.

Rank Name **MORRISON, Angus Roy.** Reg'l No. **877358.**

Unit **224th Bn** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Sydney C.B, 12th Mar. 1916.** Place of Birth **Birmigham. Eng.**

Name and Address, Next-of-Kin **Margaret Morrison.**
Prince
Bridgeville. Inverness Co. N.S. Canada. Relationship **Sister**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character Relationship

N/E R.B. No. **8877**
File R.L.
Category **Can 09**

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.				
		<i>Arrived in England</i>	<i>S.S. Emp. of Brit.</i>	<i>6- MAY 1916</i>	
		<i>Now known as</i>	<i>Can. Forestry Corps Auth, Pt. II</i>	<i>DO. I, 22, 11, 16</i>	
<i>27.4.17</i>	<i>C.F.C.</i>	<i>S.O.S. to 294 Coy. France.</i>	<i>London.</i>	<i>21.4.17</i>	<i>P.F.D.O. 99</i>
		<i>SOS. to BECFC, 30 1. 19</i>			
		<i>29 Coy DO 4 31 19</i>			
		<i>TOS BDCFC S'DALE</i>			
		<i>BDCFC DO 34, d 3 2 19</i>			
<i>22-2-19</i>	<i>BDCFC</i>	<i>S.O.S. to M.D. 6</i>	<i>Phyl</i>	<i>S'dale</i>	<i>22-2-19 P.H.O. 53.</i>
<i>15-2-19</i>	<i>6M.D.C.W.</i>	<i>T.O.S. paid'g ret to Can</i>	<i>Phyl</i>	<i>22-2-19</i>	<i>56</i>
<i>19-3-19</i>	<i>6M.D.C.W.</i>	<i>S.O.S. to Canada</i>	<i>"</i>	<i>"</i>	<i>15-3-19 " 78</i>
				<i>30.B</i>	<i>15-3-19</i>

A.F.B. 103 CHECKED
2 MAY 1916
W2A
29th Coy.
P.H.#1, 22-5-17.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME: MORRISON. Angus. Roy. ²²⁴
 NUMBER: 877358

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15-1-19	550	C.F.C. 29 Coy	373
3-2-19	7330	" B.D.	973
10-2-19	7845	" "	4867
			62173

UNIT AND TRANSFERS

ORIGINAL UNIT: 224th Forestry Bn.

DATE ACCOUNT FIRST OPENED: 16/4/16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			C. J. C. France

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada 28-2-19^{NR. 2910} 10/2/19 S' date M.D. 6

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
incl. 31	Forwarding								400 11	35 250	
April	Ptes Pay.	33		all 89. B. G. B. B. 7/4/18.	4 46				421 51	367 50	
				" 13 29 Coy 17-4-18	2 68						
				" 38. " 30-4-18	4 46						
May	Ptes Pay.	33		" 63. " 15-5-18	3 57				545 80	387 50	
	Cancelled leave cheque CR note 4405. #49195. all 1301.		97 33	" 89. " 29-5-18	3 57				569 88	397 50	
June	Ptes Pay	33		" 115. " 15-6-18	8 92						
July	Ptes Pay.	33		CP. 14959. " 6-7-18	48 67						
				all 1142. " 4-7-18	97 33						
				" 160. " 4-7-18	2 57						
				CP. 16971. " 16-7-18	24 33						
				CP. 17243. " 18-7-18	14 60						
				all 221. " 30-7-18	3 57				411 91	472 50	
Aug	Ptes Pay.	34 10		all 247. " 15-8-18	3 57				438 87	427 50	
				" 278. " 30-8-18	3 57						
Sept	Ptes Pay	33		" 307. 16-9-18.	3 57				464 73	442 50	
				" 339. 30-9-18	3 57						
Oct.	Ptes Pay.	33		" 366. 15-10-18 29 Coy	3 73				491 37		
				" 392. 30-10-18	3 73						
Nov.	Ptes Pay.	33		" 427. 16-11-18.	13 06						
				" 457. 29-11-18	3 73						
Dec		34 10		" 487. 16-12-18	3 73						
Jan		34 10							572 05		
Feb.	" "	101 24		" 519. 31-12-18	3 73					577 50	
		30 80									
	Int on def pay 28-2-19		38 28	550 15-1-19	3 73				637 40		
				129330. 3-2-19 B.S. CPA	9 73						
				P. 7845. 10-2-19	48 67						
				all 3190. 8-3-19 Kimmel PK	29 20						
					9506						

*Personnel
Effect 30-9-18*

Can. Int.

NUMBER **877358** RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Feb 9/19	Port Forward ✓	69 08			95 06	-	-	-	57 05		
		69 08		all 2475. 18. & 19. Kimmel ^(condensed)	9 73				536 34		
					104 79	-	-	-			

A 3 M. FORM REN'R ✓ EFEC ✓
 DISCHARGED TO Canada 28-2-19
 PAY BOOK VERIFIED 11-2-19
 Cr BAL 575 27 ✓ REN'R 11-2-19
 AUTH. N.R. 2910 10-2-19 S date
 M.D.G.

S.O.S. to Canada 15/3/19
 S.L.# 29.1

CONFIRMED BY a.s. Houston
 CHECKED BY a.s. Houston

600 Bal br 536³⁴ End. 3893

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

M.D. 6.

War Service Badge Issued
Class. A No. 43487 P/B

THIS IS TO CERTIFY that No. 877 358 (Rank) Pte

Name (in full) Morrison Angus Roy enlisted in
the 224 L. Bn

CANADIAN EXPEDITIONARY FORCE at Sydney I.B. on the 17th
day of March 1916

HE served in 29th B. Co. France and Belgium

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 21 3/4 yrs

Marks or Scars none

Height 6' 1"

Complexion Light

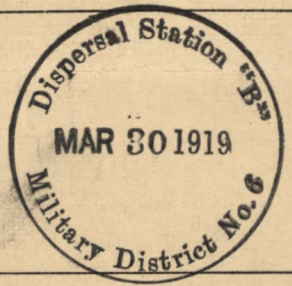
Eyes Blue

Hair Brown

A R Morrison
Signature of Soldier

[Signature] Major
O.C. Dispersal Station "B"
Issuing Officer

Date of Discharge



Rank
2-MAR 25 1919
Date 7 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.

Uniform not to be worn after
Date of Discharge, unless author-
ity has first been obtained from
G. O. C. District.

M. D.
6.

WAR SERVICE BADGE 23 FEB 1919
CLASS "A" No 143487
SHORT FORM.

gm

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

RECEIVED TO
OFFICE

1. No. 877358

2 Rank. Private

3. Name. Morrison, A.R.

4. Unit. *Reg 29th Forresty* Orig. *1st Batt.*

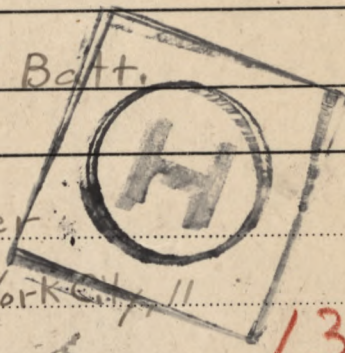
5 Date of Discharge *30/3/19* Place

6 Reason for Discharge *Next of Kin Sister*

Residence New York City

Occupation Fireman

Category "A"



13

7. Authority. *R.O. 1420 Service in France 26 Months.*

8. Proposed Residence after Discharge. *Cape Breton (Princeville)*

Dispersal Station B

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. R. Morrison
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *H. M. T. Royal George*

Date *Em. L'pool Mar. 15/19*

Disemb. Hal. Mar. 25/19

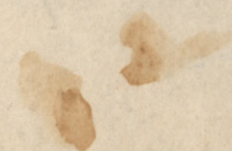
HALIFAX, N.S. MAR 25 1919

Signature *[Signature]* Major
G. C. Discharge (G. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

Registration

1. No. of Soldier	
2. Name of Soldier	
3. Name of Regiment	
4. Date of Discharge	
5. Reason for Discharge	
6. State	
7. New York	
8. Regiment	
9. A	
10. Description of Discharge	
11. Remarks	
12. Signature of Officer	
13. Signature of Soldier	
14. Date	
15. Place	
16. Remarks	
17. Signature of Officer	
18. Signature of Soldier	
19. Date	
20. Place	
21. Remarks	
22. Signature of Officer	
23. Signature of Soldier	
24. Date	
25. Place	
26. Remarks	
27. Signature of Officer	
28. Signature of Soldier	
29. Date	
30. Place	



LIST OF DISCHARGE DOCUMENTS

Medical Form 100	Attestation Paper
Medical Form 101	Statement of Discharge
Medical Form 102	Medical History Sheet
Medical Form 103	Physical Examination
Medical Form 104	Discharge Certificate
Medical Form 105	(Documents that missing documents are marked)
Medical Form 106	Medical History Sheet
Medical Form 107	Statement of Medical Board
Medical Form 108	Medical History Sheet
Medical Form 109	Medical Report
Medical Form 110	Paymental Document Sheet
Medical Form 111	Company Conduct Sheet

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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. 44) (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.1564).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group..... "A"
 Checked by No. 24
 Date..... 12/3/19

Royal George 25-3-19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 877358 RANK Pte NAME (IN FULL) Morrison A. B.
 ORIGINAL UNIT C.E.F. 6.76 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S. NEXT OF KIN RELATIONSHIP PARTICULARS EFFECTIVE DATE AUTHORITY

ADDRESS TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

ASSIGNED PAY Nil DATE EFFECTIVE

PAYABLE TO Nil RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Royal Bank of Canada Post Hawkesbury N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

Halifax 30-3-19 Demob. no. 86

MONTH	NO. OF DAYS	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
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
		\$	C.			NO.	DATE	NO.	DATE	NO.	DATE					\$	C.	
28-2-19				575.27														Balance b. b. to Account
30-3-19	30	110	33.00	70.00	713.27				4	87	5	00	66447		3893	713.27		Advances to account
WAR SERVICE GRATUITY, W.S.G. S.A.																		
183 days				420.00	420.00													Soldus
				420	420													#510
																		1st payment 9th gratuity
																		29.4.19 #580118
																		27.5.19 #591305
																		21.6.19 #603313
																		2.31.7.19 #889762
																		2.3.8.19 #1125376
				420	420													Completed

Certified that all payments due on this acct have been paid.
 [Signature]
 For Senior Officer Pay Services, M. D. &

