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M. D.

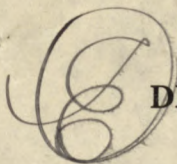
1st

Depot Battalion

1st Central Ont.

Regiment

Regtl. No. 3039860



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname..... **MORRISON,**

2. Christian name..... **Charles Aloysius**

3. Present address..... **Laurel, P.O. Ont.**

4. Military Service Act letter and number..... **782160**

5. Date of birth..... **14th February 1896.**

6. Place of birth..... **Huron Co. Ont.**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **R.B.**

9. Trade or calling..... **Buttermaker**

10. Name of next-of-kin..... **Mrs. Katherine MORRISON**

11. Relationship of next-of-kin..... **Mother**

12. Address of next-of-kin..... **R.R. #1 Wingham, Ont.**

13. Whether at present a member of the Active Militia..... **No.**

14. Particulars of previous military or naval service, if any..... **None.**

15. Medical Examination under Military Service Act:—
 (a) Place **Toronto, Ont.** (b) Date **22nd May 1918.** (c) Category **A-2**

DECLARATION OF RECRUIT

I, **Charles Aloysius MORRISON**, do solemnly declare that the above particulars refer to me, and are true.
Charles A. Morrison
.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	22	yrs.....	3	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. mole left forearm. mole rt. breast. scar boil on rt hip.
Height.....	5	ft.....	2 1/4	ins.	
Chest measurement } fully expanded.....			35 1/2	ins.	
	range of expansion.....			3		ins.
Complexion.....	Med.				
Eyes.....	Brown				
Hair.....	Brown				

For o.c. 1st..... Depot Btln.
1st Central Ont...... Regt.

Place **Niagara Camp, Ont.** Date **10th June 1918.**

PARTICULARS OF RECRUIT

GRANTED UNDER MILITARY SERVICE ACT, 1917

1. Name of recruit: _____

2. Christian name: _____

3. Present address: _____

4. Military service (if any) and number: _____

5. Date of birth: _____

6. Place of birth: _____

7. Married, widower or single: _____

8. Religion: _____

9. Trade or calling: _____

10. Name of next of kin: _____

11. Relationship of next of kin: _____

12. Address of next of kin: _____

13. Whether at present a member of the Army: _____

14. Particulars of previous military or naval service, if any: _____

15. Medical Examination under Military Service Act: _____

16. (a) The Recruit's Own (b) The Medical Officer's (c) Category: _____

DECLARATION OF RECRUIT

I, the undersigned, being the next of kin of the above-named recruit, do solemnly declare that the particulars stated above are true and correct.

Signature of Recruit: _____

DESCRIPTION OF CALLING UP

Particulars	Remarks
Appearance	_____
Height	_____
Complexion	_____
Build	_____
Age	_____
Education	_____
Proficiency in English	_____
Proficiency in other languages	_____
Proficiency in other subjects	_____
Proficiency in manual work	_____
Proficiency in other trades	_____
Proficiency in other occupations	_____
Proficiency in other sports	_____
Proficiency in other games	_____
Proficiency in other amusements	_____
Proficiency in other pastimes	_____
Proficiency in other recreations	_____
Proficiency in other diversions	_____
Proficiency in other pleasures	_____
Proficiency in other enjoyments	_____
Proficiency in other delights	_____
Proficiency in other pleasures	_____
Proficiency in other enjoyments	_____
Proficiency in other delights	_____

Signature of Recruit: _____

REGIMENTAL DOCUMENTS

413
16.6.19

NAME

MORRISON CHARLES Aloysius

REGT. NO.

2039860

UNIT

19 Bn

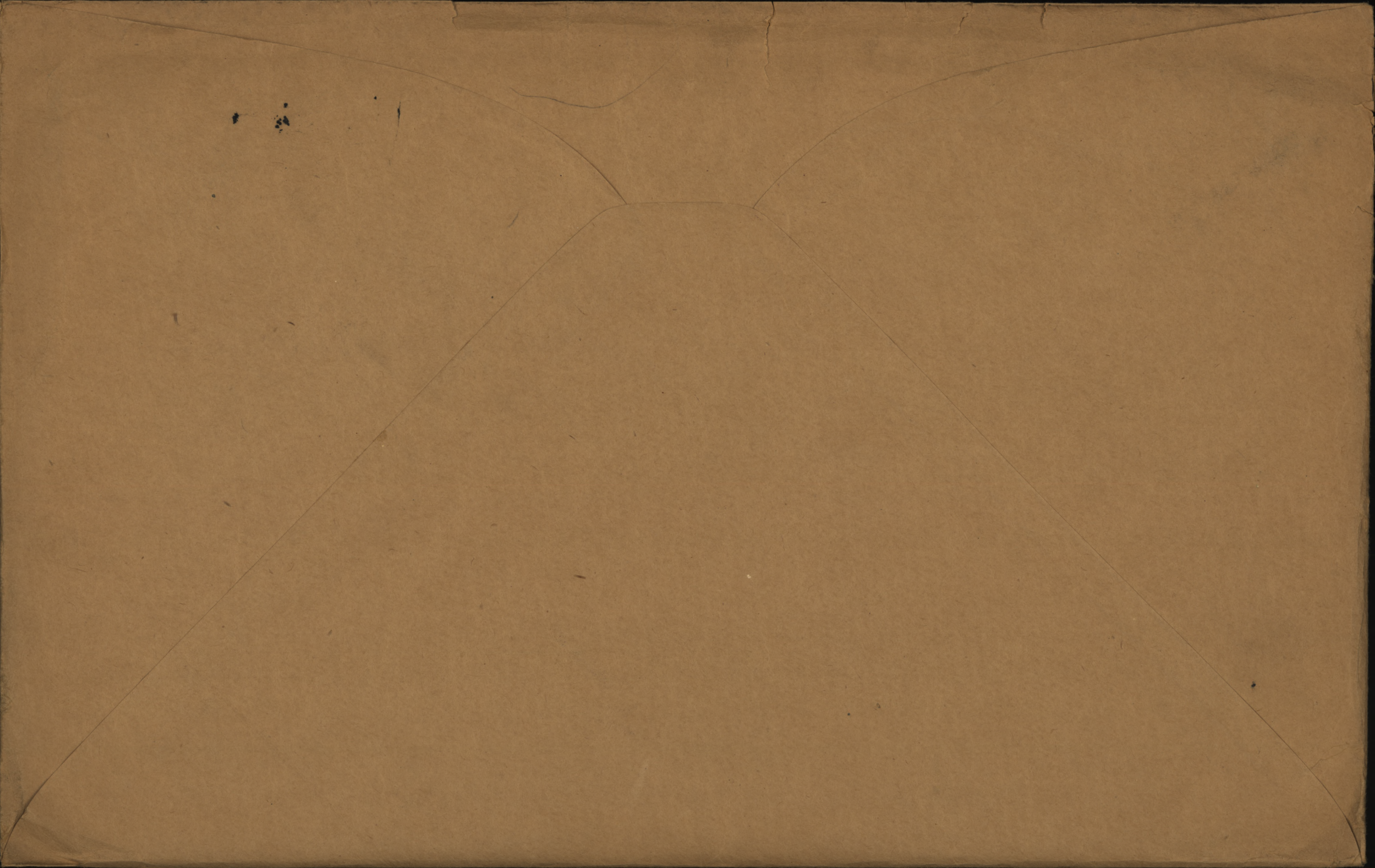
H. Q. FILE NO.

M

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE
1 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)					
1 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)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)				33874	Category <i>Desertion</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
<i>msc</i> <i>discharge</i> <i>RIEP</i>					

H



SAP
Number. 3039860

Rank.

Pte

Surname.

MORRISON

Christian Name.

Charles Aloysius

Units

19th Bn.

Can. Inf.

Theatre of War.

France

Date of Service.

30-10-18.

Remarks.

Latest Address.

R. A. #1, Wingham, Ont.

Roll No.

B Page 1230.

No.


RANK

NAME

T. O. S.

UNIT

M. D.

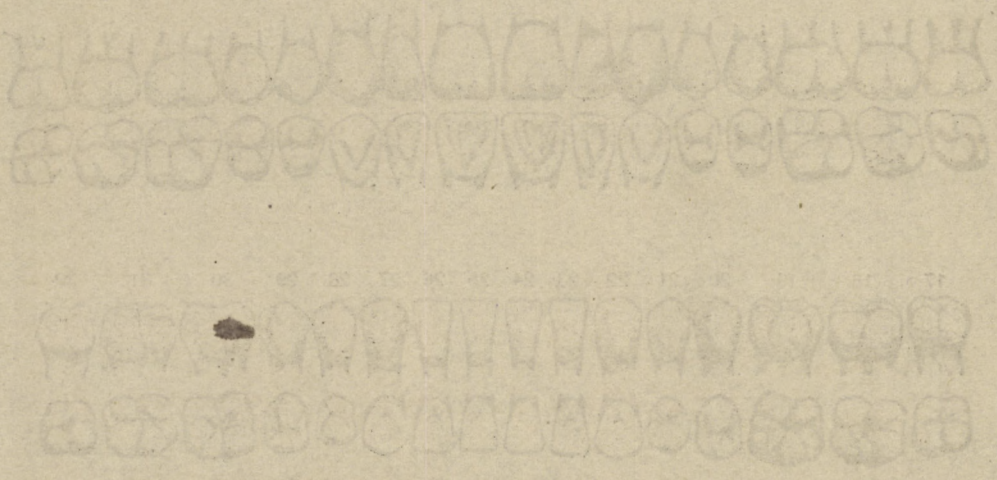
PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
				

DIRECTOR
DENTAL OFFICERS

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

This form will be
filled out by the
dentist at the
time of discharge.
It should be
forwarded to the
Dental Officer in
charge of the
unit.



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MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

MSA 16

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 Charles A. Hopkins
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 782160
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Laurel Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd. day of May 1917, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 22 Years 8 Months. 6. Apparent age 22 Years 8 Months

7. Height 5 Feet 2 1/4 Inches. 8. Weight 105 1/2 Pounds.

9. Chest measurement { Minimum 32 1/2 Ins. Maximum 35 1/2 Ins. 10. Complexion Med. { Eyes Brown Hair Brown

11. Physical development Poor. { Good Fair Poor 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm Nil Left arm 1 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil.
Bad teeth.

16. Slight defects but not sufficient to cause rejection Nil.

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** Eyesight Rd. 20. Ld. 20 Hearing R. normal L. normal Nose deflected septum Throat normal.

Charles Huntley President. *H. E. Ferguson* Capt. Member. *Dr. B. G. Smith* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/7/18</u>	<u>Good</u>	<u>Nil</u>	<u>2/7/18</u>	<u>Good</u>	<u>Nil</u>
			<u>3/17/18</u>	<u>Good</u>	<u>Nil</u>
			<u>6/18/18</u>	<u>Good</u>	<u>Nil</u>

DUPLICATE
MEDICAL BOARD

Joined 10th day of June 1918 at Niagara Camp, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Bn.</u>	<u>3039860</u>		
<u>1st C.O.B.</u>	<u>19th Bn</u>		<u>29-10-18</u>
<u>3rd Res. Bn</u>			<u>5/8/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Camp Niagara</u>	<u>June 10, 1918</u>	<u>—</u>	<u>A2. W/Post capt. Ins. S.M.B.</u>

N. B.—This sheet is 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.

Signature of Man

2

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

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

500M.—9-16

H. Q. 1772-39-9

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 3039860

Rank Plt

Name Morrison Charles A

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

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).....

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				
MAY 14 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919			PART II D. O. 151
MAY 24 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 151

W. C. Roberts

Lieut.
For O. & No. 2 District Depot.

(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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. _____

THIS IS TO CERTIFY that No. 3039860 (Rank) Pto.
 Name (in full) Morrison Charles Aloysius enlisted in
 the 1st Depot Bn. 1st C. O. P.
 CANADIAN EXPEDITIONARY FORCE at Niagara Camp on the 10th
 day of June 19 18
 HE served in 19th Batt in France
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 23
 Height 5' 3"
 Complexion Medium
 Eyes Brown
 Hair Brown
[Signature]
 Signature of Soldier

Marks or Scars _____
nil

Date of Discharge

No. 2 DISTRICT DEPOT
 MAY 24 1919
 TORONTO

[Signature]
 Issuing Officer
 For
 O.C. No. 2 District Depot
 Rank

Date MAY 24 1919 19

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. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19 _____

HE served in _____

and is now discharged from the service by reason of _____

Demobilization _____

Medical Reasons _____

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

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Issuing Officer _____

Rank _____

Date _____ 19 _____

100 No. 2 District Depot _____

Scars on Arms _____

TORONTO
MAY 24 1919
No. 2 DISTRICT DEPOT

NOTE—As no duplicate of this Certificate will be issued, any person having same is requested to forward it in an unstamped envelope to the Secretary, Military Council, Ottawa, Canada.

A2M 710

Strike out whichever inapplicable.

ASSIGNED PAY. EFFECTIVE DATE:- 1-12-18 AMOUNT:- 15 ⁰⁰	ENGLAND OR CANADA. CANADA.	SEPARATION ALLOWANCE. EFFECTIVE DATE:- AMOUNT:-	ENGLAND OR CANADA. CANADA.	NAME:- <i>Andrew MORRISON, Charles Aloysius</i> NUMBER:- 3039860
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>Mrs J. Morrison RR #1 Wingham Ont. (Mother) Can.</i>				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
PARTICULARS OF RANK OR APPOINTMENT				
AUTHORITY		DATE EFFECTIVE	RANK OR APPOINTMENT	
<i>L.P.C Can</i>		<i>31-7-18</i>	<i>Pte</i>	
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>Draft #78, 1/1 C.O.R.</i>				
DATE ACCOUNT FIRST OPENED:- <i>1-8-18</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T SP D	UNIT TRANSFERRED TO
			<i>3rd Res</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>4/2</i>	<i>199</i>	<i>Willet</i>	<i>73</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1⁰⁰</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis Han 30/4/19 Willet & Whitt. U6792. 1274. Mtd 2. L.P.C. bal by. 52⁸⁵ U.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-7-18</i>	<i>Bal. from Canada</i>								<i>27¹⁸</i>		
<i>Aug</i>	<i>P Pay</i>	<i>34¹⁰</i>		<i>AR 3485 15/8 3⁰⁰ Trans</i>	<i>4⁸⁷</i>				<i>52¹¹</i>	<i>15</i>	
		<i>34¹⁰</i>		<i>✓ 4778 29/8 do</i>	<i>4⁸⁷</i>						
					<i>9⁷⁴</i>						
<i>Sep</i>		<i>33</i>		<i>AR 1826 12/9 do</i>	<i>4⁸⁷</i>				<i>75³⁷</i>	<i>30</i>	
		<i>33</i>		<i>1992 26/9 do</i>	<i>4⁸⁷</i>					<i>30</i>	
					<i>9⁷⁴</i>						
<i>Oct</i>		<i>34¹⁰</i>		<i>AR 2230 11/10 3 Res.</i>	<i>4⁸⁷</i>					<i>45</i>	
		<i>34¹⁰</i>		<i>2431 29/10 "</i>	<i>48⁶⁷</i>				<i>55⁴³</i>	<i>40</i>	<i>40 agreed 3/1/19</i>
					<i>53⁵⁴</i>						
<i>Nov</i>		<i>83</i>		<i>AR 949 26/11 19BN</i>	<i>9³³</i>						
<i>Dec</i>		<i>34¹⁰</i>								<i>60</i>	
<i>Jan</i>		<i>34¹⁰</i>							<i>147⁸⁰</i>	<i>45</i>	
		<i>101²⁰</i>			<i>9³³</i>				<i>15</i>		
<i>Feb</i>	<i>Whit</i>	<i>64⁹⁰</i>		<i>bal Jan & Feb.</i>					<i>30</i>		
				<i>AR 1917 30/2 19BN</i>	<i>5¹⁹</i>						
				<i>" 1307 19/2 "</i>	<i>6⁴⁹</i>						
				<i>" 2438 14/1 "</i>	<i>3⁷⁷</i>						
				<i>" 2913 23/1 "</i>	<i>15⁴³</i>						
				<i>3440 6/2 "</i>	<i>3⁷³</i>						
				<i>4024 22/2 "</i>	<i>3⁷³</i>						
				<i>4557 5/3 "</i>	<i>3⁶⁵</i>						
				<i>bal. Mar</i>					<i>15</i>		
				<i>5652 21/3 "</i>	<i>12⁷⁸</i>						
				<i>5328 17/3 "</i>	<i>3⁶⁵</i>				<i>105⁹⁸</i>		
		<i>64⁹⁰</i>			<i>46⁷²</i>				<i>60</i>		
<i>Apr</i>		<i>33</i>		<i>bal.</i>					<i>15</i>		
	<i>P pay</i>	<i>19⁷</i>		<i>199 9/4 Owing</i>	<i>73</i>				<i>125⁸⁵</i>		
	<i>Forward</i>	<i>34⁸⁷</i>			<i>73</i>				<i>15</i>		

*125.85
73
52.85*

NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			3487			73.			15.	105 98		
					168. 25/4. Owing End	973				3	a	
					3074. 9/5 - -	972				3439		
			3487			4246			15.			
						92.00						
					<i>Lot. of loan. 12/19. md. 2.</i> <i>Spur. Co. (core)</i>							



SHORT FORM.

D.A.I.
O.G. 1.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge

Class "A" No. 193951

1. No. 3039860

2. Rank. Pte

3. Name. MORRISON Charles Aloysius

4. Unit. 19th Batt

5. Date of Discharge MAY 24 1919 Place Toronto

6. Reason for Discharge. Demobilization

7. Authority. No. 2, D.D., Part II, D.O. No. 151

8. Proposed Residence after Discharge. R.R. # 1 Wingham, 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.?

Charles Aloysius Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



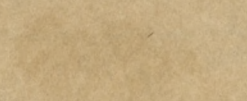
Signature

For O.C. No. 2 District Depot.

(O. C. Discharging Unit.)

LIST OF MEMBERS

Mr. J. H. ...	...
Mr. W. B. ...	...
Mr. C. D. ...	...
Mr. E. F. ...	...
Mr. G. H. ...	...
Mr. I. J. ...	...
Mr. K. L. ...	...
Mr. M. N. ...	...
Mr. O. P. ...	...
Mr. Q. R. ...	...
Mr. S. T. ...	...
Mr. U. V. ...	...
Mr. W. X. ...	...
Mr. Y. Z. ...	...



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 (A.F.B. 133);
2. Casualty Form (A.F.B. 103)
3. Medical History Sheet (Militia Form B. 178),
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (D.O. 5009a),
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44) (Enclose this with original certificate (5009a)).
9. Copy of Discharge Certificate (M.F.W. 44).
10. Discharge Certificate (M.F.W. 44)
11. Particulars of Recruit (Q.M.G. Form (D.O.S. 2), and Form 21)
12. Last Pay Certificate (M.F.W. 44) *Group*
13. Pay Book (No. 64)
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

Checked by No. *9*

Date *7 5 19* *H*

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps..... 1st C.O.R.

Regimental No. 3039860 ✓ Rank Pte. ✓ Name MORRISON, Charles Aloysius

Enlisted (a) 10-6-18 ✓ Terms of Service (a) *Dgln* ✓ Service reckons from (a) 10th June 1918

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) Buttermaker

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 Canada. Arrived England. <i>L.C. from Canada</i>	<i>Montreal</i> <i>London</i> <i>Witley</i>	<i>19/7/18</i> <i>8/8/18</i> <i>8/8/18</i>	<i>H. M. T.</i> <i>Carsican</i> <i>"pt. II P.O. 252"</i>
<i>20/8/18</i>	<i>Res. Bn. 3rd</i>	<i>19th</i>	<i>Witley</i>	<i>29-10-18</i>	<i>302</i>
<i>29-10-18</i>	<i>O.C. 3rd Res. Bn. C.E.F.</i>	<i>Transferred to</i>	<i>Witley</i>	<i>29-10-18</i>	<i>302</i>
					<i>Lt. Col</i> <i>O.C. 3rd RESERVE BN. C.E.F.</i>
<i>30 OCT 1918</i>	<i>G. I. B. D.</i>	<i>Arrived & T O. S</i>	<i>19th Bn.</i>	<i>30 OCT 1918</i>	<i>Part II Ord. 119</i>
<i>1 NOV 1918</i>	<i>C. I. B. D.</i>	<i>Left for C.C. Rein. C.</i>		<i>1 NOV 1918</i>	<i>13 NOV 1918</i>
<i>1 NOV 1918</i>	<i>C. C. Rein. C.</i>	<i>Arrived. Can. Corps Rein. Camp.</i>		<i>1 NOV 1918</i>	
<i>17 NOV 1918</i>	<i>19th</i>	<i>Joined</i>	<i>19th</i>	<i>15 NOV 1918</i>	

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service
BATTALION

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				
	Cdn. Embkn. Camp	Proceeded To England		5 AVS 1919	NR. Pt. II O.
6.4.19	"O" Wing	N.O.S.		Witley 14.4.19	<i>muravidear</i> Lieut. for Lt. Col., AAG., Canadian Section
	"O" WING	S.O.S., O.M.F.C. ON PROCEEDING TO CANADA		WITLEY MAY 10 1919 MAY 13 1919	D.O. PT. 2 No.
		*Sailing*60 S.S. CARGONIA Sailed L'pool 14-5-19			<i>Walter F. Smith</i> Lieut. OFFICER I/c RECORDS, "O" Wing C.C.C.

~~MAY 10 1919~~

Faint, illegible text or markings on the left side of the page.

Faint red markings or text on the right side of the page.

Date of Enlistment 10.6.18

MILITIA AND DEFENCE

M 28852 Date of Assignment

Separation and Assigned Pay Branch

1st Dec. 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *1st Depot Btn. 1st C.O.R. 2/1/18*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. K. MORRISON,
 2 R.R.#1,
 WINGHAM, ONT. 15 15.00
 3 % 3039860 PTE C.A. MORRISON
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 1918	O. 2049		15	15	✓ Mailed 26-12-18.
Jan 1919	W 77524		15	15	✓
Feb	W 76821		15	15	✓
Mar	M 86066		15	15	✓
Apr	P 3699		15	15	✓
May	D. 8195		15	15	✓
			<u>90</u>	<u>90</u>	

F.013 132.632 N.R. 2 B 9

"Des. L.P. 86 335" 28-5-19.

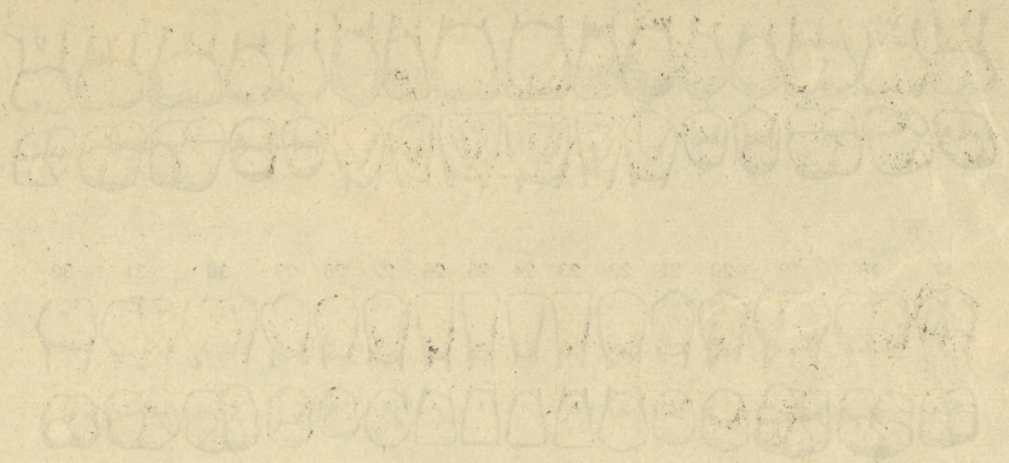
A/c Closed 31-5-19
 Ret'd per... *Caronia*
 Date... 22/5/19 M.F.W. 187 28/5/19
 M.D.#2

M. F. W. 128
400M. 6-17-1772-38-141
L. L. 2220-M. & D. 1983.

AUTHORITY FOR NEW ACCT. *2 m. 7. 10. 14*
Swatto 2. 12. 18

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
 2. The first line of report record of same to be made in red ink.
- Only such entries to be made on this sheet as will show:
1. Condition on examination (in red)
 2. Condition on leaving Canada
 3. Condition on discharge



FORM 10 (REVISED)

DEPARTMENT OF HEALTH AND WELFARE
CANADA