

ATTESTATION PAPER.

No. 2266100

Div. Signal Co.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... M O R R I S O N
- 1a. What are your Christian names?..... Ashton Arnold
- 1b. What is your present address?..... Wroxeter, Ontario, Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Wroxeter, Ontario, Canada.
- 3. What is the name of your next-of-kin?..... Janet Morrison
- 4. What is the address of your next-of-kin?..... Wroxeter, Ontario, Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... August, 8th, 1895
- 6. What is your Trade or Calling?..... Teacher
- 7. Are you married?..... Single
- 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 ^{Naval or} Military Force?..... No.
If so, state particulars of former Service. X.e.d.m.
- 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?..... Yes.
- 16. If so, what was the reason?..... Blood Pressure.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ashton Arnold 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.

Ashton Arnold Morrison (Signature of Recruit)

Date October, 12th, 1917 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ashton Arnold 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.

Ashton Arnold Morrison (Signature of Recruit)

Date October, 12th, 1917 [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 Toronto, Canada this 12th, day of October, 1917

[Signature] (Signature of Justice)

Description of AShton Arnold Morrison on Enlistment.

Apparent Age 22 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 5 ins.

Scar over r. eye. Scar on R. upper leg.

Chest measurement: Girth when fully expanded 36 1/2 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

Hearing excellent Fair Nose and thro O.K. Each eye D. 50

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.

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE

Date October, 12th 191 7

Place Toronto, Canada

H. E. Sprague M.O.
 Medical Officer. **PRESIDENT**

*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.

Ashton Arnold 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.

T. B. Brown (Signature of Officer)

Date OCT 12 1917 191 7

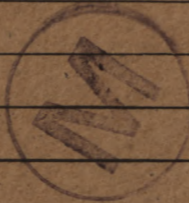
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 O. C. SIGNAL TRAINING DEPOT.

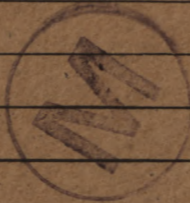
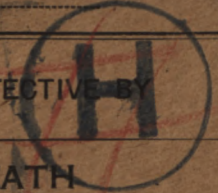
REGIMENTAL DOCUMENTS

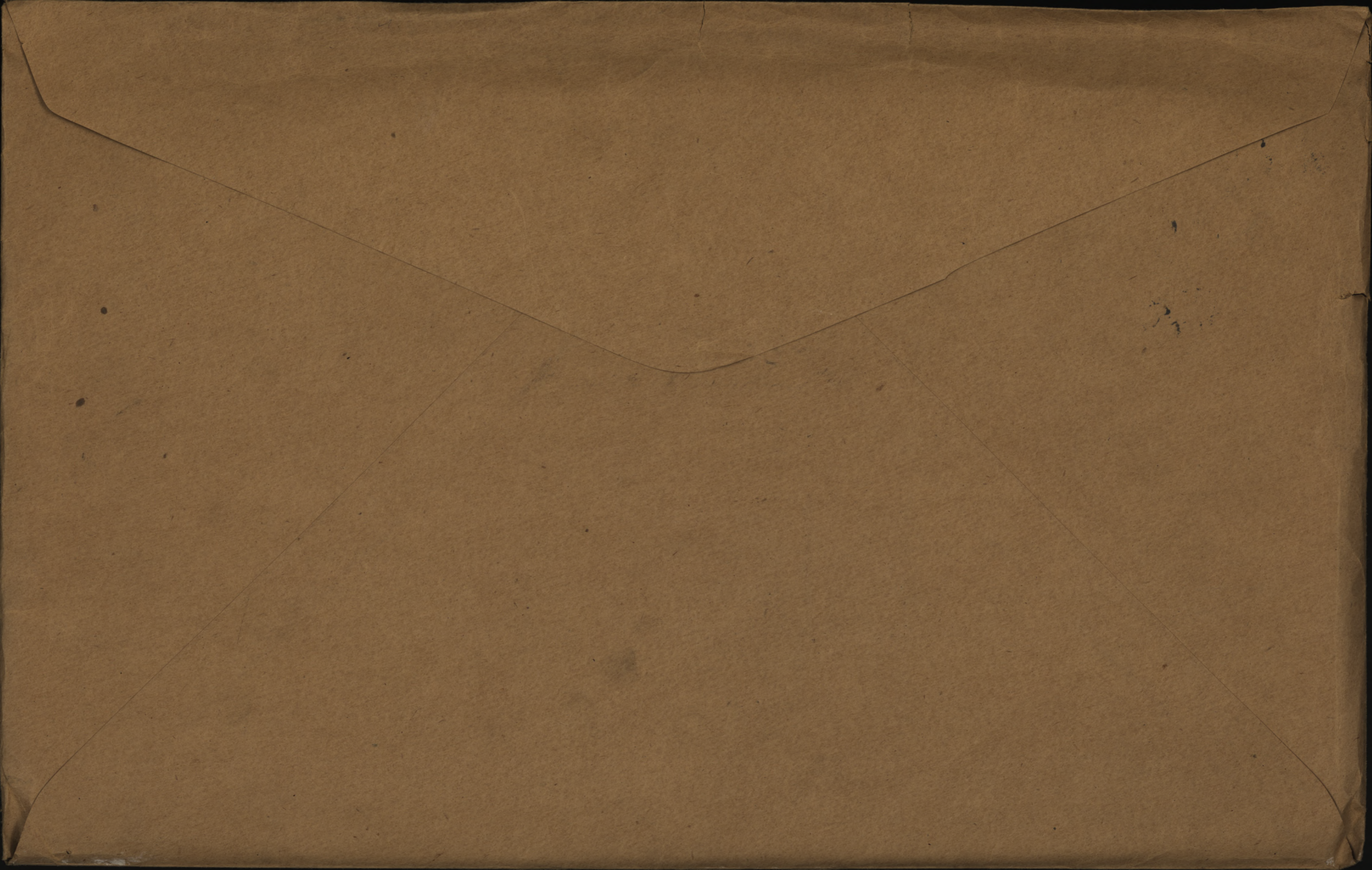
316
7-3-19

NAME *Spr. MORRISON-ASHTON ARNOLD* REGT. NO. *2266100*

UNIT *Divisional Signal Co.* H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demobilization</i>
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>ATB</i>					
/ <i>ATW 3997</i>					
/ <i>MSA 15</i>					
/ <i>MTW 129</i>					
/ <i>AMS 1375</i>					
/ <i>ISC</i>					
/ <i>MTW 193</i>					
/ <i>AG 10424</i>					
/ <i>MSC</i>					
/ <i>TCDC 5009</i>					
/ <i>MFW 67</i>					





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.

SIGNAL TRAINING DEPOT
11. DIVISIONAL SIGNAL COMPANY

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 7766100

(3) Full Name of Soldier Marrison, Ashton Arnold

(4) Place of Birth Wropton Ous

(5) Are you married, or not? No

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

(b) Present Postal Address me

(7) Are you a widower? No

(8) Have you any children? me

If so, give number of boys and girls me

Also their names and ages me

(9) Is your Father alive? Yes
If so, state name and address J. Harrison Thropester Oud

(10) Is your Mother alive? Yes
If so, state name and address Janes Harrison Thropester Oud

(11) If your Mother is a widow No
Are you her sole support, or not? Yes

(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.
Yes

(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.
Yes

(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.
Yes

15) Are you insured? Yes No
If so, in what Company? Lawson Life Yes No
Have you made arrangements for payment of your Insurance premium? Yes No
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date Dec 28 1917

Asst. Comdr
for Officer Commanding.
Signal Training Depot.

No. 2266100 RANK Pte.

NAME Morrison A.

A.

T. O. S. 26-10-17

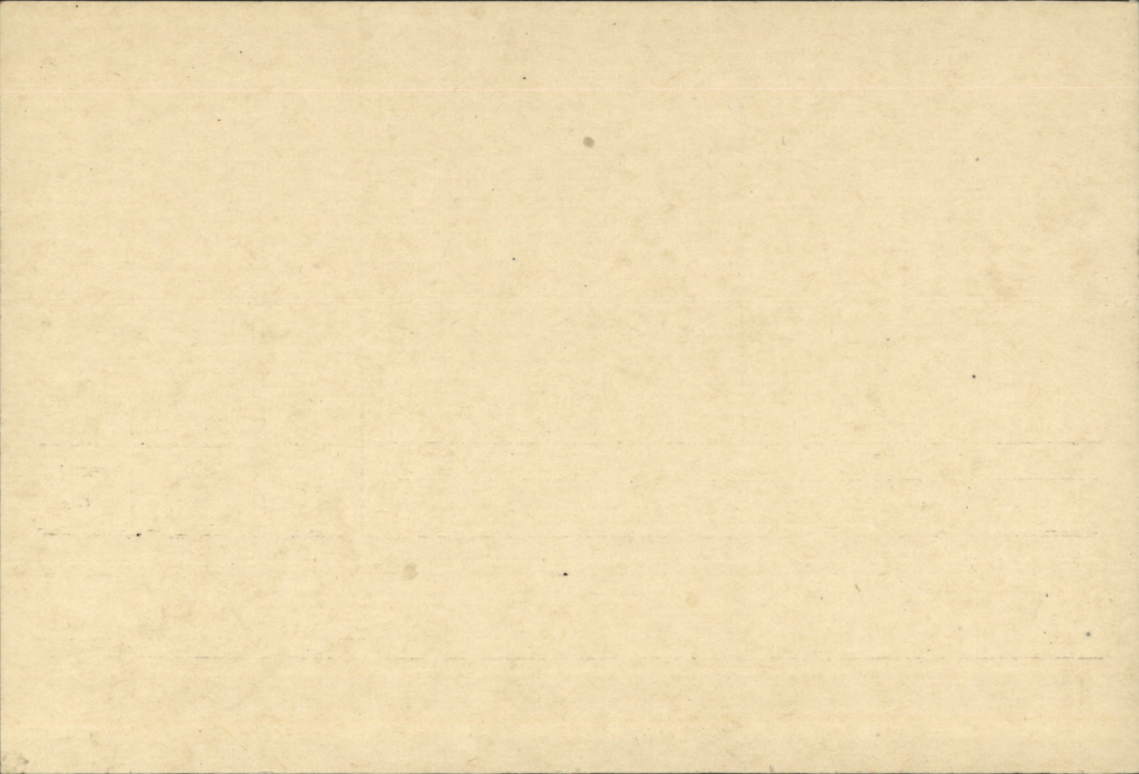
UNIT

4th Divisional, Signal Training Depot.

D.O. 254 of 26-10-17.

M. D. Dodge.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Oct. 13 Oct. 26	1917 Oct. 25 Oct. 31	✓ n. ✓		
Nov.		✓		
Dec.		n.		



Reg. No. *18*

Rank.

Surname *Morrison*

Category.

Dentally Unfit.

*226600**Spr*Christian Names (1) *Ashton*(2) *Ronald* (3)Date *6/2**20*

Place of Enlistment:

Date of

Taken on from

Religion

Inoculations

Company

*Toronto**12-10-17**Canada**M**3/1/18*

Province:

Age on

Date

Vaccination

*Ont.**22**1-1-18**M**26/10/1917*

On*Command.....

Hospital.....

Permanent Cadre

Employed as

Date taken on

Proprietor Mrs. Khaki college

Date Proceeding

Date Admitted

Record of Overseas Service:

Profession or Trade (Civil)

Teacher

Reason for Return:

Transferred or Posted to

*Albany*Date *21-10-18*Married or Single *Single*

LEAVE.

Address of Next of Kin *Mother*

No. of Pass Issued.

FROM.

To.

Free Transportation.

*Mrs Janet Morrison**14/1/18**21/1/18**F.T.**Worcester**6.8.18**12.8.18**F.T.*Country *Ont.*

arrived
MD

~~B~~

Number..2.2.6.6.1.0.0.....Rank ..Sgt.....

Surname MARRISON.....

Christian Name Ashton Arnold.....

Units.....C. E......Theatre of War England

Date of Service.....31-12-17.....

Remarks.....

Latest Address.....W. rexeter.....

.....Ont.....

Roll No. A Page 1014

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

PARTICULARS

SIG.
OR
REC'T

PAID
TO

PAID
FROM

SP FEB 21 1922
 REG. NO. 4/29/13

SURNAME.

Morrison

CARD NO. 4

Ssdilig. 21-2-19

CHRISTIAN NAMES

Ashton, Arnold

Plenab. 2
Dec. 7. 7. 1918

REGL. NO.

2266100

RANK

Sapper

AO. 500/19-2-19

UNIT

~~Signal Tr. Depot (14th B.D.)~~

#2 A-D

#2 A-D

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Janet

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Wroxeter, Ont.

COUNTRY OF BIRTH

Canada Wroxeter, Ont.

DATE

Aug 8th 1895

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Oct 12th 1917

O/S 2142-17 ¹⁰³⁷/₁₀

R/c 17-1-19 ²⁵⁴/₅₆ as Pte

Sailed from Halifax Per S.S. "Grampian" 21-12-17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Teacher

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

22

YEARS

2

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar over r. eye. Scar on r. upper leg.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct 12th 1917

Present Address

Wroxeter, Ont.

L. Morrison

*Name **MORRISON. Ashton Arnold** Rank **Spr** Regtl. No. **2266100**

Original unit **C.E.F.** Present unit **C.E.F.** M. or S. Age **23** Religion **Meth** Fyle Depot Ref. H.Q.

Port, ship, and date of arrival **Halifax Olympic 17-1-19**

Next of kin **Mother Janet Morrison Wrozeter Ont.**

Address on leave **Same**

Address on discharge **Same**

Transportation issued Yes **21.2.19** Character on discharge **Wroxeter Ont.** No Date

Previous occupation **Teacher.** Date and place of enlistment **Toronto, Ont. Oct. 12-17**


Diagnosis **Demobilization** Date of Medical Boards **18.2.19**

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
11-1-19	Posted to Cas Co (Ex. Camp) 17-1-19	
	Leave & Subs from 21-1-19 to 7-2-19	24
21-2-19	SOS DISCHGD. "DEMOB'N" ENTITLED TO WSG	50

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2  ler No.

M.F.W. 192
150M-5-18.
1772-39-1243.

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.A. M.D. 2.

REGIMENT 1st CERB. RANK Sapper. No. 2266100

Date of Examination in England 2/1/1919. 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 18 - 30 - 31
2. EXTRACTIONS
3. CROWNS
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 40
- (c) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer [Handwritten Signature]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 2266100 Rank Spr Name Morisson A. A
(Surname first)
Unit No. 2 DISTRICT DEPOT who was* DISCHARGED
On FEB 21 1919 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to FEB 21 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		11.53
Regimental Pay..... <u>21</u> days at \$ <u>1</u> .c.....		21
Field Allowance..... <u>21</u> days at \$ <u>10</u>		210
Separation Allowance.....		35
Clothing Allowance.....		70
Post Discharge Pay.....		
*Other Credits		
Advances	50626	11.53
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No..... <u>54306</u>	12810	
Total		13963

*Give particulars.

A monthly stoppage of \$ 2.000 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Jan 1919 } (to) Assignee Janet Morison
and Separation Allee. for month of 191 }
(Address) Windsor Ontario
(†) 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.....married or single.....
(2) Separation Allowance, entitled or not no..... (3) Reason for discharge Demob
(4) Authority for discharge or transfer 2050.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 20 1919
Place TORONTO, ONT.

W. R. Reeve
PAYMASTER, No. 2 Paymaster DEPOT

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

A2

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. 2266100 Rank Sapper Surname MORRISON
(Give name in full)

Unit or Corps 200 D D Birthplace Ashten Arnold Weardale Co. Lan

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5 ft. 5 in. Colour of Eyes Blue

Nutrition good

Pulse 90

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar over Right eye
Scar on Right upper leg

Opinion as to general health and physical condition good

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

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

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.

Urinalysis negative absent albumin absent
no leucocytes, pus, gleet, syphilitic signs or parasites

APPROVED
FEB 18 1919
R. Richardson CAPT.
FOR A. B. M. S. M. D. 2

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 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 Medical Board.)

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

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 Sapper Name Morrison Surname Ashton A.
Unit or Corps 1st C.E.R.B. (If a soldier) Regtl. No. 2266100
Born at Wrexeter Ont. on date Aug. 9 1895
Signature (for identification) Ashton Morrison

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

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

Weight 150 lbs.
Height 5 ft. 7 ins.

no

2. NUTRITION AND DIATHESIS ?

good

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 ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? 1020

Reaction? acid

no

Albumen? no

Sugar? no

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

no

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

no

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

good

Examined at Wrexeter Ont.

Signed A. J. DeBore M.O.

Date 5/12/18

Signed Ashton 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 Re-entry to Service

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

1. PHYSIQUE

Height
Weight
Build

2. NUTRITION AND METABOLISM

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

6. GASTROINTESTINAL SYSTEM

7. URINARY SYSTEM

8. BLOOD

9. GENITOURINARY SYSTEM

10. SENSE ORGANS

11. SKIN

12. DENTAL

13. VISION

14. HEARING

15. OTHER

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Morrison Christian name Ashton Arnold
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Wroxeter, Ontario, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of October, 1917, by the undersigned medical board sitting at Toronto

- 5. Age as stated 22 Years 5 Months
6. Apparent age
7. Height 5 Feet 5 Inches
8. Weight 127 Pounds
9. Chest measurement { Minimum 32 Ins. Maximum 36 1/2 Ins.
10. Complexion Fair { Eyes Blue Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm nil
14. When vaccinated last
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Fair Hearing Def. Each eye D. 30 N & T O.K

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

Signature of Man M.O. PRESIDENT

Signature of Man

Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for M. Shillington and JAB 201.

Joined 12th day of October, 1917 at Toronto, Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry: Div. Signal co 2766100, 12.10.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: 18/2/19, nil, A2

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2266100 (Rank) SPR.
 Name (in full) MORRISON, Ashton Arnold enlisted in
 the Divisional Signal Co.
 CANADIAN EXPEDITIONARY FORCE at Toronto on the 18th
 day of October 1917.
 HE served in "England".....
 and is now discharged from the service by reason of "Demobilisation"

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

Age 25
 Height 5' 5"
 Complexion Fair
 Eyes Blue
 Hair Brown

Marks or Scars Vacc. scar on left arm.

Ashton A. Morrison
 Signature of Soldier

Lucie Simpson
 Issuing Officer
 O.C. No. 2 District Depot.
 Rank

Date of Discharge Feb. 21st, 1919.

Signed at Toronto this 21st day of Feb. 1919

in Military District No. 2 No. 2
 File Reference No. FEB 21 1919
DISTRICT DEPOT

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

REG'T'L NUMBER. 2266100 RANK. SPR SURNAME. MORRISON INITIAL. AA

I HEREBY CERTIFY THAT I DESIRE TO BE DISCHARGED AT

TORONTO ONTARIO TOWN AND PROVINCE. IN MILITARY DISTRICT NUMBER. 2

I UNDERSTAND THAT MY DECISION TO BE DISCHARGED AS ABOVE CANNOT BE ALTERED.

Signed. Ashton A. Morrison

AA

Мониторинг

898

001266

1

Мониторинг

001266

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.

SIGNAL TRAINING DEPOT

Unit, Regiment or Corps.....

Regimental No. 466100 Rank Cpr Name Morrison Ashton Arnold
C. E. F.

Enlisted (a) 17.10.17 Terms of Service (a) C&E Service reckons from (a) 17.10.17

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) Teacher

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				
2 JAN 1918	O.E.T.D.				
21.5.18	C&EJD	TAKEN ON STRENGTH O.E.T.D. Canada	Seaford	1 JAN 1918	Part II Order No.....
		JOS to 7 th CERB	Seaford	21.5.18	DD PT " 178 16.5.18
					Robert L.C. for ac C&EJD
22.5.18	1 st CERB	JOS from C&EJD	Seaford	21.5.18	DD PT " 187 21.5.18
27.12.18	1 st CERB	as Comd'g General	Seaford	30.12.18	Pub 2 D.O 191
		Attached C.C.C.K. Part 2 Orders pending transfer to C. E. F. Canada ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders.....			
		<u>Juliuscher</u> Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.			

(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				
JAN 11 1919	O. S.	T. O. S, No. 2 DISTRICT DEPOT.	TORONTO	1919	PART II D. O. 24
21/2/19	S. O. S. (Discharged)	No. 2 District Depot Part II, D.O. No.		50	

W. J. G. [Signature]
 Capt.
 For O. C. No. 2 District Dep.

James Simpson [Signature]

O. C. Discharge Section,
 No. 2 District Depot

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1/12/17.	EFFECTIVE DATE:-	
AMOUNT:-	20.00	AMOUNT:-	

NAME:- MORRISON Ashton Arnold
NUMBER:- 2266100

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.

*Mrs J Morrison
Wrexeter Ont.
Mother.*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Sapper.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/27/18</i>	<i>3011</i>	<i>1st C.E.R.B.</i>	<i>14.60</i>				

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
			<i>6.6 2D.</i>
			<i>1/1/18</i>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transferred to Canada eff 1/1/19. Ref. M.R. 12. 1st C.E.R.B. 28/12/18. O.Bal. 22.90*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>March 31</i>	<i>Bal fwd</i>								<i>21.16</i>		
<i>Apr</i>	<i>SP</i>	<i>33</i>		<i>bal</i>				<i>20</i>			
				<i>212 6.6 2 D 15/4/18</i>	<i>4.84</i>						
				<i>449 " 29/4/18</i>	<i>9.73</i>				<i>19.56</i>		
<i>May</i>	<i>SP</i>	<i>33</i>		<i>bal</i>	<i>14.60</i>			<i>20</i>			
		<i>3410</i>		<i>443 6.6 2 D 15/5/18</i>	<i>4.84</i>						
				<i>45-1 6.6 R.B. 30/5/18</i>	<i>9.73</i>				<i>19.06</i>		
<i>June</i>	<i>SP</i>	<i>33</i>		<i>bal</i>	<i>14.60</i>			<i>20</i>			
		<i>3410</i>		<i>AR 194 6.6 R.B. 13/6/18</i>	<i>4.84</i>						
				<i>" 423 " 27/6/18</i>	<i>9.73</i>				<i>17.46</i>		
<i>July</i>	<i>SP</i>	<i>33</i>		<i>bal</i>	<i>14.60</i>			<i>20</i>			
		<i>3410</i>		<i>" 641 1.6 8 R.B. 12/7/18</i>	<i>4.87</i>						
				<i>" 816 " 25/7/18</i>	<i>4.87</i>				<i>21.82</i>		
<i>Aug</i>	<i>S.P.</i>	<i>33</i>		<i>C.A.P.</i>	<i>9.73</i>			<i>20</i>			
		<i>3410</i>		<i>- 1066. - 13-8-18</i>	<i>4.87</i>						
				<i>- 1311 - 26-8-18</i>	<i>4.87</i>				<i>21.32</i>		
<i>Sept</i>	<i>Pay.</i>	<i>33</i>		<i>C.A.P.</i>	<i>14.60</i>			<i>20</i>			
		<i>3410</i>		<i>1525. 1st C.E.R.B. 12/9/18</i>	<i>4.87</i>						
				<i>1663. " " 25/9/18</i>	<i>9.73</i>				<i>19.72</i>	<i>agreed.</i>	
<i>Oct.</i>	<i>Pay.</i>	<i>33</i>		<i>C.A.P.</i>	<i>14.60</i>			<i>20</i>			
		<i>3410</i>		<i>81. 10 R. 1 Bandolier. 1st C.E.R.B. 6/10/18</i>	<i>3.95</i>						
				<i>2102. 1st C.E.R.B. 29/10/18</i>	<i>9.73</i>				<i>20.14</i>		
					<i>13.68</i>			<i>20</i>			

NUMBER 2266100. RANK SPP.

NAME MORRISON. Ashton. Arnold.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									2014		
Nov.	Ppa.	33-		C.A.P.				20-			
Dec.	Ppa.	3410		2366 1st C.E.R.B. 13/11/18.	487						
				2702. " " 26/11/18.	487						
				C.A.P. Dec.				20-	2290		
				3015. 1st C.E.R.B. 17/12/18.	1460						
		6710			2134			10-			
				S.O.S. 9/1/19. S.L. 16. 1st C.E.R.B.							
				20/1/19.							

CANADIAN
ASSIGNED PAY AUDITED

[Signature]
AUDIT CLERK

DATE 18/1/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

19844

Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2266100*
 Rank *Spr* Promoted Reverted Discharge
 Soldier's Name *J.A. Morrison*
 Battalion *Sig Train Depot C/S Draft Dec 17*
 Beneficiary
 Relationship
 Address

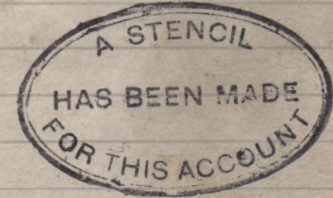
PARTICULARS OF ASSIGNMENT

Name *Janet Morrison*
 Address *Wroxeter Ont-*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>013131-a-84</i>
<i>Dec</i>	<i>U 66369</i>		<i>20</i>	<i>20</i>	<i>R mailed 31/12/17.</i>
<i>Jan 18</i>	<i>P 72460</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>H 73382</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>N 92293</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>N 10304</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 17525</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>N 21767</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>H 31176</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 40465</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sep</i>	<i>U 42736</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct.</i>	<i>X 53979</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov.</i>	<i>U 57180</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec.</i>	<i>X 67524</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>U 72501</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>280</i>	<i>280</i>	

CANADIAN
 ASSIGNED PAY AUDITED
W Black
 AUDIT CLERK
 DATE *18-6-19.*

A/c Closed 31-1-19
Ret'd per Olympic
Date 17-1-19
Clerk W.J. Radley
M.D. 2.



M. F. W. 128
 400x-6-17-172-89-1141
 L. L. 22220-M. & D. 1983.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Eeneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-17-1772 39-1141
 L. L. 22320-M. & D. 7893.

M

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.	2266100
Rank	Spr.
Surname	MORRISON, Ashton Arnold
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Divisional Signal Co. (2 D.D.)
Date of discharge	Feb. 21st, 1919.
Place of discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....23.....years.....6.....months.	Descriptive marks Vacc. scar on left arm.
Height.....5.....feet.....5.....inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Teacher	
Intended place of residence	Wroxeter, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
ON GENERAL DEMOBILIZATION	
Authority for discharge.....2 D.D. - D.O. #50 - Pt. 11.	
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.	
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.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)
noted
15-3-19
me

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place)..... Toronto, *Anton Arnold Morrison* (Signature of Soldier.)

(Date)..... Feb. 21st, 1919 *Lucie Hopson* (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.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place)..... Toronto,.....

(Date)..... Feb. 21st, 1919.

(Signature) *Lucie Hopson*

For

U.C. No. 2

Depot

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.)

List of Discharge Documents

<p>Statement Paper W. 131 B. 218</p>	<p>Statement Form B. 203 B. 203a W. 178 W. 212 M. 212 W. 214 B. 217 B. 202 W. 214 W. 202 W. 212</p>	<p>Reg. Conductor Sheet Squadron Battery Company Field Conductor Sheet Copy of Certificate of Discharge Field Post Sheet Casualty Form Medical Report for Invalidity Personal History Sheet Last Pay Certificate Duplicate Discharge Certificate Form of Will Medical Certificate Medical Certificate</p>
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If the case or return is not reported on this form, the discharge documents will consist of:

I hereby certify that the following documents are undisturbed:

Officer Commanding

W. 8 - 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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

URINE REPORT

DATE.....10.....

NUMBER.....NAME.....*Wm. S. M.*.....UNIT.....

S.G.ALBUMEN *nil*.....SUGAR *nil*.....REACT.

MICROSCOPIC :

