

57th REG'T

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

No. 195723

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? ..... Morrison
- 1a. What are your Christian names? ..... Charles
- 1b. What is your present address? ..... Warsaw out Canada.
- 2. In what Town, Township or Parish, and in what Country were you born? ..... Toronto out Canada.
- 3. What is the name of your next-of-kin? ..... Patrick Fitzpatrick
- 4. What is the address of your next-of-kin? ..... Warsaw out Canada.
- 4a. What is the relationship of your next-of-kin? ..... Sister Father
- 5. What is the date of your birth? ..... 8 June 1896
- 6. What is your Trade or Calling? ..... Farm Laborer
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles 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 Dec 29 1915 C. Morrison (Signature of Recruit)  
J. H. Eastwood (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Morrison, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Dec 29 1915 C. Morrison (Signature of Recruit)  
J. H. Eastwood (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 Peterborough this 15 day of June 1916.

CR Woodman (Signature of Justice)

Description of Charles Morrison on Enlistment.

Apparent Age... 19 years... 6 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 ins.

Chest measurement { Girth when fully expanded... 37 ins.  
 Range of expansion... 3 ins.

Complexion... Dark

Eyes... Gray

Hair... Dark Brown

None

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic... Yes.....  
 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 declares that he is not subject to fits of any description.

I consider him\*... fit... for the Canadian Over-Sea Expeditionary Force.

Date... DEC 29 1915... 1915

Place... PETERBOROUGH, Ont.

J. H. Eastwood  
Major 57 Regt  
 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.

...Charles 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.

J. F. Johnson R. Col. (Signature of Officer)

Date... Feb 15... 1916

4  
12  
12  
1

Pte NAME MORRISON

CHARLES

REGT. NO. 195723

UNIT 5th. C. MR.

H. Q. FILE NO.

10/1/41

(S)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demolition

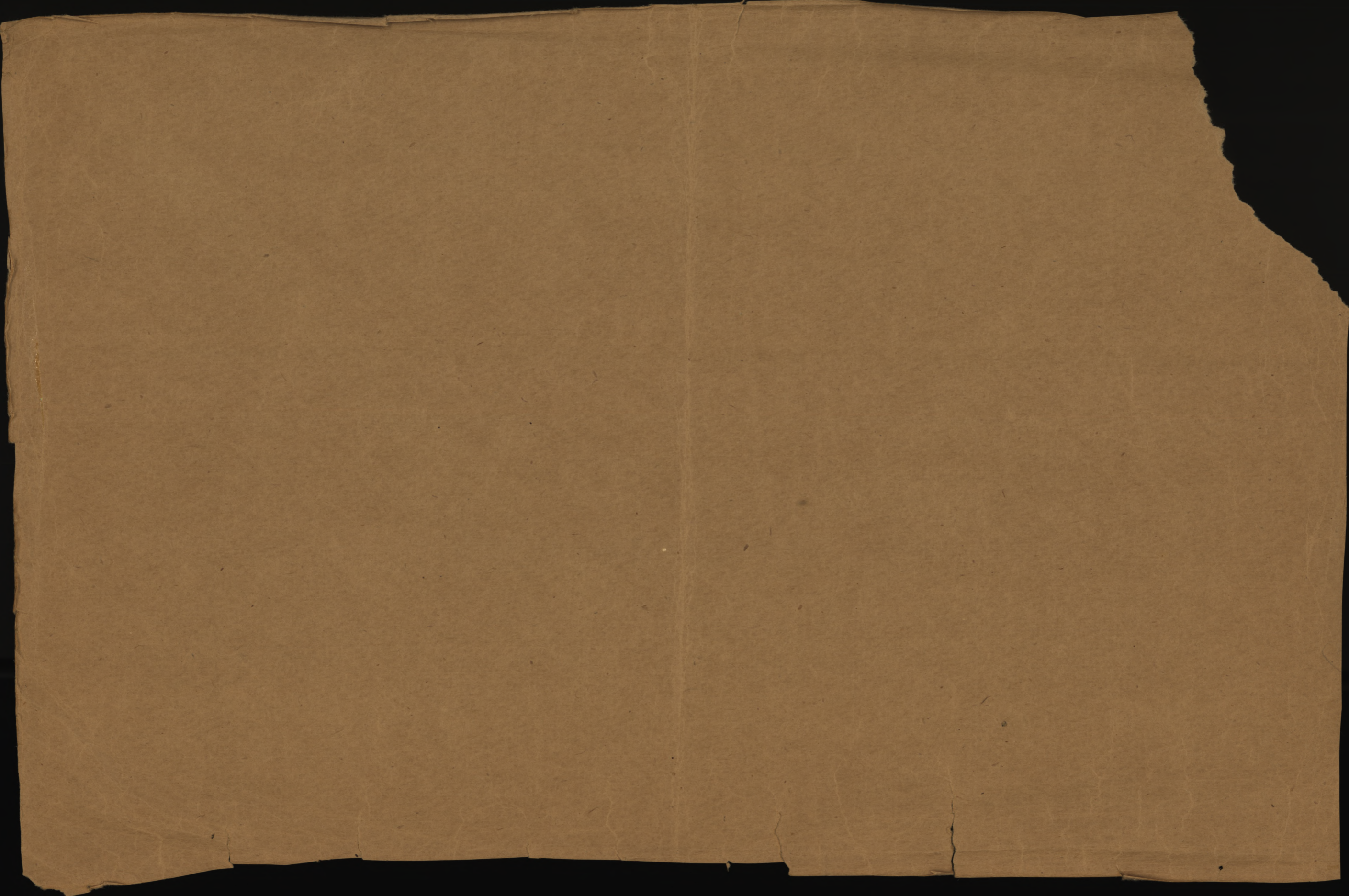
DESERTION

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 MFA 67
- 1 CARD 5009A
- 1 CD 3
- 1 LSC Form 132
- 1 Inv. Kit.
- 1 A 149.

(M)

(H)

57-254



195723

**I.D. number**  
**No. d'identification**

Morrison

**Surname**  
**Nom de famille**

Charles

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**

**Lieu**

6401



Name *Morrison, Charles* Rank *Private.*Reg. No. *195723.*Unit *5TH C. M. P.*Next of Kin *CANADA.*

Date	Movement	Place	Casualty	List No.	Notified N/K O <i>m</i>	W.O. List
14. 4.	<i>No 3 Can Gen Hos.</i>	<i>Boulogne.</i>	<i>sw. G. Kee.</i>	<i>A. 356.</i>	<i>- 2486.</i>	<i>21. 4. 17.</i>
16. 4.	<i>No. 4 Con Depot.</i>	<i>do.</i>	<i>do.</i>	<i>A. 358.</i>	<i>20. 4. 17.</i>	
18. 4.	<i>Discharged.</i>	<i>(do)</i>	<i>(do)</i>	<i>A. 361.</i>		
28. 4.	<i>Rejoined Unit.</i>	<i>Reb.</i>	<i>236. 8/5/17.</i>			





a.m.m

Number. 195-773.....Rank Pte.....

Surname. MORRISON.....

Christian Name. Charles.....

P Units. S<sup>t</sup> C.M.R..... Theatre of War France

Date of Service..... 8-9-16.....

Remarks.....

632 Hornby St., Vancouver, B.C. DEC 3 1921

Latest Address..... Warsaw.....

~~Ont~~

Roll No. B Page 7230 -

~~10~~  
~~X~~

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1886/982  
 REG. NO. 1886/982  
 DEC 10 1921  
 T. O. S.

SURNAME.

*Morrison,*

CHRISTIAN NAMES

*Charles*

REGL. NO.

*195723*

RANK

*Pte*

UNIT

*93<sup>rd</sup>*

*Batt*

FORMER CORPS

*Nil.*

MS 3 "H" CARD NO. ✓  
*808 Disc 19/3/19*  
*DO. 84/257 3/19*  
FOLL  
*Demit #450*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Fitzpatrick, Patrick*

RELATIONSHIP TO SOLDIER

*Foster Father*

ADDRESS

*Warsaw. Ont.*

COUNTRY OF BIRTH

*Canada, Toronto Ont.*

DATE

*June 8<sup>th</sup> 1896*

PLACE OF ATTESTATION

*Peterboro*

DATE

*Feb. 15<sup>th</sup> 1916*

*Sailed from Halifax Per S.S.*

*RIC 17-3-1916*  
*Embassy of Britain 281*  
*92 (Pte)*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Farm Labourer*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*19* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*6* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Dark*

EYES

*Grey*

HAIR

*Dk. Brown*

DISTINGUISHING MARKS

*nil.*

MEDICAL EXAMINATION.

PLACE

*Peterboro*

DATE

*Dec. 29<sup>th</sup> 1915*

REGT'L NO 195723.

H. Q. FILE NO. 649-

NAME

Morrison, Charles

RANK AND CORPS

Pte 5<sup>th</sup> B.M.R. (form 93<sup>rd</sup> Bn).

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

B.M248620-4-17Admitted to No 3 General Hosp.,  
Boulogne, April 14, 1917. (wounded  
slightly knee) ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 356	# 3 Cas Gen., Boulogne	14-4-17	S.W. L. Knee slt
A. 358.	# 2 Com. Depot, Boulogne	16-4-17	S.W. L. Knee slt
A. 361.	# 7 Com Depot Boulogne	18-4-17.	S.W. L. Knee slt.

No. 198723 RANK *pte*  
 195723 *Mar. payroll*  
 195156 *July "*

NAME *Marrison Charles*

T.O.S. 16-2-16

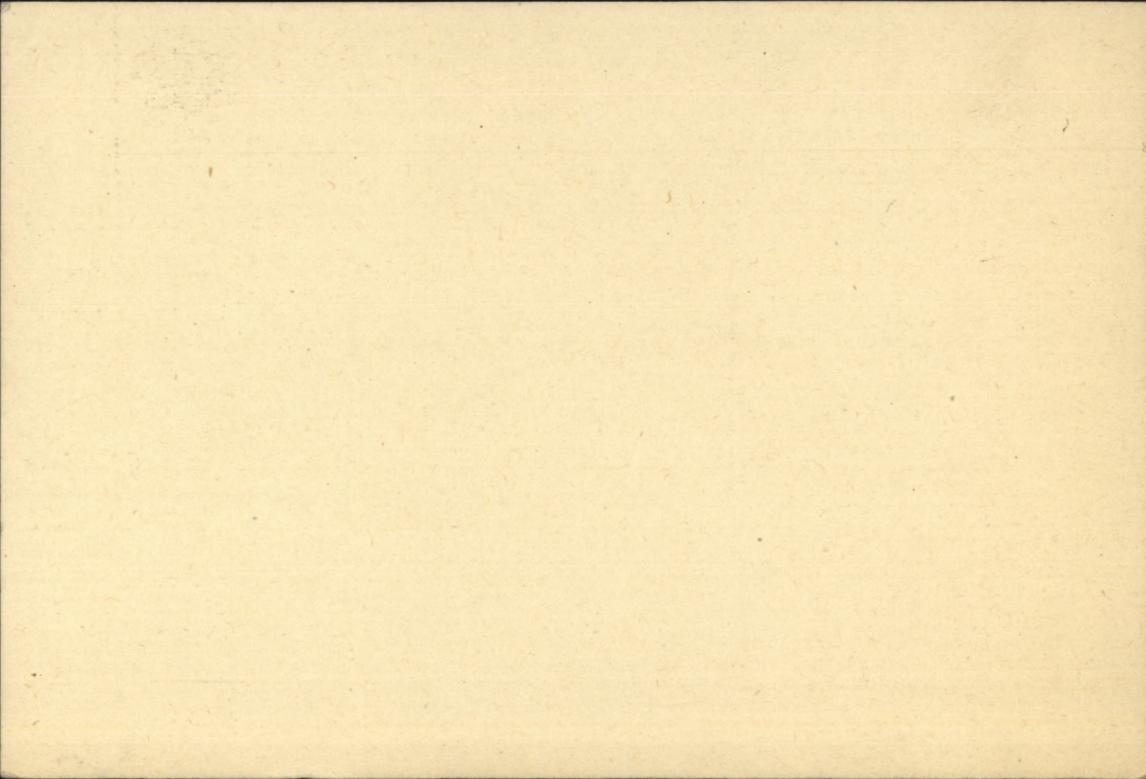
UNIT *93rd Battalion*

X.O. #41-16-2-16

M. D. *3*

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Feb. 16</i>	<i>Feb. 29</i>	<i>v</i>		
<i>Mar.</i>		<i>v</i>		
<i>April</i>		<i>v</i>		
<i>May</i>		<i>v</i>		
<i>June</i>		<i>v</i>		
<i>July 1</i>	<i>July 15</i>	<i>v</i>		
<i>July 16</i>	<i>July 31</i>	<i>v</i>		

UNIT SAILED  
 JUL 15 1916





Surname

Christian Name or Names

Reg. No.

Morrison

Rank

C,

Unit

Co.

19573

Prob

Batty.

Pte  
Hospital

5th C.M.R.

Date of Admission

Transferred

3.C.G.H. B'logne 13-8-17

Hosp.

7 C.D. B'logne 16-4-17

Hosp.

Hosp.

Hosp.

Diagnosis

S.W. Lt Knee

R

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 21-8-17

A356

24-4-17

A358

REMARKS

27.4.17. A361.

Dis. 18.4.17.

A.M.D. 2 DEPT.

Sch. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.





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..... **Men 93rd Battalion C.E.F.**

(2) Regimental Number ..... **195723.**

(3) Full Name of Soldier..... **Morrison, Charles.**

(4) Place of Birth..... **Toronto, Ontario, Canada.**

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

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

(b) Present Postal Address.....

(7) Are you a widower? ..... **No.**

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

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

Also their names and ages.....

(9) Is your Father alive?..... **Nothing known of <sup>him</sup> them.**.....

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

(10) Is your Mother alive?..... **Nothing known of <sup>her</sup> them.**.....

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

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

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

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

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

**Fitzpatrick, Patrick ( Friend )**

**Warsaw. P.O. Ontario. Canada'**

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

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

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

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

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

*T. J. Johnson*  
Officer Commanding.

Date..... **May 22nd 1916.**.....

# 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. 195723 Rank Pte Surname MORRISON  
(Given name in full)  
Charles  
 Unit or Corps 5th B.M.R. Birthplace Toronto

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

**1. GENERAL DESCRIPTION:**

*Estimated*

Physique good Weight 158 lbs. Height 5 ft. 6 in. Colour of Eyes grey  
 Nutrition good  
 Pulse 78 regular  
 Condition of arteries Soft  
 Vision Rt. 6/12 Left 6/12  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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

*Small round scar outer side left knee. wd in action 13-4-17*

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 eyes

**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.**

13-4-17 — 28-4-17 S. S. Wd knee left  
recovered

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

**THIS SECTION FOR USE OVERSEAS—**

Examined at Bramsholt (Overseas)

Date 22-2-19

Signed L. A. Richmond 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 [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.)

[Signature]

[OVER]



195723

# MEDICAL HISTORY SHEET.

ORIGINAL

Surname Morrison Christian Name Charles

Examined { on 29<sup>th</sup> day of December 1915  
at PETERBOROUGH, Ont.

Approved by J. H. Eastwood  
Rank Major's Regt M.O.

Birthplace { City or Town Toronto.  
County York Co. Ont.

Apparent age 19 yrs & 6 mos.

Trade or occupation Farm laborer.

Height 5 Feet 6 Inches.

Weight 127 Lbs.

Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left  
Number none

When Vaccinated last "

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Apr 18/16</u>	<u>P</u>	<u>J. H. Eastwood</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Apr 17/16</u>	<u>P</u>	<u>J. H. Eastwood</u> M.O.
<u>Apr 18/16</u>	<u>P</u>	<u>J. H. Eastwood</u> M.O.
		M.O.

Enlisted on 16 day of February 1916 at PETERBOROUGH, Ont.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>93rd Bn.</u>	<u>195723</u>		
Transferred to.. ..	<u>5th C.M.R.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. ....

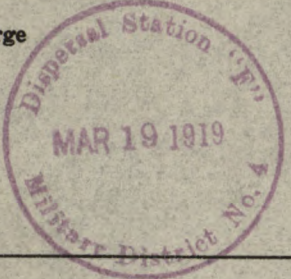
THIS IS TO CERTIFY that No. 195723 (Rank) PTE  
 Name (in full) MORRISON CHARLES enlisted in  
 the 9th Bn  
 CANADIAN EXPEDITIONARY FORCE at Peterborough on the 15<sup>th</sup>  
 day of February 1916  
 HE served in 5th C M R Battalion  
 and is now discharged from the service by reason of  
 Demobilization.  
 Medical Unfitness.

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

Age 22-9 Months  
 Height 5 FT 6 IN  
 Complexion DARK  
 Eyes GREY  
 Hair DK BROWN  
Ch Morrison  
 Signature of Soldier

Marks or Scars Small round scar  
outer side left knee wd in  
action 13-4-14

Date of Discharge



L. Javoreau  
 Issuing Officer  
 Rank Major  
 Commanding Dispersal Station "F"  
 Date March 19 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. 10755 (Rank) Private  
 Name (in full) M. J. B. [unclear]  
 He served in the  
CANADIAN EXPEDITIONARY FORCE at [unclear]  
 on the [unclear] day of [unclear] 19[unclear]  
 and is now discharged from the service by reason of  
Medical Unfitness

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

Age	<u>27</u>
Height	<u>5 FT 6 IN</u>
Complexion	<u>FAIR</u>
Eyes	<u>BLUE</u>
Hair	<u>BROWN</u>
Build	<u>Slender</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Brown</u>
Build	<u>Slender</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Brown</u>
Build	<u>Slender</u>

Signature of Soldier [unclear]  
 Date of Discharge [unclear]  
 Rank [unclear]  
 Date [unclear]

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

FORM 100 (REV. 1918)

A.C. Rank \_\_\_\_\_ Name **MORRISON, Charles.** Reg'l No. **195723** /

Unit **93rd. Bn.** } If in perm. Corps, }  
 What Unit? } Married or Single **Single.** /

Place and Date of Enlistment **Peterborough.**  
**Dec. 29th. 1915.** / Place of Birth **Toronto, Ont.** /  
**Canada.**

Name and Address, Next-of-Kin **Patrick Fitzpatrick.** /  
**Warsaw, Ont., Canada.** / Relationship **Foster Father.** /

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. &amp; V., Ltd.—7165-16.

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.				
		Arrived in England, S. S. Empress of Britain.		25th July 1916	
		<i>ofc. 93rd S.S. on trans to the</i>	<i>Emb. Otterpool</i>		<i>Pt. II No.</i>
<i>12.9.16.</i>	<i>S.C.M.R.</i>	<i>Junen on strength.</i>	<i>Hild.</i>	<i>8.9.16.</i>	<i>Pt. II, O.S.P.</i>
<i>21. 4. 17</i>	<i>—</i>	<i>Admt. 3 ban Ken Apt</i>	<i>Boulogne</i>	<i>14. 4. 17</i>	<i>A 356 S.W. 2 Ave St.</i>
<i>24. 4. 17</i>	<i>—</i>	<i>Transf 1 bow Depot.</i>	<i>D.</i>	<i>16. 4. 17</i>	<i>A 358</i>
<i>27. 4. 17</i>	<i>—</i>	<i>Dys L<sup>o</sup></i>	<i>D.</i>	<i>18. 4. 17</i>	<i>A 361</i>
<i>18-2-19</i>	<i>u</i>	<i>Proc. to Eng.</i>	<i>Hild</i>	<i>13-2-19</i>	<i>D013</i>
<i>8-3-19</i>	<i>1</i>	<i>S.O.S. to Canada</i>	<i>B'sholt</i>	<i>8-3-19</i>	<i>.19</i>
		<i>SC 28 8,3,19 D-A H.</i>			

W/E R.B. 22172  
 File R.L.  
 Category C R CANADA

A.F.B. 133 CHECKED  
 12 SEP 1916  
*V.H.C.*

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.					

1906  
1907  
1908

P. 559. MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Toronto, Ont. Canada*  
 NAME AND ADDRESS OF NEXT OF KIN *Patrick Fitzpatrick  
 Warsaw, Ont. Canada*  
 RELATIONSHIP OF NEXT OF KIN *Foster - father.*  
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
-------------	----------------	-----------

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L. No. *195123* RANK *Pte.* NAME *Morrison, Charles*  
 IF IN PERM. CORPS | UNIT *95<sup>th</sup> Bn.*  
 TRANSFERRED TO *5<sup>th</sup> C.M.R.* DATE *7/9/16* AUTHORITY *D.D. 226 7/9/16*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Peterboro Ont.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *February 16<sup>th</sup> 1916* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				1	2	3	4	CREDIT	DEBIT
			\$	c.			\$	c.			\$	c.																									
<i>1916</i>																																					
<i>Aug.</i>																																					
<i>1-31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31 00</i>	<i>31 10</i>	<i>31 0</i>							<i>2936</i>																									
<i>Sept.</i>																																					
<i>1-6</i>	<i>6</i>	<i>1<sup>00</sup></i>	<i>6 00</i>	<i>6 10</i>	<i>0 60</i>							<i>3410</i>			<i>17</i>	<i>15/16</i>																					
<i>7-31</i>	<i>55</i>	<i>1<sup>00</sup></i>	<i>55 00</i>	<i>55 10</i>	<i>5 50</i>							<i>60 50</i>																									
<i>30-11-16</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30 10</i>	<i>3</i>							<i>33</i>			<i>1169</i>	<i>3/10/16</i>	<i>3235</i>	<i>1135 15/16</i>	<i>619 14/19</i>	<i>6679 25/19</i>	<i>1-6-8-1-2-0-1-0</i>	<i>1-6-8-1-2-0-1-0</i>															
<i>31-12-16</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>	<i>31 10</i>	<i>3 10</i>							<i>3410</i>			<i>247</i>	<i>31/11/16</i>																					
<i>1917</i>			<i>15 30</i>		<i>15 30</i>																																
<i>31-1-17</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31 10</i>									<i>34 10</i>			<i>1289</i>	<i>31/12/16</i>	<i>1396</i>	<i>19/17</i>																			
<i>28-2-17</i>	<i>28</i>	<i>1<sup>00</sup></i>	<i>30 80</i>									<i>30 80</i>			<i>1430</i>																						
<i>31-3-17</i>	<i>31</i>		<i>34 10</i>									<i>34 10</i>			<i>1551</i>	<i>1805</i>	<i>1872</i>																				
<i>30-4-17</i>	<i>30</i>		<i>33</i>									<i>33</i>																									
<i>31-5-17</i>	<i>31</i>		<i>34 10</i>									<i>34 10</i>						<i>C.R.D.</i>	<i>346</i>	<i>25-4-17</i>																	
<i>30-6-17</i>	<i>30</i>		<i>33</i>									<i>33</i>			<i>130</i>																						
<i>31-7-17</i>	<i>31</i>		<i>34 10</i>									<i>34 10</i>																									

Checked... *Morrison*

Transferred to 5<sup>th</sup> C.M.R. France 7/9/16  
 D.D. 226 7/9/16  
 J/K Buros-153 12/9/16





\* Strike out whichever inapplicable.

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

NAME: **MORRISON Charles**

NUMBER: **195723**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *93rd Bn*

DATE ACCOUNT FIRST OPENED - *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'FD	UNIT TRANSFERRED TO
			<i>56th Bn</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>28/19</i>	<i>6320</i>	<i>Balott</i>	<i>5071</i>	<i>27/12/19 CW</i>	<i>933</i>		
<i>27/19</i>	<i>193</i>		<i>200</i>		<i>973</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: *Dis to Cav 1-3-19 AR 23621 27/19 Balott Balott GND 3*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Balance Forward</i>								<i>337 10</i>	<i>290</i>	
<i>Apr</i>	<i>P.P.</i>	<i>33</i>							<i>370 10</i>		
				<i>AR 51 25/4/18 5th CMR</i>	<i>7 14</i>				<i>362 96</i>	<i>305</i>	
<i>May</i>	<i>P.P.</i>	<i>34 10</i>		<i>AR 102 5th Bn 25/5/18</i>	<i>3 57</i>				<i>393 49</i>		
				<i>" 177 " 29-5-18</i>	<i>3 57</i>				<i>389 92</i>	<i>320</i>	
<i>June</i>	<i>P.P.</i>	<i>33</i>							<i>422 92</i>		
				<i>AR 216.5 2nd Bn 8th Bn 18</i>	<i>3 57</i>				<i>219 35</i>		
				<i>" 16 8th Bn 22/6/18</i>	<i>3 57</i>				<i>415 78</i>	<i>335</i>	
<i>July</i>	<i>P.P.</i>	<i>34 10</i>							<i>445 42</i>		
				<i>AR 291 8th Bn 16-7-18</i>	<i>4 46</i>				<i>441 85</i>	<i>350</i>	
				<i>" 488 " 27-7-18</i>	<i>3 57</i>						
<i>AUG</i>	<i>P.P.</i>	<i>34 10</i>							<i>471 49</i>	<i>365</i>	
				<i>AR 698 " 17/8/18</i>	<i>4 46</i>						
<i>Sep</i>	<i>P.P.</i>	<i>33</i>							<i>504 49</i>	<i>380</i>	
				<i>AR 1031 8th Bn 2-9-18</i>	<i>3 57</i>				<i>496 46</i>	<i>395</i>	
				<i>1182 " 21-9-18</i>	<i>4 46</i>						
					<i>8 03</i>						
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>							<i>530 56</i>		
				<i>AR 1753 8th Bn 10/10/18</i>	<i>9 33</i>				<i>521 23</i>		
				<i>AR 2438 3rd Bn 20-10-18</i>	<i>7 46</i>				<i>513 77</i>	<i>410</i>	
					<i>16 79</i>						
<i>Nov</i>	<i>P.P.</i>	<i>33</i>							<i>546 77</i>	<i>435 00</i>	
				<i>AR 2162 3rd Bn 6-11-18</i>	<i>3 73</i>				<i>543 04</i>		
				<i>AR 3012 8th Bn 14-11-18</i>	<i>3 73</i>				<i>539 31</i>		
					<i>7 46</i>						

*all*

AR 2112/18  
 AR 2113/18  
 AR 2114/18  
 AR 2115/18  
 AR 2116/18  
 AR 2117/18  
 AR 2118/18  
 AR 2119/18  
 AR 2120/18  
 AR 2121/18  
 AR 2122/18  
 AR 2123/18  
 AR 2124/18  
 AR 2125/18  
 AR 2126/18  
 AR 2127/18  
 AR 2128/18  
 AR 2129/18  
 AR 2130/18

*Extracted in copy P 29 2/11/18 24 33*

*40067*



Ally  
Da M

War Service Badge  
Class "A" No. 95078

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

17-2-42  
B-

1. No.		195 723	
2. Rank.		PRIVATE	
3. Name.		MORRISON CHARLES	
4. Unit.		5 <sup>th</sup> C.M.R. BN.	
5. Date of Discharge	19-3-19	Place	Kingston
6. Reason for Discharge			
Demob.			
7. Authority. R.O. 1420 DD#4 D.O. Pt. 2-84			
8. Proposed Residence after Discharge			
Warsaw Ont.			
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.?			
B 39 Montreal			
March 19 - 1919			
			Signature of Soldier.
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place			
Montreal			
Date			
March 19 - 1919			
Signature			(O. C. Discharging Unit.)
L. Lavoie			Major Commanding Dispersal Station "F"

1	No.	197 723
2	Rank	PRIVATE
3	Name	MORRISON CHARLES
4	Unit	2nd Co. 11th Bn. BN
5	Date of Discharge	11-1-18
6	Place	London
7	Reason for Discharge	Discharged
8	Authority	1. G. I. Act, 1917
9	Proposed Residence after Discharge	London
10	CERTIFICATE TO BE SIGNED BY SOLDIER	<p>I hereby acknowledge that at the underlined place and date I received my discharge Certificate</p> <p style="text-align: right;">M. P. W. T. Morrison</p> <p>Signature of Soldier</p>
11	CONFIRMATION	<p>The discharge of the above named man is hereby confirmed.</p> <p style="text-align: right;">M. P. W. T. Morrison</p> <p>Date</p> <p style="text-align: right;">M. P. W. T. Morrison</p> <p>Signature</p> <p style="text-align: right;">M. P. W. T. Morrison</p> <p>(G. O. Discharge Unit)</p>

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Trigonite	Military Form W. 23
on the Deaths of Reserves	Military Form W. 123
Medical History Sheet	Military Form W. 128 or A. 1. B. 123
Company Form	Military Form W. 201 or A. 1. B. 123
Last Pay Certificate	Military Form W. 44
Certificate that missing documents are available	
Medical History Sheet	Military Form H. 313 or A. 1. B. 123
Proceedings of Medical Board	ME B. 201 A. 1. B. 123 or A. 1. B. 123
Dental History Sheet	Military Form H. 403
Medical Report	M. R. W. 123 or D. M. R. 201
Hospital Conduct Sheet	Military Form H. 223
Company Conduct Sheet	Military Form H. 223

[Faint, illegible text, possibly a signature or stamp area with a large scribble.]  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 [Additional faint markings and lines.]

**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *and duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Proceedings

Group..... B

Checked by No. .... 7

Date..... 6-3-19

AUDITOR *WJH* PAYMASTER *AWH*

*No 268 JB*

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

REGT. No. *190725 ON* RANK *Pte* NAME (IN FULL) *MORRISON CHARLES*

M. & R S.

NEXT OF KIN: ADDRESS: IS SEPARATION ALLOWANCE PAID? *No*: TO WHOM PAID: ADDRESS:

RELATIONSHIP: DATE EFFECTIVE: RELATIONSHIP: ADDRESS:

PARTICULARS: *908*: EFFECTIVE DATE: *8-3-19*: AUTHORITY: *DD 84 P 34 B Supp #2*

ORIGINAL UNIT C.E.F.: *Q R D*: PLACE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: *29/12/16*: TRANSFERRED TO: DATE: AUTHORITY:

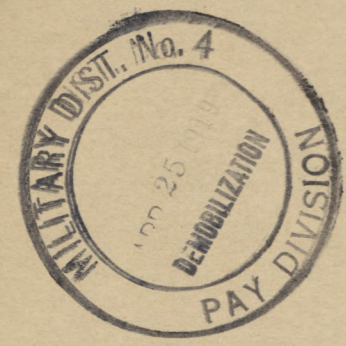
ASSIGNED PAY \$: *nil*: DATE EFFECTIVE:

PAYABLE TO: RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS: *WSG Warsaw PO Ontario*

ADDRESS:

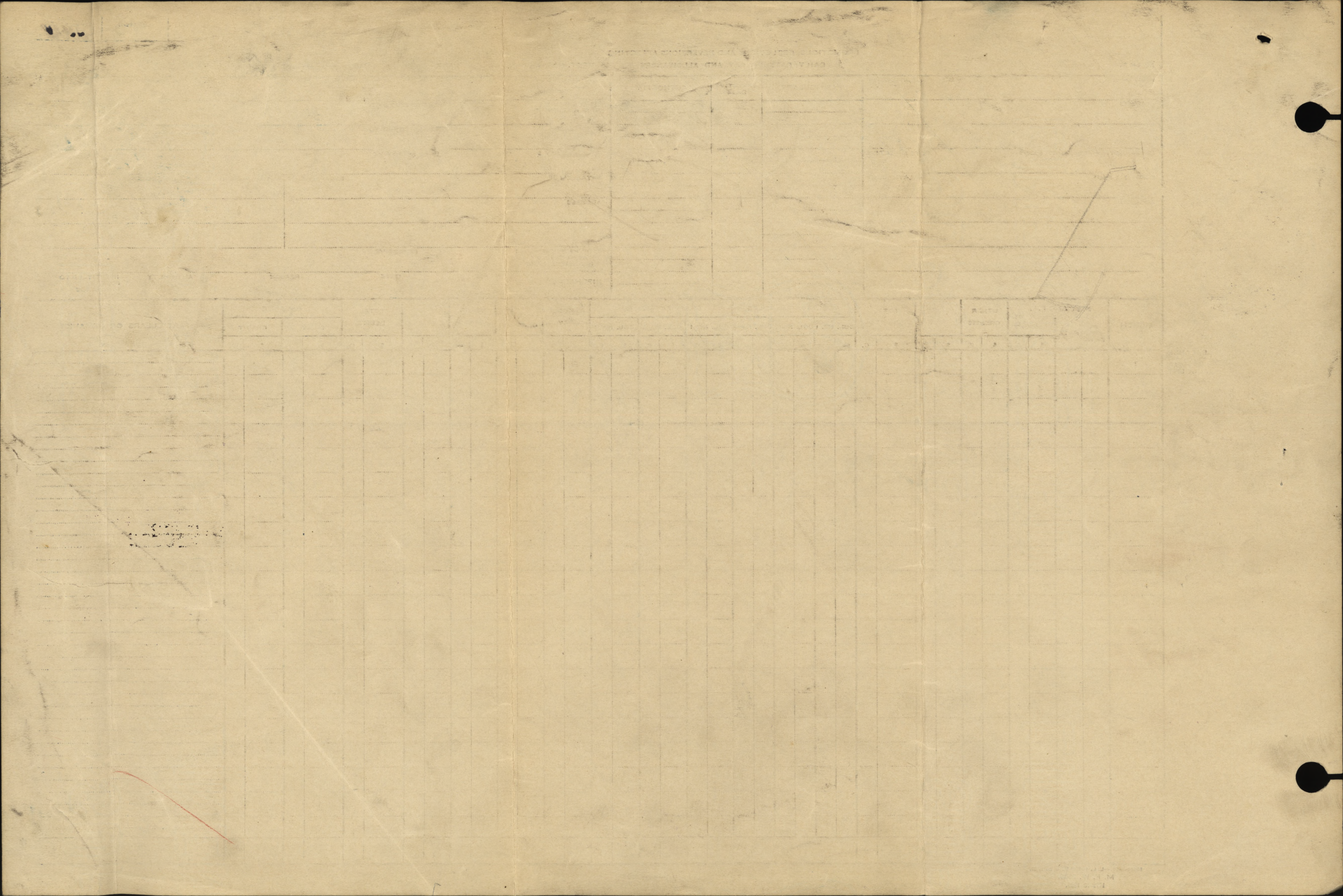
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE:

DISCHARGED: PLACE: *Montreal*: DATE: *19-3-19*: REASON: *Demot*: AUTHORITY: *DD 84 P 34 B Supp #2*: IF ENTITLED TO POST DISCHARGE PAY:



MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
																				"Carnania"
						427 07											427 07			Or Bal Eng L.P. 427 07
	1-3-19			35 00																Low clothing 35 00 WSG 70 00
	23-3-19	23	1 10	25 30	70 00															P. A. op. hon 20/3/19 16/3/19 4/3/19 4/3/19
																				JBR
						557 37														
			Other Credits																	Balance
			W. S. G. S. A. Total																	Soldier Dependat.
			35 00			35 00														
	29-4-19																			
	1-5-19																			195 3 10
	1-6-19																			3054 70
	1-7-19																			5109 71
																				10715 50
																				<i>Montreal</i>

T





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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON Charles

REGIMENT \_\_\_\_\_ RANK Private No. 195723

Date of Examination in England \_\_\_\_\_ 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 14

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS \_\_\_\_\_

4. DENTURES \_\_\_\_\_

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

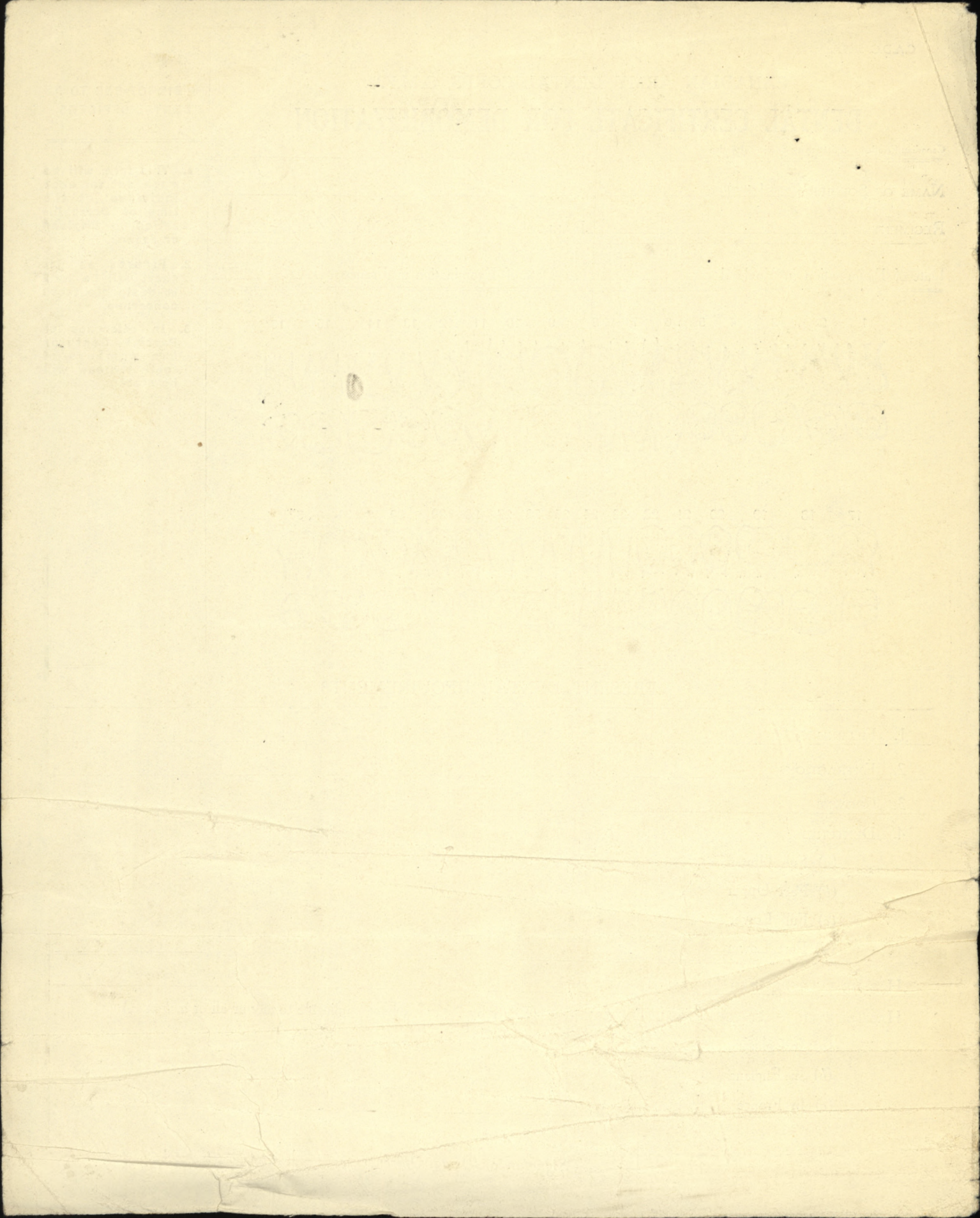
HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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
- (c) In France

Signature of Dental Officer \_\_\_\_\_

*J. J. Summers Capt*



# Casualty Form—Active Service.

Unit, Regiment or Corps 93rd Battalion CEF

Regimental No. 195723 Rank Pte Name MORRISON, Chas.  
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25-3-19	O/S	T.O.S. DD#4	Montreal	8-3-19	D.O. Pt. 2-84
25-3-19		S.O.S. DD#4			
		Demob.	Montreal	19-3-19	D.O. Pt. 2-84

R.O. 1420  
*Chas. W. Elletts*  
 Lieutenant,  
 Assistant Adjutant,  
 District Depot No. 4.

(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]



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

War Service Badge  
Class E. W. 62 (A. F. B. 103.)  
250M-1-16.  
H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 93rd Battalion C.E.F.  
 Regimental No. 195723 Rank Plt Name Charles Morrison  
 Enlisted (a) Feb 16<sup>th</sup> 1916 Terms of Service (a) C. E. F. Service reckons from (a) Feb 16<sup>th</sup> 1916  
 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) Farm Labourer.

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				

Embarked. Halifax 15.7.16  
 Disembarked Liverpool. 25.7.16

Transferred to 5th C.M.R.

J. R. Munro Capt  
 adyut 93rd Bn C.E.F.

8.9.16	O. C. C. B. D.	Landed in France.	Taken on strength	Nom. Roll d/	
25.9.16	— do. —	Left for 3 <sup>rd</sup> E. Batt	8.9.16	Pt II D.O. 38 d/	12.9.16.
28.9.16	C. C. E. Bn.	Arrived Do	25.9.16	Nom. Roll d/	
2.10.16	Do	Left for Unit	28.9.16	d/	NR.
7.10.16	Unit	joined Do	Field	2.10.16	NR.
13-4-17	"	wounded.	Do	2-10-16	B213.
16-4-17	"	Condep. SW Leg R.	adm 9 Condep	9-4-17	Kt 16/36. CCS 226 7/4/17.
14-4-17	6 C.F.A.	SW knee. Str. 1/4/17	to C.C. Spl.	16-4-17	N3034-299
				13-4-17	A36 (63462) DCD 232.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT.  
 20 SEP. 1916  
 CAN. RECORDS, LONDON

195723. Pte Morrison C

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				
26-4-17	CBD	Left for Unit.	Field	26-4-17	NR-239
14-4-17	3 Cdn Gen	SW. Knee L. adm	3 Cdn Gen.	14-4-17	N3034-316.
23. 4. 17	CBD.	200. "a"	CBD.	23-4-17.	NR-114
16-4-17	3 Cdn Gen	Sir. Leg L.	to Condep	16-4-17.	N3034-321.
28-4-17.	Unit	Rejoined Unit	Field	28-4-17.	B213. DEC 236.
18-4-17.	7 Condep	SW. L. Leg	to Rest Camp.	18-4-17.	N3034-322.
23. 9. 17	Unit.	To open Corps Training Camps	---	19. 9. 17	B213.
20/10/17	15 Cdn M.C.O.	Attaches for Duty from C.C.R.C.	---	14.10.17	B213.
26. 11. 17	C.C.R.C.	Left for Unit.	---	26. 11. 17.	NR 114
28. 11. 17	Unit.	Rejoined Unit.	---	28. 11. 17	B213.
8. 12. 17	"	Grant leave of absence	4/12/17 ad.	18. 12. 17.	B213. Part II 119. 17/12/17.
23. 12. 17	"	Rejoined from leave	---	20/12/17.	B213.
30. 11. 18	"	14 days leave to sick	---	26. 11. 18	" Part II 132.
7. 1. 19	"	Rejoined.	---	15. 12. 18	"
8/2/19	"	Granted 8 Days Leave to U.K. & Proc. O.S. W.O.L.	---	13/2/19.	Part II 13/19
S.O.S.		5 <sup>th</sup> C.M.R. Proceeding to Canada Part 2. Order #19			Lieut. for Lt. Col., AAG., Canadian Section
		W. R. Selding Lt			
		ADJUTANT 5 <sup>th</sup> C. M. R. BN			
8.3.19		SAILED			
		FROM LIVERPOOL			
					W. R. Selding CAPT. ADJUTANT H.M.T. <i>Carmichael</i>