

ORIGINAL
~~duplicate~~

EX. B. C. R. M. U. S. A.

ATTESTATION PAPER.

No. 200402

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Morrison
- 1a. What are your Christian names? Arthur James
- 1b. What is your present address? Tuscon Arizona U.S.A.
2. In what Town, Township or Parish, and in what Country were you born? Arthur Ontario Canada.
3. What is the name of your next-of kin? James Morrison.
4. What is the address of your next-of-kin? Preston Ontario Canada. SUFFICIENT ADDRESS
- 4a. What is the relationship of your next-of-kin? Father M.M.
5. What is the date of your birth? July 21st 1883
6. What is your Trade or Calling? Mechanic
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? 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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date NOV 16 1917 191 . Arthur Morrison (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur James 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 NOV 16 1917 191 . Arthur Morrison (Signature of Recruit)
[Signature] (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 VICTORIA, B. C. this NOV 16 1917 day of 1917
[Signature] (Signature of Justice)

Description of Arthur James Morrison. on Enlistment.

Apparent Age 34 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 40 ins.
 Range of expansion 6 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown.

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

Vision R.D.20.....L.D...20...
 Hearing R..N....L.....N.....

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 NOV 16 1917 191

Place VICTORIA, B. C.

MOBILIZATION CENTRE

W. H. Munro
 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.

Arthur James 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.


St. J. Monkman
 (Signature of Officer)
 1st Depot Battalion, B. C. Regt. C.E.F.

Date NOV 16 1917 191

VANCOUVER, B. C.

REGIMENTAL DOCUMENTS

NAME MORRISON ARTHUR JAMES REGT. NO. 2020402 UNIT 1st Regt Pa. 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)					DEATH
7 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Remot</i>
7 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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
7 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					65-23
7 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					17-23
3 Misc					8-23
8 Casual					1
3 Form C 102					
1 1017					

(Circular stamp with the letter M)

(Square stamp with the letter H)

DOCS. SENT TO MR. THOMPSON
TO COMPLETE MEDAL CARD.

Case

To be made out in duplicate.

H.Q. 54-21-23-53

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..... *1st Depot Battalion, B. C. Regt. C. E. F.*
VANCOUVER, B. C.

(2) Regimental Number *2020402*

(3) Full Name of Soldier *Morrison Arthur James*

(4) Place of Birth *Preston Ont. Can.*

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

(6) If married, state,
(a) Full name of your wife..... *NOT APPLICABLE*

(b) Present Postal Address..... *NOT APPLICABLE*

(7) Are you a widower? *No*

(8) Have you any children?..... *NOT APPLICABLE*

If so, give number of boys and girls..... *NOT APPLICABLE*

Also their names and ages..... *NOT APPLICABLE*

(9) Is your Father alive?.....

If so, state name and address.....

Yes James Morrison Preston Ont

(10) Is your Mother alive?.....

If so, state name and address.....

Yes Sarah Morrison Preston Ont

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

no no

(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.

NOT APPLICABLE

(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.

NOT APPLICABLE

(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.

NOT APPLICABLE

(15) Are you insured?.....

If so, in what Company?.....

NOT APPLICABLE

Have you made arrangements for payment of your Insurance premium.....

NOT APPLICABLE

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

VANCOUVER, B. C.

Date..... NOV. 27 1917.....

J. Preston H. 1st Adj. Officer Commanding.

1st Depot Battalion, R. C. Regt. C. E. F.
VANCOUVER, B. C.

Arthur James

Name **MORRISON.** Rank **Pr**Reg. No. **2020402.**Unit **b. a. s. b. Pool**Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919.						
11.	1. ^{17 Nov} ₁₄ y ban li. H. Staples	Goitre.		A 112		6832. 14
18.	1. Graylingwall w. H. Chick'ler	do.		B 411		5166.
25.	1. P. P. 616 to H. Beechell	do		B 418		5444
21.	2. Discharged			B 413		1970
13.	10. 6 a. b. English w. H. H. W. H.			C 414		542

mm
70

B

Number. 2020402 Rank a/sjt

Surname. MORRISON

Christian Name. Arthur James

P Units. C.A.S.C Theatre of War France

Date of Service. 20/7/18

Remarks.

Latest Address. Mebeod

Alta

Roll No. B Page 7229.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

FEB 28 1925
 RON. NO. 11060

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

PARTICULARS

SIG.
OR
REC'T

PAID
TO

PAID
FROM

Remedial Treatment Gymnasium,

Canadian Hospitals and

Command Depots.

Canadian Red Cross Hospital,
Cooden Camp, Bexhill.

LEAVE THIS

BLANK

Place -

Regt. No. 2020402 Rank Pt Name Morrison A J

Unit 6 A.S.C. Age 35 (Adm. 24.1.19)

Division II Hut B Date of (Disch. 21.2.19)

DISABILITY.

Hycourtson

Date.

3.1.19

CLASS. 4/2/19 General

Hours of
Attendance,
a.m.

MACHINES.

p.m. 2

REMARKS. 4/2/19 General Class

LEAVE THIS
BLANK.

PROGRESS, Notes.

DISPOSITION.

gomas Indryu Capt.
/ Officer i/c Gymnasium.

NAME

Morrison D. G.
File Pool.

REGT. No.

2020402

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 423-1.

B 411

B 418

B 443.

7. Can Gen Staples

Graylingwell War Chichester 18-1-19

P.P.C.P.T. Benhill 25-1-19

Disch

21-2-19

11-1-19. Louke

" Louke

Louke

m.s.a.

SURNAME.

Morrison. 6497M 31559

CARD NO. 6 procl. m 1013
B.O.S. No. 31-12-19
FOLL. (Hennob)

CHRISTIAN NAMES

Arthur James

REGL. NO.

20 20 402.

RANK

P^{te}

W.O. 357 of 24-12-19

UNIT

B.C. Regt. 1st Spo. Bw. (4th R.D.)

Hal. Depot. O.S.C.

FORMER CORPS

Mil.

NEXT OF KIN.

absolutely
CHANGE OF ADDRESS
(mother)

NAMES IN FULL

Morrison, James. Mrs Sarah E Morrison

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Preston, Ont.

Blucher,
Sask.

auth. 7/5/18.

COUNTRY OF BIRTH

Canada. Arthur Ont.

DATE

July 21st 1883.

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Nov. 16th 1917.

o/s. 18/12/17-1082

R/C 22-12-19 449 Sgt.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

A. & D.
CARD

Princess Patricia Canadian Red Cross Hospital, HOSPITAL.

AT..... Coaden Camp, Bexhill,

A. & D. No. *2020402*

PL. OF ACTION

Burtonville France

RANK

Pty

REG. No.

UNIT

C.A.S.C. at C.C.C.M.P.

SICK OR WOUNDED

NAME

Morrison A. J.

AGE

35

RELIGION

Pres.

PLACE IN HOSPITAL

DW 11

DIAGNOSIS

Soitre

ADMITTED

24-1-19

FROM

Gray W.H. Chichester

DISCHARGED

21-2-19

TO

C.A.S.C.P.D. Witley

TRANSFERRED

SERVICE AT HOME

24/12

IN FIELD

9/12

RESULTS

DISCHARGED TO DUTY,

Caba

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

Mechanic

S.
Mar. 1917
Toronto

Surname
MORRISON

Christian Name or Names
A.J.

Reg. No.
2020402

Rank
Pte.

Unit
CASC Pool.

Cas. List.

7 CGH Etaples 11-1-19.

18-1-19A423

Goitre. *as*

21.1.19 B411'

Gayling War Hosp. Chickadee 18.1.19

29-1-19 B 417

P.P. C.R.V. Bayhill 25-1-19

27.2.19 B 413-2

Dis 21.2.19

A.M.D. 2 DEPT.

Bch. of D.O.M.S. O.M.F.C. London.

Cas. List.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... Seaford, Sussex. 3-4-18 1916.

No. 2020402 Rank. Private Name. Morrison A.J.

Local ~~Unit~~ 1st Can. Res. Bn. Orig. XXXXX Overseas Unit. 1st Depot Bn. Age. 34Yrs4Mo

Examination held at..... Seaford Sussex.

DISABILITY. DYS PNOEA.
~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Complains of "Shortness of breath
2) Feeling of constriction on throat.
Exam: "Scar on throat from operation for
simple goitre 12 yrs ago,
2) Considerable fibrous tissue on left side
moving with some difficulty on swallowing.
3) Other systems normal.

BOARD RECOMMENDS:—

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

Signatures:—

[Signature].....President.

Members

[Signature]
[Signature]

APPROVED - 4 APR 1918

Dated at Seaford, Sussex 1916. [Signature]

APPROVED

Captain [Signature]
for A.D.M.S., Canadians.

PROCEEDINGS OF A MEDICAL BOARD

U.S. GOVERNMENT PRINTING OFFICE

Dated at Georgetown, Sussex 1918

No. 2020402 Rank Private Name WILSON A.J.

Local 1st Can. Res. Bn. Overseas Unit 1st Bn. of P.M. Age 24 yrs.

Examination held at Georgetown, Sussex

DISPENSE

DISABILITY.
Local—Overseas
(attach one out)

PRESENT CONDITION

*Confusion of 1st Bn. of P.M. of Sussex
of 1st Bn. of P.M. of Sussex, an illness of
"Local" or "Overseas" of 1st Bn. of P.M.
of 1st Bn. of P.M. of Sussex, an illness of
of 1st Bn. of P.M. of Sussex, an illness of
of 1st Bn. of P.M. of Sussex, an illness of
of 1st Bn. of P.M. of Sussex, an illness of*

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 at Georgetown, Sussex 1918

For A.D.M.S.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service *Before Issued*
 407465
 Class..... No.....

THIS IS TO CERTIFY that No. 2020402 (Rank) Sergeant

Name (in full) Marrison, Arthur James enlisted in
 the 1st Depot Battalion

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 16th
 day of November 1917

HE served in France and England

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 36

Marks or Scars _____

Height 5' 7"

Complexion Rush

Eyes Grey

Hair Dark

A. J. Morrison
 Signature of Soldier

J. H. Mackay
 Issuing Officer

Date of Discharge

31/12/1919

Rank

Date Dec. 22/ 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 No. 2020402 (Rank) Sergeant
 enlisted in the Canadian Expeditionary Force at
 [illegible] [illegible] [illegible]
 and is now discharged from the service by reason of
 [illegible] [illegible] [illegible]

THE DESCRIPTION OF THIS SOLDIER OF THE DATA below is as follows:

Marks or scars

Signature of Soldier

Signature of Officer

[Handwritten signature: J. G. ...]

A note at the base of this Certificate will be issued, and every soldier in this rank is requested to forward it in an
 unstamped envelope to the Secretary, The Canadian Expeditionary Force, Ottawa, Canada.

1st Depot Battalion, B.C. Regt. C.F.C. 2020402
ORIGINAL MEDICAL HISTORY SHEET

Original

Surname **Morrison** Christian Name **Arthur James.**

Resident 24/11/19

Examined on 16 day of Nov 1917
 at VICTORIA, B.C.
 Birthplace { City or Town Arthur Ontario
 County Canada.

Approved by *[Signature]*
 Rank M.O.

Apparent age 34
 Trade or occupation Mechanic
 Height 5 feet 6 1/2 Inches
 Weight 170 lbs.
 Chest measurement { Minimum 34 inches
 Maximum expansion 40 inches
 Physical development Good
 Small-pox Marks Nil

Vaccination Marks { Arm Right Left X
 Number 2
 When Vaccinated last 5/1/18
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
 Vision R.D. 20 L.D. 20
 Hearing R. N L. N

Enlisted on NOV 16 1917 day of 1917 at VICTORIA, B.C.

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>1st Depot Bn</u>	<u>Pl. Regt. C.F.C. 2020402</u>		
	<u>16th Canadian Reserve</u>	<u>Battalion.</u>		
Transferred to	<u>S.A.S.C.O/S</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Vancouver Seaford</u>	<u>NOV 26 1917</u> <u>3-4-18</u>	<u>Dyspnoea</u>	<u>at</u> <u>Pres. [Signature]</u> <u>Bigg [Signature]</u> <u>PRESIDENT,</u> <u>STANDING MEDICAL BOARD</u>

CANADIAN

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.

The Copy of this Document—which is delivered to man examined—will be attached by him to "The Report for Service" or "Claim for Exemption" made by him, or on his behalf, after the proclamation under the Military Service Act calling out Class One has been issued

b. a. s. b.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BORRISON Arthur James
 REGIMENT C. A. C. S. B. RANK 1st Lt No. 2620402
 Date of Examination in England 25/8/19. 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 _____
2. EXTRACTIONS _____
3. CROWNS 14, 15, 16, 25, 12.
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT?

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 *J. G. Garvin Capt*

1850

PROPRIETOR'S RETURN

1850

1850

1850

1850

1850

LTR

Rank **M** Name **MORRISON, Arthur James** Reg'l No. **2020402**
 Unit **4th Dpt, 1st Dep Bn B.C. Regt 16th Res Bn** If in perm. Corps }
 What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **Victoria, B.C. Nov, 16th, 1917.** Place of Birth **Arthur Ontario, Canada.**
 Name and Address, Next-of-Kin **James Morrison**
Preston, Ontario, Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

NO. 13953
 File R.L.
 Category **2053**
CAN. OR

case

Discharge, Date and Place Reason Character

H. W. V., Ld.—11319-17.

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.				
C.A.S.C.		Arrived in England		31-12-17	S/S Missanabie
2-1-18	Whiston	LoS from Canada	Seaford	1-1-18	P402.
15-2-18	"	LoS to 1st Regt	"	15-2-18	P46 1st Regt P2039d/15 ² / ₁₈
8-4-18	1 Nos	SOS to BCRD is attached	"	8-4-18	P284 + BCRD P284/11 ² / ₁₈
26-4-18	1 Nos	Classes to be attached	"	26-4-18	P2100 + BCRD P2100/10/12/18
26-4-18	BCRD	SOS to CASC Sliffe	"	26-4-18	P2101
27-4-18	recovered	TOS on trans. from BCRD	Sliffe	26-4-18	- 99.
9-5-18	"	SOS to CASC on area	"	9-5-18	- 109.
16-5-18	C.A.S.C. LONAR	T.O.S. from C.A.S.C. R.V.A.D. and passed to M.T. Section as Car Driver.	London	9-5-18	- 86.
6-7-18	" Sliffe	S.O.S. from case. London	"	4-7-18	" 156 (case London P211 109d-4-7-18)

Be

ASSE B/103 CHECKED
 AUG 1918
 Sliffe

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.				
20-7-18	C.A.S.C.	SOS on proceeding	Seacliffe	Pte. 20.7.18	P# 168 & P# 112d.23 7/18. ^{case Pool}
3-9-18	case Pool.	att. as in w. f. to 12 th Bn. C.R.T.	Field	17.8.18	→ 143
21. 1. 19	"	Case: be att. 12 th Bn C.R.T.	"	11.1.19	→ 12
22. 1. 19	"	S.O.S. to case co. Borden	"	17.1.19	131 do 21d/24/19 ^{CASE CO} Borden
5-3-19.	CASE CO.	Sos to CASE CO	Witley	4-3-19	do 554 do 54 d/5/19 ^{CASE CO} Witley.
29. 8-19	C.A.S.C. D.D.	On com ^d H.Q. C.A.S.C.	Witley	1.7.19	D.O. 198
1-10-19	C.A.S.C. D.D.	S.O.S. to C.A.S.C. London Area	"	1-10-19	DO 226.
4-10-19	C.A.S.C.	T.O.S. from C.A.S.C. Witley	London Area	1-10-19 26.9.19	DO 229
4-10-19	"	Will be shown 1/4 to C.A.S.C. Witley	"	1-10-19	" 229
12.10.19	2.0.C.C.	beans att. to H.Q. on posting to 1st CDO Buxton	Witley	^{do. to Buxton 22.10.19} 11.10.19	- 45.
21.10.19	Case.	Off. com. to Case mt Details, Witley	London (appt)	20.10.19	- 243.
4.11.19	1st C.D.D.	T.O.S. from H.Q.C.C.	Buxton	11.10.19	- 257.
18-11-19	CASE CO	Sos to 26-22 London	London	17-11-19	AO. 267. ²⁶⁵⁸ 20.7.19-11.19
18. 12-19	2.0.C.C.	SOS to Canada	"	13-12-19	DO. 49.

129 - R - 11

13-12-19

Casualty Form—Active Service.

Rank Pfc Regiment or Corps cash
 Surname Morrison Christian Name Arthur James
 Religion _____ Age on Enlistment _____ years _____ months
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation _____ Signature of Officer _____

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>21⁷/₁₈</u>	<u>bbba</u>	<u>arr as reinf and</u>		<u>21⁷/₁₈</u>	<u>P# 8 112 d. 23⁷/₁₈</u>
		<u>205 cash Hoop.</u>			
<u>24⁷/₁₈</u>	<u>bbab.</u>	<u>Arrived</u>		<u>24⁷/₁₈</u>	<u>NR 136</u>
<u>12-8-18</u>	<u>do</u>	<u>To 12 Bn CRT</u>		<u>12-8-18</u>	<u>KR 741 (NR 1389)</u>
<u>24-8-18</u>	<u>12 Bn CRT</u>	<u>Attached as in WE.</u>			
		<u>to 12 Bn CRT</u>		<u>17-8-18</u>	<u>.. B213 P# 143</u>
<u>11.1.19</u>	<u>7 Can Gen</u>	<u>you're adm 7 Can Gen</u>		<u>11.1.19</u>	<u>ny 611</u>
	<u>do</u>	<u>beases to be att'd as in WE.</u>			<u>do</u>
		<u>to 12 Bn CRT on arrival at</u>			
		<u>bbba adm. to Hoop.</u>		<u>11-1-19</u>	<u>P# 12 d/1919</u>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, & Co. (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
17.1.19	J. C. D. L. G. E. N.	Invalidated sick per AT Brighton Hospital to base camp Depot Borden		17.1.19	3085/6714 Record 13-2219
		<i>George P. Skelton</i>			Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
24-1-19	CASC CD	T.O.S. from CASC Post.	Borden	17-1-19	8021. <i>William Pullin</i> LIEUT. FOR LT: COL: HQ RECORDS, C.O.M.F.
5 3 -19	CASC CD	SOS. CASC. DD Witley	Witley	4.3.19	Pt II 53.
5.3-19	CASC CD	200 from corps dep	do	4.3.19	Pt II 54. <i>John Patton</i> LIEUT. AND ADJT. FOR OFFICER COMMANDING C.A.S.C. CORPS DEPOT.
10-5-19	W.	graded for pay as 1st class M.P. Driver.	W.	16-4-19	Pt. 7-118
5-6-19	C.A.S.C.-D.D.	graded for W. Pay. as 1st class M.P. Driver.	Witley	1-1-19	Pt II 131

Casualty Form—Active Service.

Unit, Regiment or Corps *48th Div Depot Bn Bk Res to 16th Res.*

Regimental No. *2020402* Rank *Otc* Name *Morrison Arthur James*

Enlisted (a) *16/11/1917* Terms of Service (a) *C. E. F. F. D. M.* Service reckons from (a) *16/11/1917*

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) *Civil Mechanic. Mobilian.*

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
		Embarked	<i>S. John, N.B.</i>	<i>18-12-17</i>	
		Disembarked	<i>Glasgow</i>	<i>3/2/17</i>	
<i>2-JAN 1918</i>	<i>16 Res Bn</i>	<i>Embarked for France</i> <i>Taken on strength from Bn.</i>	<i>Seaford</i>	<i>1-JAN 1918</i>	<i>M 200.2</i>
<i>15/2/18</i>	<i>16 Res Bn</i>	<i>Col. on posting to 1st Res Bn</i>	<i>Seaford</i>	<i>15/2/18</i>	<i>M 200.46</i> <i>Mobilian. Lieut.</i>
<i>15/2/18</i>	<i>1st Res Bn</i>	<i>TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.</i>	<i>Seaford</i>	<i>15/2/18</i>	<i>M 200.39</i>
<i>8-4-18</i>	<i>1st Res Bn</i>	<i>SOL to B.C.A.D. & attached back</i>	<i>Seaford</i>	<i>8-4-18</i>	<i>PT II 2084</i>
<i>26 20.4.18</i>	<i>1st Res Bn</i>	<i>Cases to be attached</i>	<i>Seaford</i>	<i>26 20.4.18</i>	<i>PT II 99 100</i> <i>Adjutant for 41014/26-4-18</i> <i>Captain, B.C.A.D.</i>

Adjutant, 1st Canadian Reserve Battalion.

(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.]

Casualty Form - Active Service

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				
11-4-18	1st Res. B.C.R.D.	T.O.S. B.C. Reg. Depot. Command 1st Res B.C.	Seaford	8-4-18	Pt. 2.D.O. 88 ✓ W. H. Hapton Capt. For O.C. B.C. REGL. DEPOT.
26-4-18	ACRA	Leaves to be on command 1st Res B.C. S.O.S. Shorncliffe. C.A.S.C. Shorncliffe. Seaford	Seaford	26-4-18	Pt 2.D.O. 101 H. Rapton Lieut For O.C. B.C. REGL. DEPOT.
27/4/18	Case RATA	Tos from Be RA	Shorncliffe	26-4-18	Pt II 99 ✓
9/5/18	do	Tos. to Case London Area	do	9-5-18	Part II 109 ✓ M. H. Barry Lt. For case C.R.D.
11/5/18	Case. London Area	Tos. from Case. R. & D. Shorncliffe	London	9-5-18	Pt 2 order # 86 of 11/5/18 ✓
4/7/18	Case. LONDON.	Tos. to Case. Shorncliffe	do	4-7-18	Part 2 order 109 ✓ W. H. Capeland Capt. & ADJT. C.A.S.C., LONDON AREA.
8/7/18	Case RECORDS, LONDON.	Tos from London Area	SHORNCLIFFE.	4. 7. 18	Pt II 156 ✓
20/7/18	CAN.	On draft overseas to C.A.S.C.	Shorncliffe.	JUL 20 1918	PART II ORDER No. 168 ✓ W. H. Wilson Lt for O.C., C.A.S.C.

CLERICAL CORRECTION
 AUG. 1918
 CAN. RECORDS, LONDON.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms B. 103/8

HWV(R1460)

3/19 100,000

P2151

(6 28 19)

(1)*Substantive rank <i>9th</i> *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Johnson</i> (5) Christian Names <i>A J.</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <div style="text-align: center; font-size: 2em; font-family: cursive;">C A S C</div>	(3) Regtl. No. <div style="text-align: center; font-size: 1.5em; font-family: cursive;">2020402</div>		
(10) Enlistment (<i>b</i>)		(11) Engagement (<i>c</i>)		
(12) Service reckonings from (<i>date</i>)		(13) Special conditions (if any) of enlistment (<i>d</i>)		
(14) Any subsequent variations (if any) } of conditions of service }		Initials and Rank of an Officer.		
(Authority)		(<i>date</i>)		
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (<i>date</i>) Second Occupation Card despatched on (<i>date</i>)
(17) Next of Kin				{ Signature of Posting Officer
(18) Demobilizer (<i>f</i>)		(Place)		
(19) Pivotal-man (<i>f</i>)		(Date)		
(20) Qualifications (<i>g</i>)		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, Shoehing-smith, &c.

(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
28-8-19	CDSE 22	PII 198	On Command at HQ. R.R.R. Witley for all purposes.	Witley	27-19	
31.8.19	HQ C.C.C.	R.II #37	Detached HQ C.C.C. Sub Staff	Witley	27-8-19	
12-10-19	HQ C.C.C.	R.II #45.	SOS who. 1st D. post	Witley	11-10-19	
				Witley		LIEUT. CAMP COMDT. CANADIAN CONCENTRATION CAMP, WITLEY.

Nothing to be written in this margin.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Arthur James 2. Surname Morrison
3. Rank Sgt. 4. Original Unit 1st Bn. P.C.R. 5. Reg. No. 2020402
6. Address, in full, to which future payments of gratuity are to be forwarded
Preston, P.O. Ontario Can
7. Date of enlistment in the C.E.F. Nov 16. 1917.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. No
9. Relationship of such dependent. —
10. Address, in full, of such dependent. —
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? —
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
~~.....~~
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ~~.....~~
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. ~~.....~~
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. One month Can
2 1/2 months overseas
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5134. Wt. /30P. 250,000(8). 2/19. S.O.F.Rd.
6624 Wt. /P56. 20,000(4). 5/19. S.O.F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. ~~Have you been issued with a War Service Badge? If so what class?~~
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. ~~Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.~~
25. ~~Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.~~
26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.~~
27. (a) ~~Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~
- (b) ~~If so, are you in receipt of full pay and allowances from that Department?~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

Baker James Morrison

Place of Residence:

Burlington Ontario

Declared before me at:

This.....day of.....19.....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps CASE Regimental Number 2020402.

*Substantive Rank _____ Surname Morrison Christian Names Arthur James

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

Copy Original not available

To be folded on this line.

Nothing to be written in this margin.

(926368.) Wt. W. 9608-P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B) Authority of Part II. of Orders.	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, revers on, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
2 1 18	16 Res	2	Arrived in England	SS Minster	31 12 17	
18 2 18	.	46	TOS from Canada	Scarfod	1 1 18	
8 4 18	1 Res	54	SOS to 1st Res	.	15 2 18	39 11 18 ²
26 4 18	BERO	107	SOS BERO	.	24 18	88 11 18 ⁴
9 5 18	CASCRAD	109	SOS to CASE. Sluff	.	26 4 18	99 12 18 ⁴
6 7 18	Sluff	156	SOS to CASE. London	Sluff	9 5 18	86 11 18 ⁵
20 7 18	"	168	TOS from CASE London	"	4 7 18	109 11 18 ²
22 1 19	Pool	13	SOS in proc. Ops.	"	20 7 18	112 1 23 18 ²
5 3 19	CASCOO	55	SOS to CASCOO Borden	Field	17 1 19	27 1 24 19 ¹
1 10 19	"	226	SOS to CASE Wilby	Wilby	2 3 19	54 5 19 ³
4 11 19	1 ^o CO	257	SOS to CASE London	"	1 10 19	229 1 4 19 ¹⁰
			TOS from HQ CEE	Bunlin	11 10 19	

Certified Correct

for Capt *J. O. Bruer* Lieut.
1/0 Records, C. E. F.

(REVERSE AND CASUALTY FORM 1917)

(A) Report.		(B) Authority of Part II. of Orders.	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					

18-11-19.	Casoc Ja.	267	Soto 2nd C.D.D.	London	17-11-19	
-----------	-----------	-----	-----------------	--------	----------	--

[Signature]
Major, O.C., C.A.S.C., LONDON AREA

TAKEN ON STRENGTH C.D.D. 18/11/19 PART II ORDERS NO 27 19/11/19

S.O.S. to Canada. 13/12/19 — " — 49 15/12/19

EMBED LIVERPOOL

SS ORLUNA 13 DEC 1919

T. O. S. Halifax Depot Clearing Services Command 13/12/19

Part II. Order No. 357 dated 24/12/19

S. O. S. Halifax Depot, Clearing Services Command, 31-12-19

on being discharged from the Service under Demob'n. RO 1420

Daily Orders Pt. 11 No. 357 dated 24/12/19

[Signature]
[Signature]
Major,
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

Nothing to be written in this margin

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2020402 (Rank) Sgt
Name (in full) Arthur James Morrison enlisted in
the 1st Depot Bn. C.E.F.
CANADIAN EXPEDITIONARY FORCE at Vancouver on the 2 16th
day of Nov. 1917.
HE served in Motor Machine Corp. 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 36
Height 5ft 7.
Complexion Ok.
Eyes Brown
Hair Ok Brown

Marks or Scars.....
.....
.....
.....
.....

Signature of Soldier.

Date of Discharge

Issuing Officer.

Rank

Date..... 19.....

NB - AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

24

2020 40

John Jones Morrison

at Dept. No. 17. H.

2 18

Town

Mr. John Jones Morrison

30
24
Mr. Jones
Mr. Morrison

Regional No.

MEDICAL HISTORY OF—

A.F. B.178.

Regimental No. 2020402

Region

Surname Worrier

Christian Names Arthur James

TABLE I.—General Table.

Birthplace { Parish Buxton
County Ontario Canada

Examined { on 16 day of Nov 1917,
at Victoria B.C.

Declared Age 34 years days.

Trade or Occupation Mechanic

Height 5 feet 6 3/4 inches. Weight _____ lbs.

Colour of Hair Dark Brown Complexion Dark

Eyes Brown

Chest Measurement { Girth when fully expanded 36 inches.
Range of expansion 6 inches.

Physical Development

Vaccination Marks { Arm, RIGHT | LEFT
(Number

When Vaccinated

Vision { R.E.—V = 20 With Glasses { R.
L.E.—V = 20 L.

Identification Marks, such as Tattoo, Moles, Scars, etc. :-
Wearing R N L N

Defects or Ailments :-

Examined and found—

Fit for Grade { I.
II. A
III.
IV.

(Strike out those which do not apply.)

Signature _____
Chairman of Medical Board.

Re-examined for posting at

On _____ day of _____ 191_____

Enlisted { at

{ on _____ day of _____ 191_____

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

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.

Date	Brief details and Signature
<u>14-11-19</u>	<u>3 Southampton St -</u> <u>ml. 71 -</u> <u>A. Emmeled</u> <u>my. e. cur</u>

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

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

Became non-effective by _____
on _____ day of _____ 191_____

(Signature) _____
(Rank) _____

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

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) Harrison D J
 REGIMENT C. A. S. C RANK Sagt No. 2020402
 Date of Examination in England 14.11.19 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

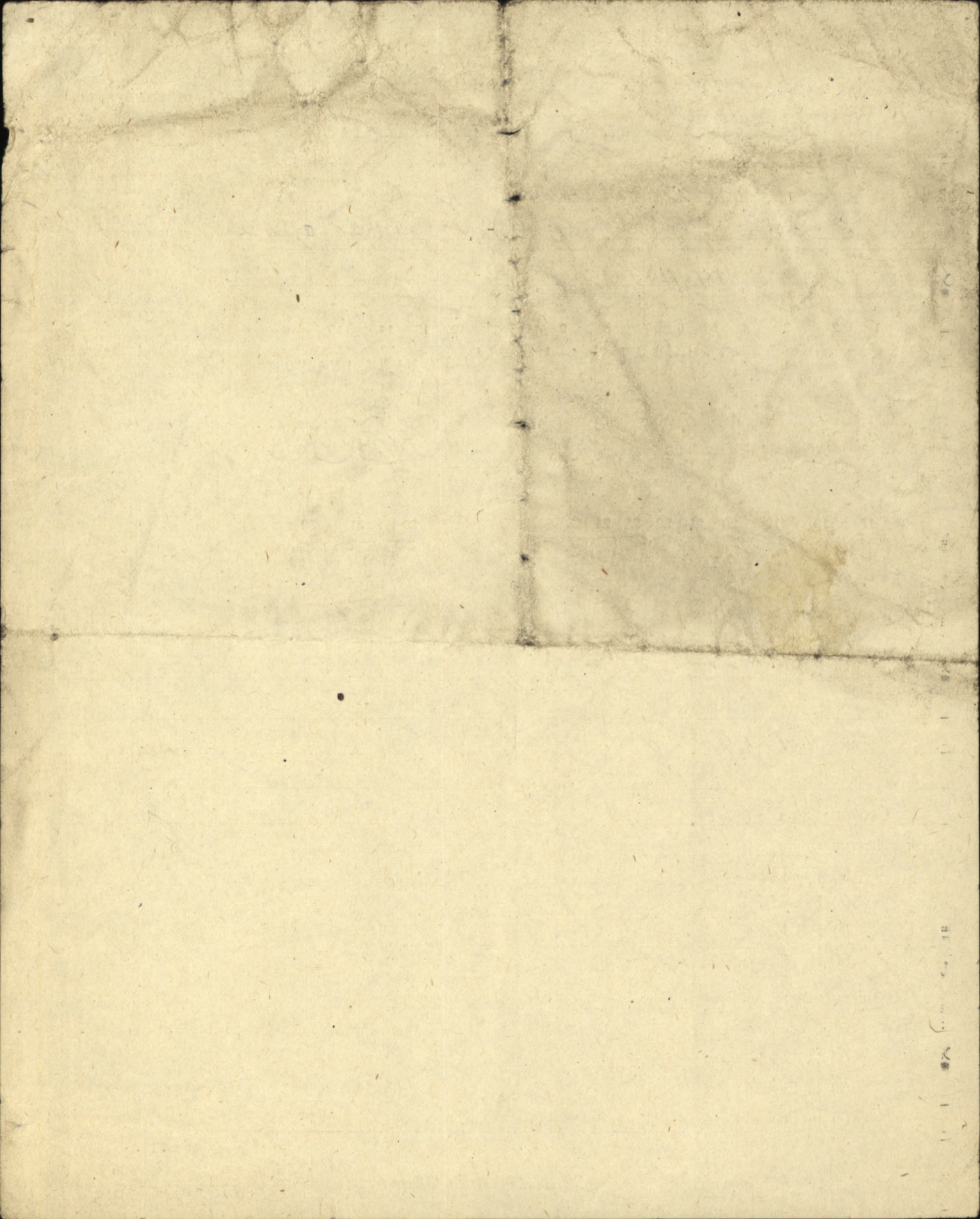
1. FILLINGS 14, 19, 20
2. EXTRACTIONS _____
3. CROWNS 13
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

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.W. Crosby
Capd.



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. 2020402 Rank Sgt Surname Morrison
(Given name in full)
Arthur James
 Unit or Corps C. A. S. E Birthplace Arthur Ont-

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

1. GENERAL DESCRIPTION:

Physique good Weight 178 lbs. Height 5' 6 3/4" Colour of Eyes Brown
 Nutrition stout
 Pulse 72
 Condition of arteries osp
 Vision Rt. 6/6 Left 6/1
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

scar in front of neck

Opinion as to general health and physical condition fit

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.

v. D.S. Ten yrs ago. cured.

Thyroidectomy in 1910, moderate enlargement of top lobe, not a disability

20/12/19. Condition unchanged. P.H. Case

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

3. Southampton St —
Examined at(Overseas)

Date 14-11-19

Signed M.O.

Dr. J. E. ...

alms ...

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 *Sgt. J. J. Morrison*

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

Signed M.O.

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

Signature

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

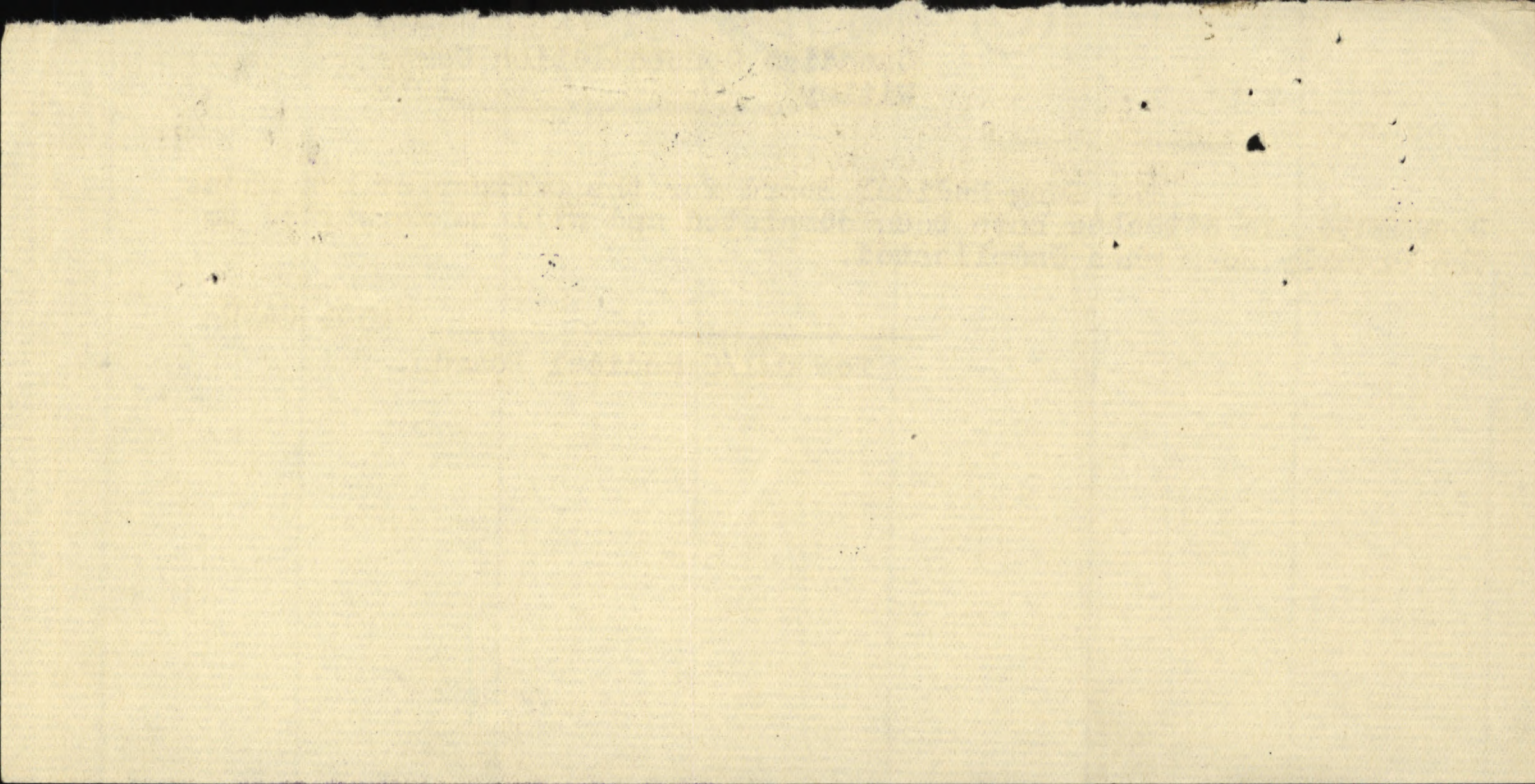
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Canadian Concentration Camp.
Witley 05-8 1919

To: C.C.

The Long Medical Board for the Officer or Man whose Documents are attached have been completed and will be forwarded to the Orderly Room when ~~Completed~~.

W. J. Gray — Capt. CAMC
for O.I/C Medical Boards.



OVERSEAS MILITARY FORCES OF CANADA.

Date 18-2-19

To:- Hospital Representative,
Princess Patricia Canadian Red Cross Hospital,
~~Cooden Camp, Bexhill,~~ Hospital.

2020402
Pte. Morrison A J.
C.A.S.C. att. C.C.C.M.T.

The marginally named soldier has this day
been medically examined and placed in Category
A. and is now available to be discharged.

For your information and necessary
action please.

W. Gordon Maj Officer Commanding,
Registrar
for Officer Commanding, Hospital.
Princess Patricia Canadian Red Cross Hospital,
COODEN CAMP, BEXHILL.

OVERSEAS MILITARY FORCES OF CANADA

Date: 1947

To: Hospital Representative

_____ Hospital

The previously named soldier has this day
been medically examined and placed in Category
A and is now available to be discharged.

200402
Pte. [unclear]
[unclear]

For your information and necessary
action please.

Officer Commanding

Hospital

Ref. 1-P-2/344

Medical Boards Department.
Canadian Concentration Camp.
Witley. Surrey.

August 26th 1919.

TO:- O.S. C A S C

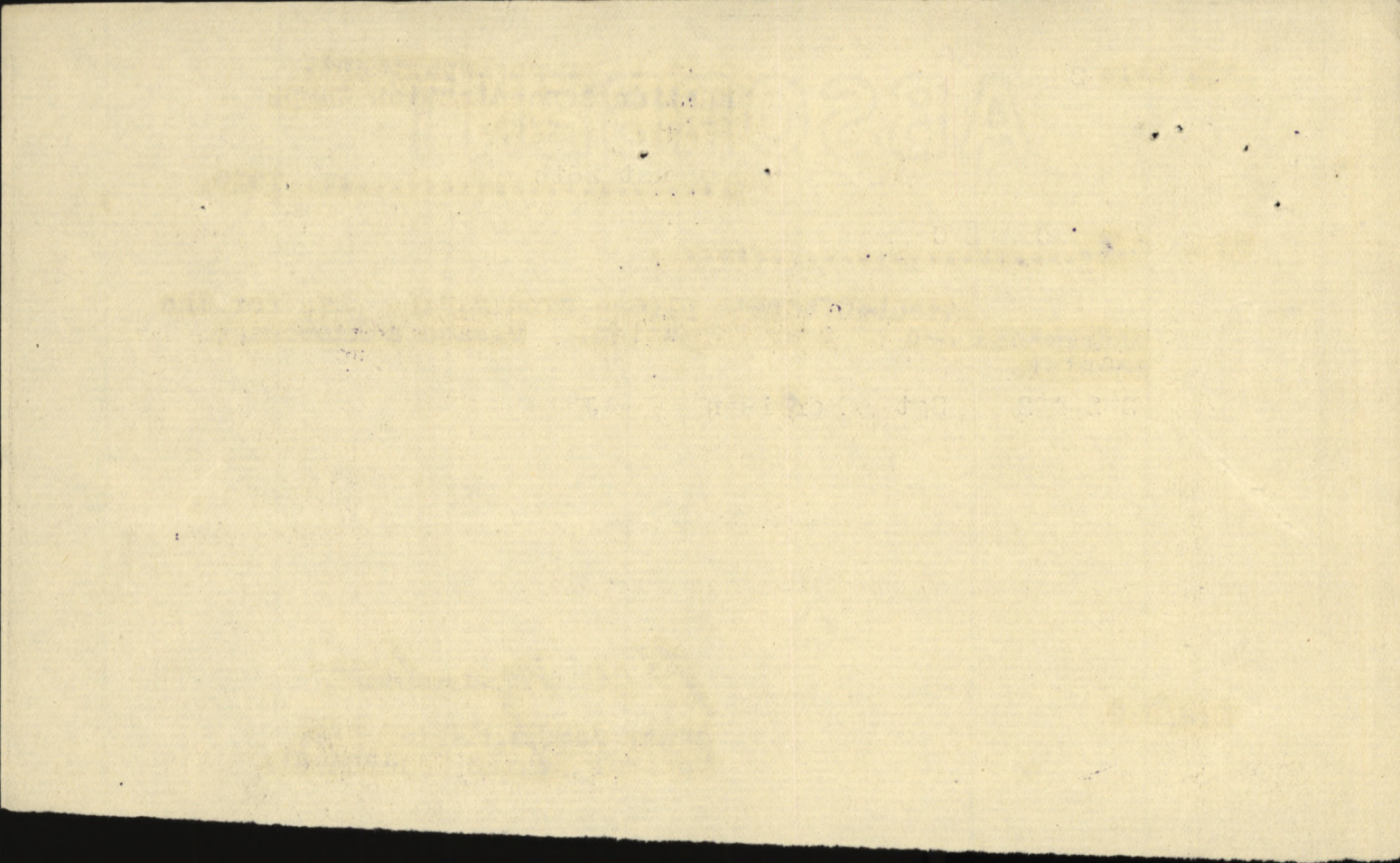
Attached hereto please find M.F.B. 227, for the
undermentioned of your formation. Please acknowledge
receipt.

2020402

Sgt. Morrison AJ

L.H.D.S

F. U. Marshall
Capt. CAMC Officer i/c,
Medical Boards Department.



* Strike out whichever is inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SÉPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: MORRISON, A. J.
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: 2020402
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT: 1 st Depot Bn
				DATE ACCOUNT FIRST OPENED - 1-12-17

*F.O.S. 1/10/19 from Willey
Case 80-229 On Command 1/10/19 to Willey
Case 80-233 To draw subs. allow. from 1/10/19*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
J. Slip	1/5/18	20/5/18	B. B. R. D.
N.R.	1/6/18	19/6/18	Case Lab
D.O. 109.	5-7-18	23-7-18	n Schiff

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
4/1	4339	Willey	48 67			Ledger Bal. Cr.	381 55
7/1	4469		146 00			L.P. Bal. Cr.	186 88
			294 67				198 67

AUTHORITY	PAY	F.A.	DE. A.	SUBS. CE ALL'CE
D.O. 86. Eff 9/5/18	100	10		
D.O. 109.	1 00	10		1 00
Case 131 5/6/19 Co-c 00				1 00

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dr. to Canada 30.9.18 12891-6.9.19. to Detail Willey - AD-7.*

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
May 31	Bales Ford			Cancelled with Buxton 30/10					62 67	60	
Apr	P. Pay	33		AR 76 11/4/18 1 st Res Bn	487				81 07	75	
		33		" 388 25/4/18	973						
					1460						
May	P.P.	3410							11517	90	
				AR 6687 18/5/18	973				10544		
				" 7510 25/5	487				10057		
				" 5181 4/5/18	1947				81 10		
		3410			3407						
June	A.P. 2 2 ¹⁰	63		AR 10286	13 618	24 33					
	Sub. allow. 9 ⁵ / ₁₈ - 31 ⁵ / ₁₈ = 23 2 1 ⁰⁰	23		AR 12807	26 618	34 07					
				DR. AR 8281	29 518	19 47			89 23		
		86				77 87					
July	P & A @ 2 ¹⁰ 1 6 4 ¹	810							97 63		
	@ 1 ⁰ 5 15 31 ²⁵	2970							127 33		
				AR 1649 CASERD 11/7/18 2	489				122 46		
				CD 14401 London 11/7 9	4380				78 66		
				AR 1816 CASERD 23/7 9	489				73 99	120	
		3810									
Aug	PP	3410							107 89		
				" 1335 HOCMTcot 6/8 2	357				104 32		
				" 1068 12 CRT 20/8 8	357				100 75	107 50	010
		3410									
Sept		33							133 75		
				" 1323 " 3/9 1	357				130 18		
				" 1442 " 21/9 "	357				126 61		
		33									

COMPILED BY *W. Rans*
CHECKED BY *W. Rans*

NUMBER 202042

RANK Pte

NAME MORRISON A J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sep	Bal Fwd								126 61	122 50	
Oct	PP	34 10							160 71	165	
				PR 1508 12 CRT 8/10 3	3 73				156 98		
				" 1609 " 20/10 20	3 73				153 25		
		34 10				7 46					
Nov		33							186 25	180	
				AR. 1803 " 24.11.18 22	16 79				169 46		
				" 1885 " 8.12.18 5A	3 73				165 73		
Dec		34 10				20 52			199 83	195	
Jan		34 10							233 93	210	
		101 20				20 52					
Feb.	PP	30 80							264 73	220	
				" 1986 " 23.12.18 8	18 66				246 07		
				" 5254 P.P. + Hoop. 28.1.19 46	9 73				236 34	195	
				auth encl. on def pay 23-0-0 Pr. 21.2.19							
				" 2291 G.B.D. 1.1.19 67	18 66				217 68		
	10 days P.P. 21.2.19 to 3.3.19 20.18.25.2.19 based.	7 30							224 98		
				" 732 P.P. + Hoop. 20.2.19 95	24 33				200 65		
Mar		34 10							234 75	210	
				AR. 42798 1.3.19 109	2 43				232 32		
				AR. 6770 " 14.2.19 122	14 60				217 72		
				" 311 based. 10.3.19 142	4 87				212 85		
				" 523 " 24.3.19 159	4 87				207 98	198 00	
		72 20				98 15					
April		33							240 98	210	
				AR. 38340 21.2.19 12	9 73						
				AR. 38347 21/2 19	14 60						
				AR. 167 " 14.4.19 20	4 87						
				AR. 65050 26.4.19 30	19 47						
				AR. 224 " 25.4.19 41	4 87						
				" 389 " 12.5.19 77	7 30						
				" 435 " 16.5.19 53	9 73						
				AR. 65551 29.4.19 34	19 47				150 94		
May		34 10							185 04	210	
		67 10				90 04					
				AR. 579. Clerks 27/5/19 31	19 47				165 57		
				AR. 73615 7/6/19 8	24 33				141 24		
				AR. 766 " 19/6/19 30	48 67				92 57		
June		33							175 57	210	
July		34 10							159 67	210	
				" 853 " 27/6/19 52	19 47				140 20		
	1st class w.p. 1/19 - 2/19/19 no. 131. 5/6/19 C.A.S. 22 off 1/19 cont.	2 12							352 80	210	
		279 10				11 94					
				1926 Det. mit-10/4	19 47				332 43		
						19 47					
Sep.				AR. 2772 Det. it 8/8/19	48 67				284 06		
				" 3885 " 27.8.19	48 67				235 39		
		67 10									
	Aug & Sep N.P. 1/8/19 to 30.9.19. 61@1.00	61 00									
	Int. Def Pay	18 06									
		146 16				97 34			381 55	335	

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-		NAME:- MORRISON. A.J.
AMOUNT:-	AMOUNT:-		NUMBER:- 2020402
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		PARTICULARS OF RANK OR APPOINTMENT	
		AUTHORITY	DATE EFFECTIVE
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		UNIT AND TRANSFERS	
		ORIGINAL UNIT:-	
		DATE ACCOUNT FIRST OPENED:-	
		AUTHORITY	DATE EFFECTIVE
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS		DATE OF PAYMENT	NUMBER OF A.R.
		DATE OF PAYMENT	NUMBER OF A.R.
UNIT PAID BY		AMOUNT	UNIT PAID BY
UNIT PAID BY		AMOUNT	AMOUNT
28 th	Ldn F10	4565	O.S. 1/10/19
5 th	" 5	2433	On term 1/10/19
		7300	off. " 20/10/19
		191 16	Ldg. Bal Cr
		118 16	L.P. Bal Cr
		UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK	
		DAILY RATES OF PAY AND ALLOWANCES	
		AUTHORITY	PAY
		F.A.	P.F.A.
		SUBS'CE ALL'CE	
		1	10 1
		1	150

R. nd sheet.

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Disto Canada 31st NR 13482 London dt. 4th 19*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	Bal forward.								381 55	335	
Oct	Prd.	34		AR 4469 5.9.19. C.A.S.C.	146						
	W.P.	31		" 4339 1.9.19. Det Willey	48 67						
	Sub.	46 50							186 88		
				AR 5654 Willey 14/10/19 E.R.P.C.	194 67						
				AR 5501 " 7/10/19 "	48 67						
				Int on Def Pay.		1806					
				OP 61983. Ldn. 27/10/19.	48 67				85 65		
				BB 233 Cameron S.A.	194 67	46 50			39 65		
		111 50			194 67	64 50					
Nov.	Prd.	78		3601 Cr. 18/11	73 00						
	W.P.	30		O.C. Sub. Allen 1/10/19		45 00					
	1/2 Prd. Oct.	- 10							29 25		
Dec.	Prd. & W.P.	65 10									
	S.A. 20/10 to 10/12 52 days.	78									
	Int on Def Pay 31/12/19	18 81							191 16		
	S.A. 11-13/12. 50.49 15/12.	4 50		4335. Cr. 29/11	48 67						
				4689 " 5/12	6 24 33						
				4970 " 1/12	9 24 07				84 09		
		274 51			180 09	45			88 59		
		274 51									
				505. 13/12/19							

No. of Dependents... Nil... War Service Badge Class "A"

No.

Religion... Pres.

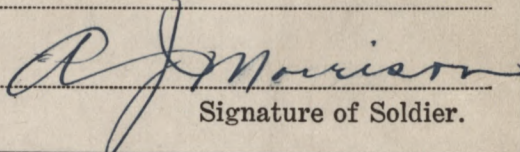
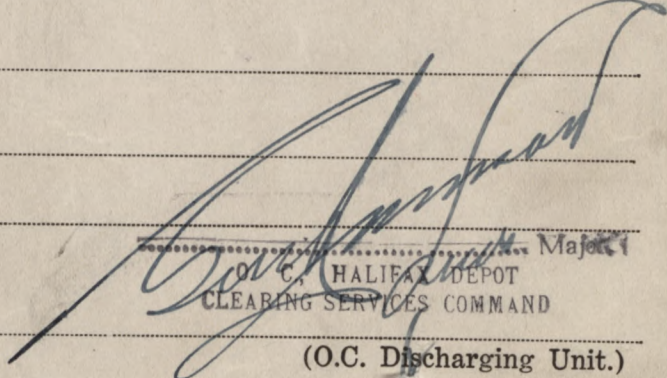


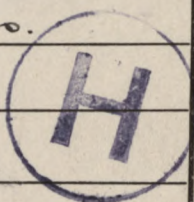
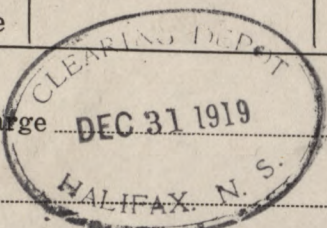
SHORT FORM. Dispersal Area... DR

PROCEEDINGS ON DISCHARGE.

(Demobilization.) Next of Kin... Sister

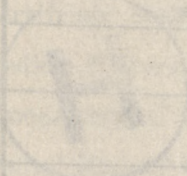
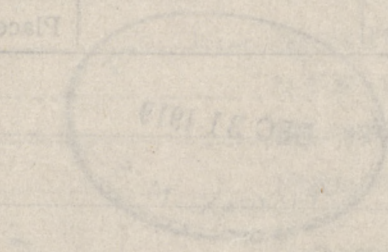
3

1. No.	2020402	War Service Badge Issued
2. Rank	Sgt.	Class.....No. 407465
3. Name	Morrison Arthur James.	
4. Unit	C.A.V.C.	
5. Date of Discharge		Place
6. Reason for Discharge	DEC 31 1919	"Demob"
Trade.....	Mechanics	Category... A.....
Service in France.....	10 Mos.	Occupational Group... 2/1.....
7. Authority	Routine Order 1420	
8. Proposed Residence after Discharge	D.O. McLeod Alta	
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	
	 Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place		
Date	DEC 31 1919	
	 Signature Major J. C. HALIFAX CLEARING SERVICES COMMAND (O.C. Discharging Unit.)	



EM3 TO LIVERPOOL
53 ORLINA, 13 DEC 1919

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
9. Category	
10. Occupational Group	
11. Service in France	
12. Routine Order 1420	
13. Proposed Residence after Discharge	
14. Signature of Soldier	
15. Signature	



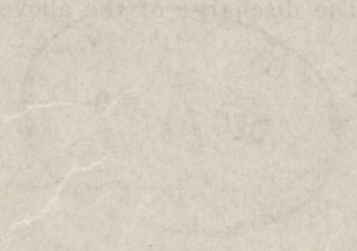
CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge from

ARMY OF THE UNITED STATES

CONFIRMATION

The discharge of the above named man is hereby confirmed.



OFFICIAL SIGNATURE

Signature

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate

Medical Form W. 23

or Participants of Records

Medical Form W. 133

Field Conduct Sheet

Medical Form W. 178 or A.F. B. 122

Casualty Form

Medical Form W. 14 or A.F. B. 102

Last Pay Certificate

Medical Form W. 44

Certificates that missing documents are indisputable

Medical History Sheet

Medical Form B. 218 or A.F. B. 174

Proceedings of Medical Board

M.F. B. 227 or F.P. 17 or A.F. B. 171

Dental History Sheet

Medical Form B. 165

Medical Report

M.F. W. 127 or D.M.S. 127A

Regimental Conduct Report

Medical Form B. 283

Company Conduct Sheet

Medical Form B. 288a

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

S. Orduna 22/12/19.

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

REGT. No. 2020402 RANK Plt NAME (IN FULL) Morrison - A. J.

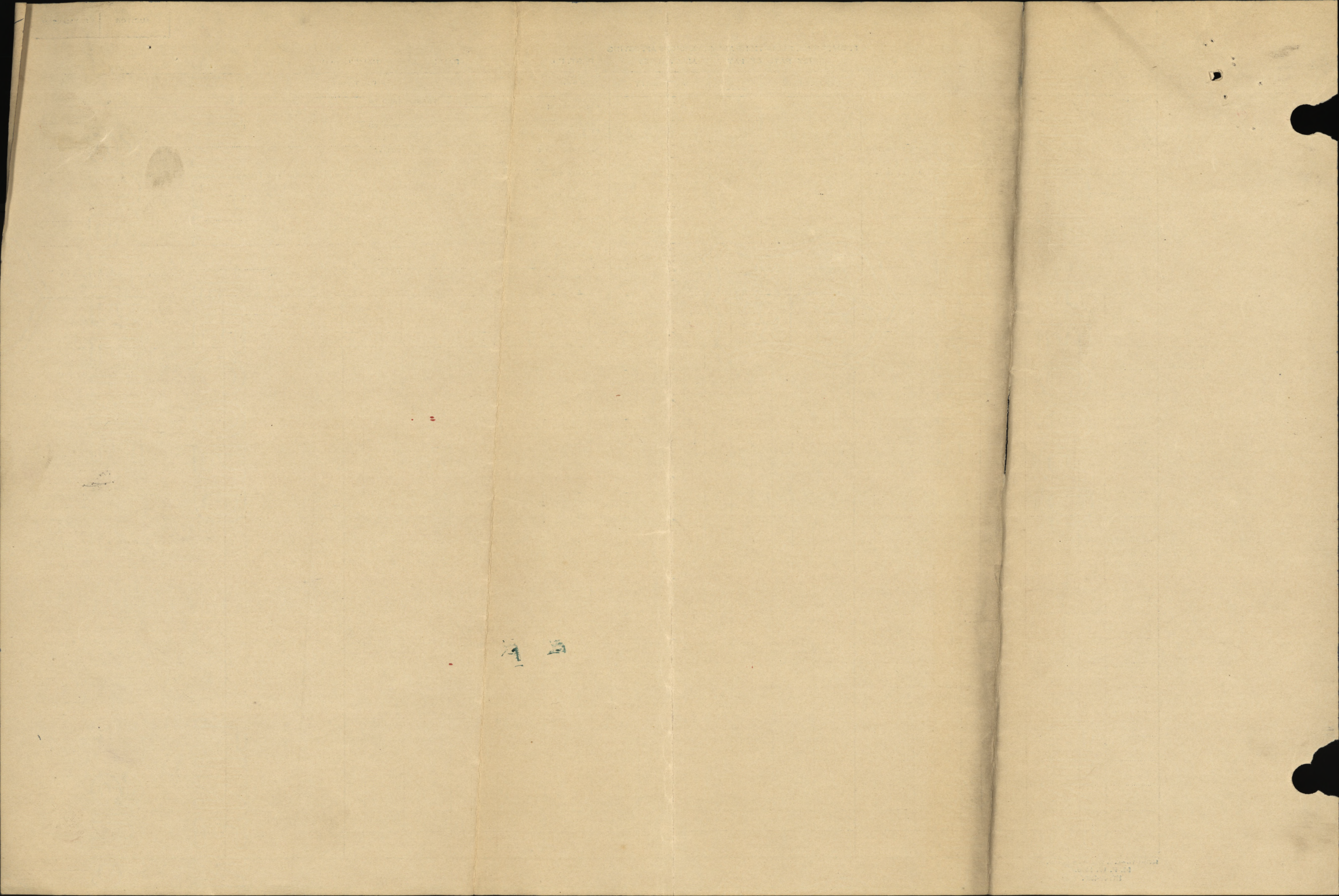
AUDITOR PAYMASTER

Form with fields for NEXT OF KIN, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, IS SEPARATION ALLOWANCE PAID?, DATE EFFECTIVE, ASSIGNED PAY \$, DATE EFFECTIVE, TO WHOM PAID, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, ADDRESS, STOP PAYMENT FORM, ASSIGNED PAY RENDERED, DATE, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, PAY AND F.A. (NO. OF DAYS, RATE, AMOUNT), OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1-3), CASH PAYMENTS (COL. NO. 1-3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT

Handwritten notes and signatures: Bal. Eng. L. P. C., Clothing Allowance \$35.00, 1st Payment W. S. G. \$70.00, Certified that all paymts. shown on this account have been made., Capt. O. I. c. Dem. Pay Div. W. D. 13., 1st Payment W. S. G. \$70.00, Overpaid P.A. 162-1-19. Dr \$8.90, 1488378, 31-1-20, 19204335, 12-2-20, 1922693, 1-3-20, 4-50, A.P. 013/31-A-55, 8/20, 1922572, 16-3-20, All Payments Due on This Account have been completed.



P.P.C.R.C. Hospital, Gooden,

I heroby certify that I have this day examined the marginally named man and find him free from contagious, venereal and parasitic skin diseases; and in a fit state to travel.

21-2-19

2020402. Pte. Morrison a/c.

R. Goulden

Capt. CAMC

Faint, illegible text, possibly bleed-through from the reverse side of the page.

Handwritten signature or name
A series of dark, ink-like smudges and marks, possibly representing a signature or a stamp.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 Hilley DATE 22/8/19

1. 1 (a) Unit Case (b) Regimental No. 2020402 (c) Rank Sgt.
 (d) Surname Morrison (e) Christian name Arthur James
 (f) Home address Preston Ontario
 (g) Next of Kin M^r James Morrison (h) Relationship Father
 (i) Address of Next of Kin Preston Ont. Can.

2. Age last birthday 36 Date of birth 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 13/11/17

4. Personal description:
 (a) Height 5ft 7 (b) Weight 170 (c) Complexion Dark
(stripped)
 (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Incision on neck for adenoid removal

5. Former trade or occupation Mechanic

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 <u>1</u>	Days <u>285</u>
---	-------------------	--------------------

	PERIODS	
	From	To
Canada	<u>16/11/17</u>	<u>31/12/17</u>
England	<u>31/12/17</u>	<u>21/7/18</u>
France or other theatres of War	<u>21/7/18</u>	<u>10/1/19</u>
	<u>10-1-19</u>	<u>& date</u>

7. Original disease, or injury gout

(a) Date of origin 1907 (b) Place of origin Canada
 (c) Cause Unknown

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.)

None - weakness slight

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.)

Scar just above sternum middle line of neck
just above sternum resulting from operation on thyroid 5 years ago.

Obj. findings: Well developed enlargement thyroid
left side, no tenderness.

Subj. finding - Complaints of shortness of breath -
feeling of constriction of throat.

(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..... <i>no</i>	Cardio-Vascular System..... <i>no</i> (If pulse rate is abnormal, B. P. will be taken.)	Genito-Urinary System..... <i>no</i> (Albumen and Sugar will be excluded.)
Special Senses..... <i>no</i>	Respiratory System..... <i>no</i>	Integumentary System..... <i>no</i>
Disturbances of Mentality..... <i>no</i>	Digestive System..... <i>no</i>	Muscular System..... <i>no</i>
Osseous and Joint Systems..... <i>no</i>	Any other general condition..... <i>relapse of goiter</i>	

~~relapse of goiter~~

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

noticed enlargement of neck 12 years ago, with
of shortness of breath and feeling of constriction. Under
operation for removal of thyroid five years ago. Good
recovery. Shortly after discharge had recurrence
of this shortness of breath with constricted feeling. ~~with thyroid~~
has remained same ever since.

Feels quite fit if he does not exert himself

10.—(b) (Here 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).)

Diseases of Childhood

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

Scar 1" circular in middle line of neck above sternum

11.—(a) Did the disabling condition have its origin before enlistment? yes

(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 condition at time of enlistment.)

O.R. states that he was perfectly normal before operation five years ago until time of enlistment.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) 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? 3 months

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

had operation 5 years ago - has treatment since enlistment

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)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

[Signature]

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, Arthur James 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

W.B.G. [Signature] Rank. Signature of invalid examined.

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.

Yes 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.)

yes B, C

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.)

- (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.)

R.T.C. and A.G. to 9083 of 11.11.18

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.

1000

PLACE Witley Camp

DATE 25-8-19

W. J. Graydon Capt. President.
J. P. Home Capt. 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.

PLACE

DATE

APPROVED BY

APPROVED BY

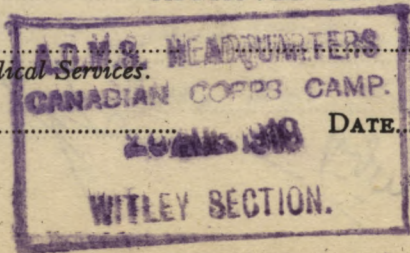
[Signature]

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE



THE ELECTION IN CANADA.

SOLDIERS!

VOTE FOR THE UNION GOVERNMENT.

THE ONLY ISSUE IS ENFORCEMENT OF SELECTIVE MILITARY SERVICE.

The Union Government is at this moment beginning its enforcement. The Opposition, under Sir Wilfrid Laurier, is opposing it.

Sir Wilfrid in his Manifesto says :—"His policy will not be to proceed further under the provisions of the Conscription Act until the people have had the opportunity to pronounce upon it by a referendum."—*The Times*, 6th November.

THAT MEANS SIX MONTHS MORE DELAY AT THE LEAST.

Our brave men at the Front must have abundant reinforcements to permit of rest and recuperation. Only military service, promptly enforced, can give these.

The Union Government is neither Grit nor Tory.

It is composed of leading men of both the old parties.

To win the war is too big a job for either alone.

Half the offices are held by men who were Liberals; half by men who were Conservatives.

The Premier of every Province in Canada, except the Premier of Quebec, is supporting the new Government.

Some of the men liable to Military Service will be excused from it; Soldiers' relatives will be favoured.

THE LEADER OF THE NEW GOVERNMENT, SIR ROBERT BORDEN, HAS GIVEN THIS PLEDGE :

IN ENFORCING THIS ACT the Government will proceed upon the principle that the service and sacrifice of any family which has already sent men to the front must be taken into account in considering the exemption of other members of the same family.

VOTE FOR THE GOVERNMENT AND BY SO DOING

- 1: Give relief to the boys at the Front;
2. Hasten the winning of the war

LET THE ARMY STAND TOGETHER.

P.O.

McLeod *also*
2020402

Morrison. A. J.

Perforated sheet for Will from Pay Book of Reg.

No. 2020402
Name Arthur James Morrison
Unit M.Y. C.A. S.C.

Military Will

I wish to leave
all my money
and belongs personal
property and other
effects to my
mother.

Mrs S. E. Morrison
of Mrs J. Harris.
Greater Ont Canada

Signature A. J. Morrison
Rank and Regt. 20th M.Y. C.A. S.C.
Date July 17th 1918.

CANADIAN ARMY SERVICE CORPS,
SHORNCLIFFE.