

cond
29/6/16

DUPLICATE

ATTESTATION PAPER.
~~215th BATTALION~~ BATTALION C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 270386

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Morrison
- 1a. What are your Christian names?..... Arthur Robert
- 1b. What is your present address?..... 134 Sydenham St., Brantford, Ont., Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... York, Haldimand, Ont., Canada.
- 3. What is the name of your next-of-kin?..... Robert Morrison
- 4. What is the address of your next-of-kin?..... 134 Sydenham St. Brantford, Ont. Canada.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... 18th March 1893
- 6. What is your Trade or Calling?..... Shoe-Maker
- 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?..... Yes 38th Dufferin Rifles
- 10. Have you ever served in any Military Force?..... 3 yrs 25th Dragoons. 2yrs 32nd R.F.A.
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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur Robert 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 26th May 1916. Arthur R. Morrison (Signature of Recruit)
Albert D. Matthews (Signature of Witness)
C. A. M. 215 Bn. C. E. F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Robert 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 a 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 26th May 1916. Arthur R. Morrison (Signature of Recruit)
Albert D. Matthews (Signature of Witness)
C. A. M. 215 Bn. C. E. F.

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 Brantford this 26th day of May 1916
W. F. Miller (Signature of Justice)

Description of Arthur Robert Morrison on Enlistment.

Apparent Age 23 years 2 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. 6½ ins.

None

Chest measurement { Girth when fully expanded..... 31 ins.
Range of expansion..... 2½ ins.

Complexion Fair

Eyes Grey

Hair Brown

Religious denominations. { Church of England..... Yes

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
(Denomination to be stated.)

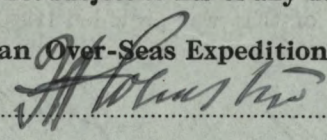
CERTIFICATE OF MEDICAL EXAMINATION.

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..... May 26th 1916.



Place..... Burford, Ont.

Medical Officer.

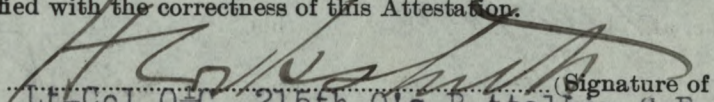
*Insert here "fit" or "unfit."

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


..... (Signature of Officer)
Lt Col. O.C. 215th O's Battalion C.E.F.

Date..... May 26th 1916.

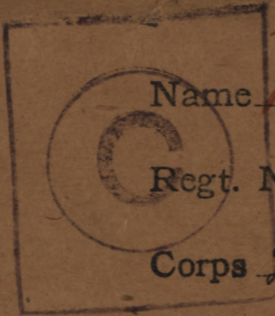
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers 2.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet 1.....
- Compulsory Stoppages.....
- Casualty Forms 1.....
- Proceedings on discharge 1.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet 3.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet 1.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate 1.....



Name Morrison Arthur Robert
 Regt. No. 270386 Rank Pte.
 Corps 215th O/S Bu C C F

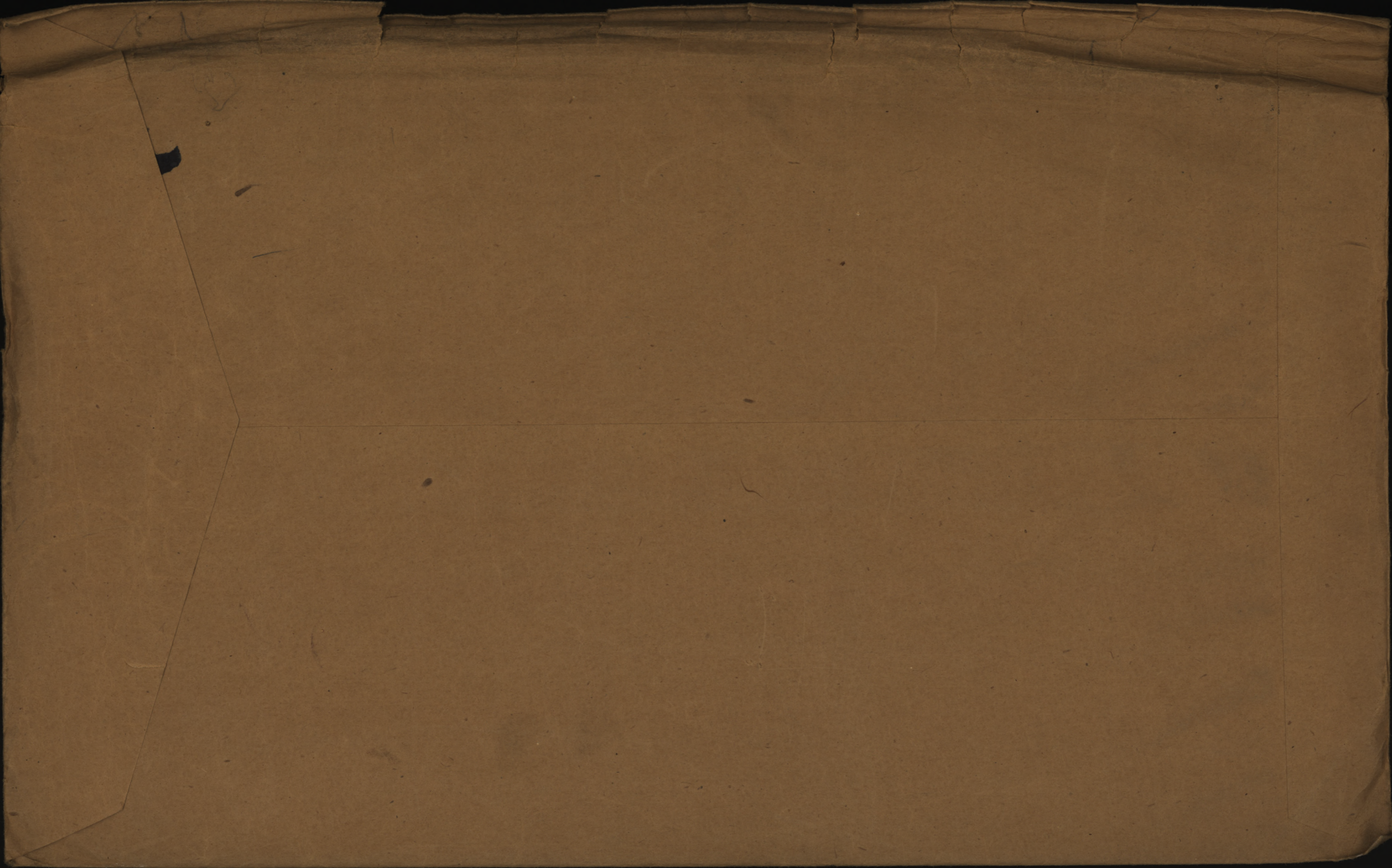
Medically unfit.

RCR
22/5/10

11/6/10



[Handwritten signature]



SURNAME.

Morrison

649-m-7879

CARD NO.

CHRISTIAN NAMES

Arthur Robert

FOLL.

605.516.21-9-16 E
R.F.

REGL. No.

270386

RANK

Pte.

UNIT

215d.

Bn.

FORMER CORPS

38d Dufferin Rifles, 3yrs 25 Dragoons 2yrs 3rd RFA

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Robert

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

134 Sydenham St. Brantford Ont

COUNTRY OF BIRTH

Canada, York Ont.

DATE

Mar. 18th. 1893

PLACE OF ATTESTATION

Brantford Ont.

DATE

May. 26th 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Shoe-maker

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

23

YEARS

2

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

31

INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Brantford Ont.

DATE

May. 26th 1916

Present address, 134 Sydenham St. Brantford Ont.

No. 270386 RANK Pte.

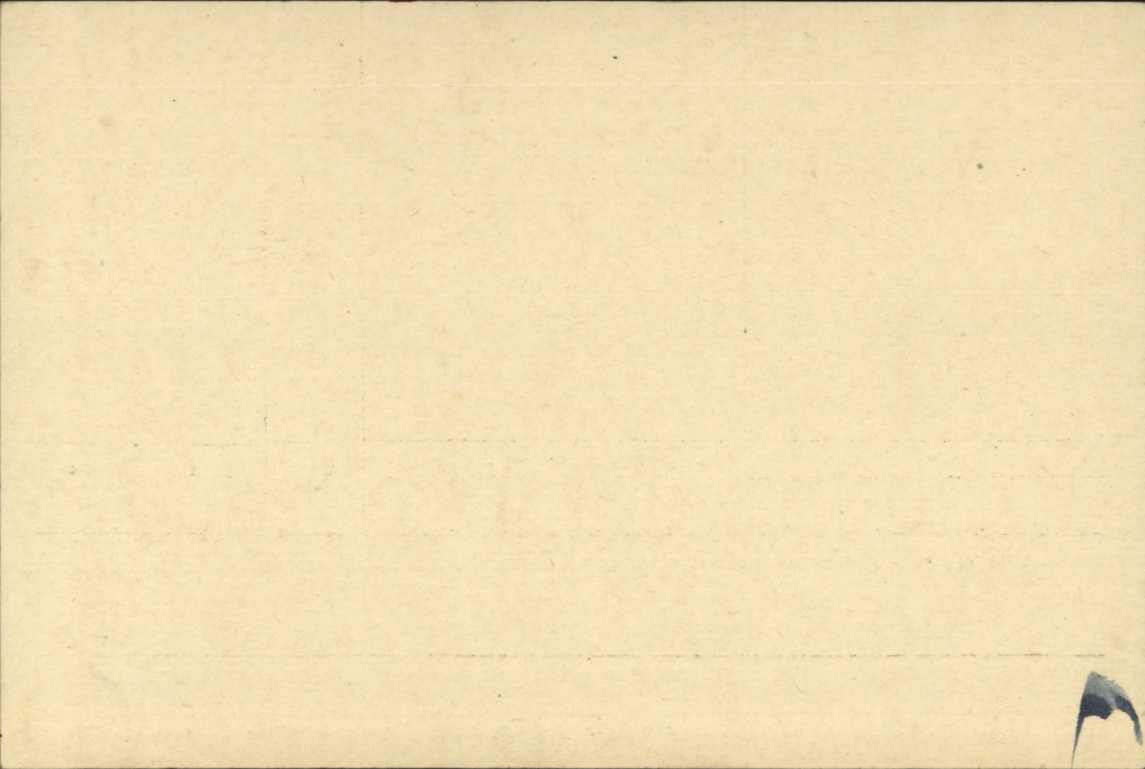
NAME Morrison, A. R.

T. O. S. 7-6-16 100.70.6-6-16 UNIT

215th Battalion

M. D. 2,

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 June 7	1916 June 30	✓		
July		✓		
Aug.		✓		
Sept 1	Sept 21	✓	Discharged, 21-9-16	100 162 of 21-9-16
				UNIT SAILED APR 29 1917
			a/c closed by charges, s.	



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 270386 Rank Private Name Morrison, Arthur Robert

Corps 215th O/S Batt'n. CEF who was* Discharged

On Sept 21st 1916 to ----

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept 1st 1916, to Sept 21st 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No.....			Reg'tl Pay <u>21</u> days at \$ <u>1.00</u> c	21	00
by } No.....			Field Allow. <u>21</u> days at \$ <u>.10</u> c	2	10
Cheques } No.....			Other Allowances* <u>Clothing allow-</u> <u>ance on discharge</u>	8	00
Assigned Pay No.....			Other Credits*.....		
Other Charges* <u>Regimental Chgs</u>		1 25	Bal. Dr. (to be deducted by new unit).....		
<u>Clothing stoppage forfeited</u>		10 00			
Payment on transfer or discharge No. <u>5661</u>		29 85			
Balance Cr. (to be paid by the new unit).....					
Total.....		41 10	Total.....	41	10

*Give Particulars.

A monthly stoppage of \$ NIL (†) has ---- (‡) been paid on account of Assigned Pay for the month of ---- 1916 to (Assignee) ----
(Address) -----

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment May 26th 1916.

(2) if married and if a Separation Allowance Card has been submitted Single

(3) cause of discharge and authority Medically Unfit- Borden Order #2, 19/9/16.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date ----

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Sept 30th 1916.

Place Niagara Camp.

E. G. Brown

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

27
This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	270386	
Rank	Private	
Name	Morrison Arthur Robert	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	215th. Bn. C.E.F.	
Date of Discharge	25.9.16 XXXXXXXXXX 21.9.16	
Place of Discharge	Niagara Camp	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23 5	years..... 2 6½
Height.....		feet..... inches.
Complexion	Fair	
Eyes	Gray	
Hair	Brown	
Trade	Shoemaker	
Intended place of residence	134 Sydenham St.	
(To be given as fully as practicable.)	Brantford Ont.	
Descriptive Marks		
None.		
2. The above-named man is discharged in consequence of		
Medically Unfit		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	Good	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Shoemaker.		

M. F. B. 218.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

Noted 18/5/17
M. G.

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... Niagara Camp

(Date)..... 25.9.16

2100. OVERSEAS BATTALION, C.E.F. LV. COL. Commanding 215th. Bn. C.E.F.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Pte A. R. Morrison* (Signature of Soldier.)

(Date)..... 25.9.16 *Hoedham* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years. 126 days.

Total.....years. 126 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Niagara Camp

(Date)..... 25.9.16

A. R. Morrison
(Signature) 2100. OVERSEAS BATTALION, C.E.F. LV. COL. Commanding 215th. Bn. C.E.F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Pte A. R. Morrison

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Name - Morrison Arthur Robert, 134 Sydenham St. Brantford
 Next-of-Kin - Morrison Robert, 134 Sydenham St., Brantford, O. Father
MEDICAL HISTORY OF AN INVALID.

1. Station. **Niagara Camp**
 2. Regiment or Corps. **215th. O. S. Batt.**
 3. Regimental No. and Rank. **270386 Private**
 4. Name. **Morrison Arthur Robert**
 5. Age last Birthday. **23** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on **May 26th./16**
 at **Burford, Ont.**
 7. Former Trade or Occupation. **Shoemaker** Date. **Aug. 16th./16**

DEPT. MILITIA & DEFENCE
 SEP 26 1916
 H.Q. CANADA

9. Service.	Years.	Days.		
			PERIODS.	
			FROM.	TO.
215th. O. S. Battalion C. E. F.	May 26th./16	Aug. 16th./16		<i>Date</i>

10. (a) Disease or disability. **Small Chest and Asthma**
 (b) Date of origin. **Asthma sine 3 years old**
 (c) Place of origin.
 (d) Cause.

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
Asthma and Small Chest
Chest expansion 28" to 31"
Asthma since age of three, has had shortness of breath on moderate exertion, cough with considerable amount of sputum. During last five years shortness of breath on exertion has increased and during attacks is unable to lie down and has to sit up to get relief. During last three winters has had three attacks of pleurisy. In July 1916 had ten days, typical attack of asthma.

12. (a) Is the disability the result of service or climate? **No**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No**

M. F. B. 227.

*Carded
 6-10-16.
 M.C.M.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None except 1 Vaccination left arm

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not sustained on duty

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No

14. Treatment

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

None

18. State if for discharge on account of unfitness for Service.

Yes Discharge Unfit for Overseas Service

L. H. Leath. Capt

M. O. 215 & A. S. Bn. Coy

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. **Yes**

11. **Yes**

12. **Yes**

15. **Yes**

16. **Yes**

17. **Yes**

18. Is he unfit for Military Service. **Yes**

Recommendations :

That he be discharged as Medically Unfit.

Signatures :—

Charles Carter M.D. President.

Victor Ross Capt.

Station. **Niagara Camp.**

Members.

Date. **5th Sept., 1916.**

W. Jackson Capt.

Date. **18-9-16**

George Taylor

Assc. Director of Medical Services.

Approved.

Date. **4, 10, 16**

Dean Cannon

Director-General of Medical Services.

L

*carded
6-10-16
mgm*

