

Unit 20th Bn C.E.F. Rank Lieut Name Morrison, E. J. M.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

- 1. (a) What is your Surname? Morrison
- (b) What are your Christian Names? Charles Langster McLeod
- 2. (a) Where were you born? (State place and country) Toronto Canada
- (b) What is your present address? 84 Scarborough Rd Toronto Ont. Canada
- 3. What is the date of your birth? Sept 15th 1886
- 4. What is (a) the name of your next-of-kin? (Mrs) Mary Morrison
- (b) the address of your next-of-kin? 84 Scarborough Rd Toronto Ont. Canada.
- (c) the relationship of your next-of-kin? Mother
- 5. What is your profession or occupation? Salesman
- 6. What is your religion? English Church
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? 9th Messengers Horse 20th Bn C.E.F.
- 9. State particulars of any former Military Service. 9th Messengers Horse
- 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Charles Morrison (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 4 1916

Place Toronto

*Insert here "fit" or "unfit".

Jas. W. Barton Capt
Medical Officer.
M.O. 2nd Hd. C.E.F.

OFFICERS' REGISTRATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

1. What is your name?

2. What is your Christian name?

3. What is your rank?

4. What is your service number?

5. What is the name of your unit?

6. What is the name of your command?

7. What is the name of your parent or guardian?

8. What is the name of your next of kin?

9. What is your date of birth?

10. What is your date of enlistment?

11. How long have you been in the service?

12. What is the name of your commanding officer?

13. What is the name of your company?

14. What is the name of your platoon?

15. What is the name of your section?

16. What is the name of your squad?

17. What is the name of your team?

18. What is the name of your section?

19. What is the name of your squad?

20. What is the name of your team?

21. What is the name of your section?

22. What is the name of your squad?

23. What is the name of your team?

24. What is the name of your section?

25. What is the name of your squad?

26. What is the name of your team?

MORRISON CHAS. SANGSTER MCLEOD

LIEUT

75 BN

33888

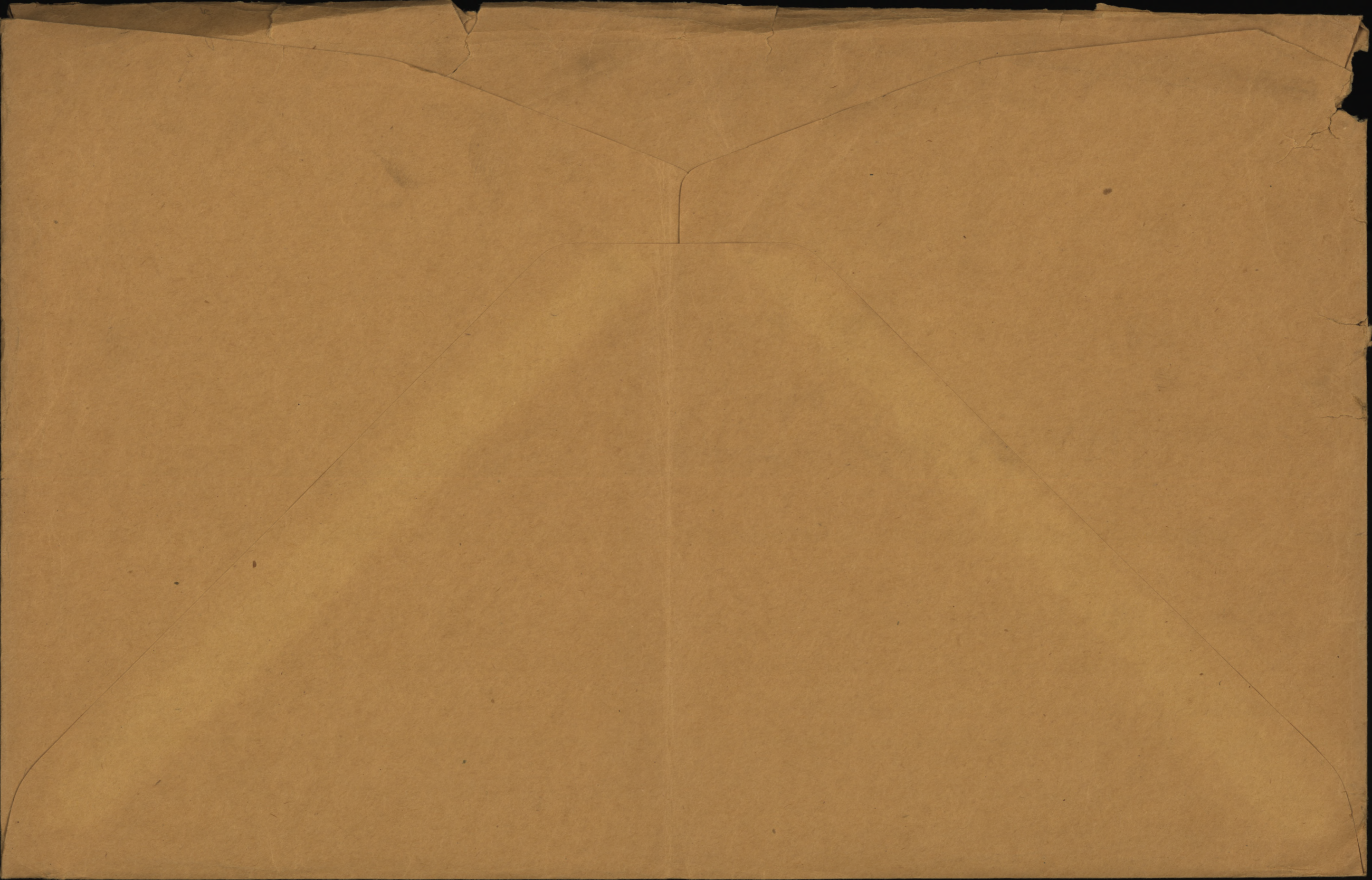


PRES. TO HAVE DIED

9-4-17

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

Box
6401



Lieut
SIN/NAS

MORRISON
Surname/Nom

CHARLES SANGSTER, MCLEOD
Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Box
6401

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

CF 478 (10/74)
7530-21-870-6931

**COMPONENT
ÉLÉMENT**

CEF



No.

RANK

Lieut.

NAME

Morrison, Chas. Sangster McLeod.

T. O. S. # 2-16

UNIT 204th Battalion, C. E. F.

D. O. # 19 of 31-3-16

M. D. # 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 14	1916 Mar. 31	✓		
	april	✓	att to P. S. J. for pay & rations 10-4-16	D032 of 29-4-16
may 23	may 31	✓	Returns from P. S. J. 23-5-16	may payliat.
	June	✓		D056 of 13-7-16
	July	✓	Billeted for 8-7-16	D061 of 27-7-16
	Aug	✓	Returned to duty	D090 of 22-9-16
Sept 1	Sept 21	✓	S. O. S. (21-9-16)	
a/c closed by payment, 3.				



Number.....Rank **LIEUT.**

Surname **MORRISON.**

Christian Name **CHARLES SANGSTER M.**

Units.....Theatre of War **FRANCE**

Date of Service **26.9.16. 23.3.17. 9.4.17.**

Remarks.....~~Brother~~

1st C.O.R.

Latest Address **Mrs. Mary Morrison**

D
59- Clinton St.
Toronto Ont

Roll No. **"B" Page 6784.**

B

DESP. NOV 23 1921
REGN. NO. GA 59249

Name MORRISON Rank Lieut.

Charles Sangster McLeod

Unit ~~Gen. List att C.M.S.~~ 75th Bn

Next of Kin Canada

File.
Reg. No. 9 m 1650as B 104-43
7/4/18
W.S.M

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-11-16	Cherryh'n Mil. Hos.	Cambridge.	V.D.G.	519		
2-2-17	<u>Dischd</u>		-	590		
9/12-4-17	Repr <u>Est & Missing</u>			650	2094	17/4
	* Corr. date "Missing" <u>9-4-17.</u>			692.		
	Now for official purposes prepared to have died on or since <u>9-4-17</u>			946		

NAME

Morrison, Charles Langster m Leo

RANK AND CORPS

Lieut. (Gen List Att. C. m S) 75th Bn

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M 2094	18-4-17	Reported missing between April 9th - 12th, 1917. ✓
M 2839 W	M 29-4-17	
M 3438 W	M 7-5-17	
M 4100	12-5-17	Have no further information than that already furnished W. S. M.
M 5832	4-8-17	Have no further information than that already furnished
W. S. M.		bas. Branch Report Previously reported missing now
Recid 23 ¹⁰	2-10-17	for official purposes presumed to have died on or since 9-4-17.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

519⁽²⁾ Cherryhinton Mil., 8-11-16 V. D. G.
Cambridge

590⁽²⁾ Discharged 2-2-17 (V D G)
as per list no 692-3.

650¹ Rep. from Gen. Adpts 9/12-4-17 Missing

946¹ Prev. rept. missing now for official purposes
presumed to have died on or since 9-4-17.

857-8-13-113

CARD NO.

D
4-7-6

SURNAME.

Morrison

CHRISTIAN NAMES

Charles Langster McLeod

FOLL.

REGL. NO.

RANK

Lieut.

UNIT

~~20th Officers. Draft. 75~~

~~Bn~~
Bn

FORMER CORPS

9th Mississauga Horse

NEXT OF KIN.

NAMES IN FULL

Morrison Mrs. Mary

RELATIONSHIP TO SOLDIER

Mother.

AD

84. Scarborough Rd. Toronto
Ont.

auth 220/3/18.

also notify
CHANGE OF ADDRESS
Mrs E. A. Stone
(R.N.S.) Suite 22
Prince Rupert
apts., Ottawa
Ont. 25/5
auth Ing. Office 25/74

COUNTRY OF BIRTH

Canada Toronto Ont.

DATE

Sept. 15th 1886

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Apr. 4th 1916

Date of sailing 26/9/16 per D.S.

L.L. 93504. M. & L. 651a

"Laconia"

auth for trans. m.

2094-18-4-17

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

salesman

RELIGION

English Church

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Apr. 4th 1916

Present Address. 84 Scarboro Rd. Toronto, Ont.

1579

MORRISON, Charles, Sangster McLeod, Lieut. 35th. Bn.

Not elig. for 1914-15 Star.

MEDALS & DECORATIONS.

Mrs. Mary Morrison (Mother,
59 Clinton St.,
TORONTO, Ont..

PLAQUE & SCROLL

Mrs. Mary Morrison, (Mother,)
as Above.

CROSS OF SACRIFICE

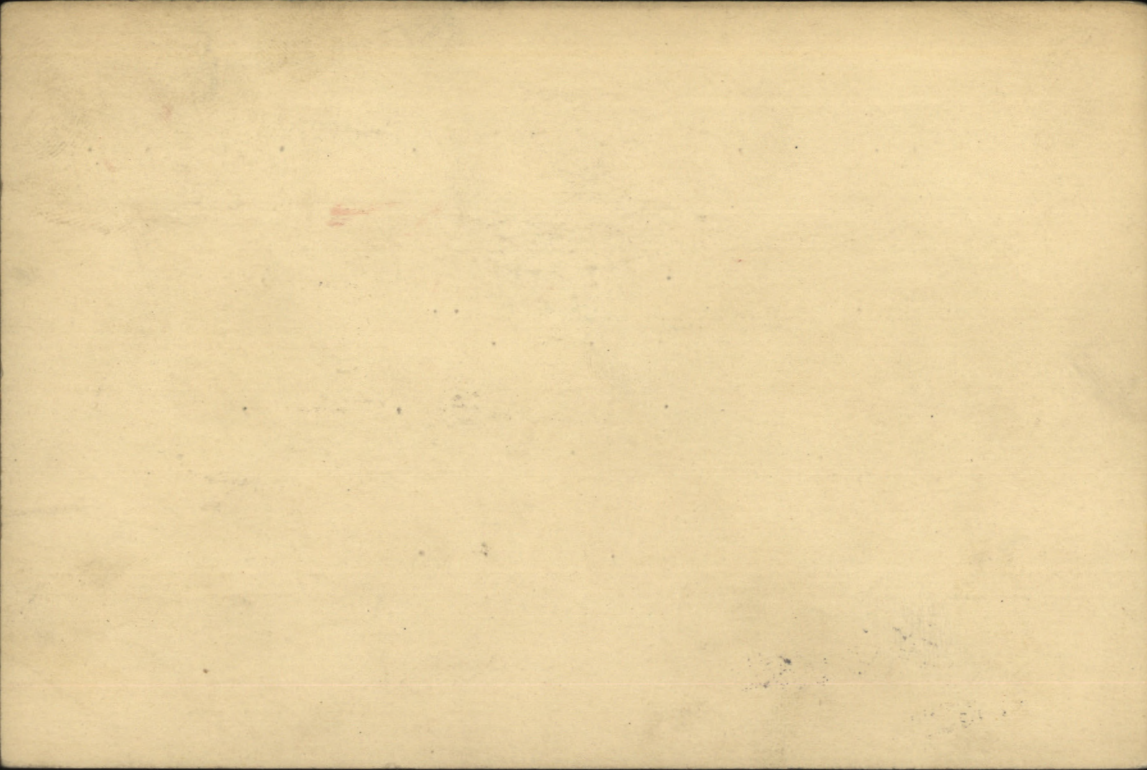
Mother, as above.

Scroll Desp. **FEB 22 1921** Reqn. No 22170

Plaque Desp. **JAN 10 1922** Reqn. No 24139

Desp R. 55.

Not previously noted on Nom Roll



Surname **MORRISON.** Christian Name **C. S.** Reg. No.

Rank **Lieut.** Unit **204th. Bn.**

MEDICAL BOARD held at **London area.** Date **5-2-17.** Serial No.

Other Medical Boards at **do.** Date **13-2-17.** Serial No.

- (3)
- (4)
- (5)

Condition found by Board

Disposition Recommended

- (1) **Unfit any ser. 1 weeks.**
- (2) **Fit for gen. service.**
- (3)
- (4)
- (5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

*12 Res Bn
Shonelyffe.*

Remarks

Morrison. C. S. McL.

Lieut. Gen. list. att. CMS. (75th.Bn.).

Cherryhinton Mil. Cambridge. 8-11-16.

V.D.G.

Reported:-. MISSING:-. 9/12--4-17.

Correct date of report "MISSING":- 9-4-17

HOW FOR OFFICIAL PURPOSES PRESUMED TO HAVE **DIED**
ON OR SINCE:- 9-4-17.^{aw}

Discharged:-. 2-2-17.

C.L. 11-11-16. 519-2.

3-2-17. 590-2.

17-4-17. 650.

5-6-17. 692-3. note.

3-4-18. 946.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

*R.
HP*

Temporary ORIGINAL *Recd. 8M 274*
MEDICAL HISTORY SHEET.

Surname *Morrison* Christian Name *CSM CR*

Examined { on *4* day of *ape* 191*6*.
 at *Toronto*.
 Birthplace { City or Town *Toronto*
 County *Ont.*

Approved by *Capt W. C. Ogden*.
 Rank _____ M.O. _____

Apparent age *30*.
 Trade or occupation *Salesman*
 Height *6* Feet *0 1/2* Inches.
 Weight *165* Lbs.
 Chest measurement { Minimum *40* inches.
 Maximum expansion *3* inches.
 Physical development _____
 Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>7 MAY 1917</i>
		M.O. _____
		<i>14 NOV. 1917</i>
		M.O. _____
		M.O. _____
		M.O. _____
		M.O. _____

Vaccination Marks { Arm *Right* Left _____
 Number _____

Date	Result	VACCINATIONS.
<i>26.8.16</i>	<i>Good</i>	<i>Capt. Haylewood</i>
		M.O. _____
		M.O. _____
		M.O. _____

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>26.8.16</i>	<i>TAB</i>	<i>Capt. Haylewood</i>
		M.O. _____
		M.O. _____
		M.O. _____

Enlisted on *4* day of *ape* 191*6* at *Toronto*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>204th Bom. Bn.</i>	<i>Lieut.</i>		
Transferred to.....	<i>Drafted overseas</i>			
	<i>12th Res Bn.</i>	<i>Lieut.</i>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>13 Borden</i>	<i>1-8-17</i>	<i>ruptured testis no duty 1 month</i>	<i>Discharged</i>
		<i>This entry, wrongly entered on this M.H., refers to Lieut Morrison, Chas.</i>	<i>15/17</i>

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.

M-0-85-

This Medical Certificate is valid only for the purpose of all men proceeding to the front. It is not valid for the purpose of all men proceeding to the front.

CANADIAN

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
San Juan de los Rios	24	5	11	1	8	17	Thrombosis of Inferior Vena Cava.		Reported sick in France 4. 1. 19. This entry refers to Lieut. Morrison, Chas., and has been wrongly entered on this M.H.S.	St. W. Singley Capt. Rames	

15th 1917
Lieut. Capt.
for Lt.-Col. Jc. Records, O.M.R.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76, Strand, W.C. on 13-2-17
 by order of A.D.M.S. LONDON AREA
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. C.S. MORRISON (Corps) 204th. Battn.
 Age 28 Service 1 year Disability 1) Gonorrhoea 2) Otitis Media
 Date of commencement of leave granted for present disability 5-2-17 chronic supp.
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that this Officer has now recovered. He complains of some increase in his aural discharge and ill defined pain about the left ear. We have examined this Officer and find he has a chronic suppuration of the left middle ear which existed before the war and has been uninfluenced by Active Service. It is not now sufficient to be a disability. We recommend him as fit for General Service.

ADDRESSC/o Bank of Montreal, 9, Waterloo Place S.W.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.
 b. If not so fit, how long is he likely to be unfit? /
- (2.) a. If unfit for General Service, is he fit for service at home? /
 b. If not so fit, how long is he likely to be unfit for service at home? /
 c. If unfit for General Service at home, is he fit for light duty at home? /
 d. If not so fit, how long is he likely to be unfit for light duty at home? /
- (3.) Was the disability contracted in the service? 1) yes. 2) no.
- (4.) Was it contracted under circumstances over which he had no control? 1) no 2) not applicable
- (5.) Was it caused by military service? 1) no. 2) no.
- (6.) If caused by military service, to what specific conditions is it attributed? Not applicable.
- (7.) If the disability was not caused by military service, was it aggravated by it? No.

(Sgd) P.G. GOLDSMITH, Lieut. Col C.A.M.C. President.

Signatures { P.G. BROWN, Major C.A.M.C.
V.E.D. CASSELMAN Captain C.A.M.C. } Members.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76 Strand, London. on 5-2-17
 by order of A.D.M.S. London Area
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. C.S. Morrison (Corps) 204th Battalion
 Age 28 Service 1 yr Disability Gonorrhoea
 Date of commencement of leave granted for present disability 5-2-17
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that ~~he is recovered from the Gonorrhoea. During the latter part of his stay at Cherry Hinton Hospital where he was from 7-11-16 to 1-2-17 he had an attack of influenza for which he requires a short period to convalesce. He complains of discharge from the left ear which has been long standing (14 yrs) and which has not been aggravated in any way since enlistment. Board recommend as below. (P.G.B)~~

Address Bank of Montreal, 9 Waterloo Place, London, S.W.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No
 b. If not so fit, how long is he likely to be unfit? 1 week
- (2.) a. If unfit for General Service, is he fit for service at home? No
 b. If not so fit, how long is he likely to be unfit for service at home? 1 week
 c. If unfit for General Service at home, is he fit for light duty at home? No
 d. If not so fit, how long is he likely to be unfit for light duty at home? 1 week
- (3.) Was the disability contracted in the service? Yes
- (4.) Was it contracted under circumstances over which he had no control? No
- (5.) Was it caused by military service? No
- (6.) If caused by military service, to what specific conditions is it attributed? Not applicable
- (7.) If the disability was not caused by military service, was it aggravated by it? No

Signatures { David Donald, Maj, CAMC. President
P. G. Brown, Maj, CAMC. Members.
P.G. Goldsmith, Lt-Col, CAMC.

I concur in the findings of the Board of Medical Officers
 Major D.A.D.M.S.
 President
 Canadian Contingent

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

RECEIVED
MEDICAL BOARD
1914

VERIFIED CORRECT
13 APR. 1917
CANADIAN RECORD OFFICE

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

M. F. W. '54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

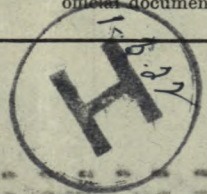
Unit, Regiment or Corps **204th O. S. Battn., C. E. F.**

Regimental No. _____ Rank **Lieut** Name **Morrison, Charles Augustus McLeod**
C. E. F.

Enlisted (a) ~~1/2/16~~ Terms of Service (a) **Duration of War.** Service reckons from (a) ~~1/2/16~~ **16.9.16**

Date of promotion to present rank } ~~1/2/16~~ Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) **Lieutenant, Musk. Civil Salesman**

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 Disembarked	Belfast Liverpool	26.9.16 6-10-16	
		9-10-16 G.O.C. Troops Posted to C. A.	Shorncliffe	6-10-16	
		Admitted Cherry Hinton Hospt. V.D. Discharged	Cambridge	7-11-16. CMS 29-12-16	Pt. 2 No. 97
16-2-17	OC CMS	Ceases to be att/ CMS on att/12th. Res. Bn. Shorncliffe.	CROWBORO	16-2-17	CMS Pt II Order No 4I.
20.2.17	12th	T.O. from CMS	Shorncliffe	20.2.17	Pt II 45.
23.3.17	12th	S.O.S. to 75th Bn France	Shorncliffe	23.3.17	Pt II 75.

[Signature]
Capt. & Adjutant,
Canadian Military School.

(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.

[Signature]
12th Res Bn
P.T.O.

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				
2/4/17	A.A.G. Cauler.	arrived and T.O.S. 75th Bn.	Field	24 3/17	N.O. 47.
28/3/17	occ. B.D.	left for Unit	do	28 3/17	Norm. Rptl.
7/4/17	occ. 75th	Joined Unit	do	31 3/17	B.213; D.C.S. 133
15/4/17	A.A.G. S.N.O.	Rept. Missing after Action	do	9/12 4/17	Gas. Rpt. 956; D.C.S. 133
14/4/17	occ. 75th	do	do	do	B.213.
8/5/17	do	Struck off Strength - Missing	do	9/4/17	Letter; H. D. 16/4/674 D.O. 74 dt 16/5/17
<i>J.M. Anderson</i> Lieutenant for Major, A.A.G. Adv. Sec. 3rd E.A.C.					
J-4-18	C.R.O.	for official purposes presumed to have died on 2 since		9-4-17	C. L. 946

24
62

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53061—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 30CM-1-19
 1772-39-1140

Remarks:

E.P.M.

Register No. DM 945-

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 013132-6-6.

Regt'l No. _____ Name Charles Langster MacLeod Morrison
(Christian Name) (Surname)
Unit 75th Bn Rank Lieut. Date of enlistment _____
Date of casualty 9-4-17 B.P.C. File No. 35063
Was service performed overseas? Yes ✓

DEPENDENT

Name Mrs. Mary Morrison Relationship Widowed mother
Address 59 Clinton St.
Toronto,
Ont.

Amount of Special Pension Bonus \$ Nil ✓ Abstracted by J. Pratt ✓

Eligible for Gratuity \$ 24000 ✓
Less amount of Special Pension Bonus paid \$ ✓
Less Debit Balance of S. A. or A.P. \$

Total deductions \$ - ✓
Balance due \$ 24000 ✓

Cheque No. 9.1899029 ✓ Date issued 5-8-20 ✓

REMARKS :
.....
.....
.....
.....

Clerk J.C. McMillan

Audited by
Kent
Date 4/8/20

24000

0929

M.F.W. 2652
25M-6-20.
H.Q. 1172-89-1473

SEPARATION ALLOWANCE

Name Mary Morrison

Name of Soldier Morrison, Chas. S. M.

Address ~~84 Scarborough Rd.~~

Regtl. No.

59 Clinton St. Toronto
Ont.

Rank

Corps

of S. Draft Officer
204th Batty 21/9/16
28/9/16

Relation to Soldier

wife, child or mother

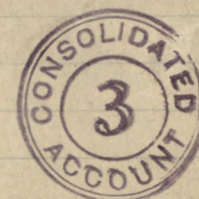
} Widowed
Mother

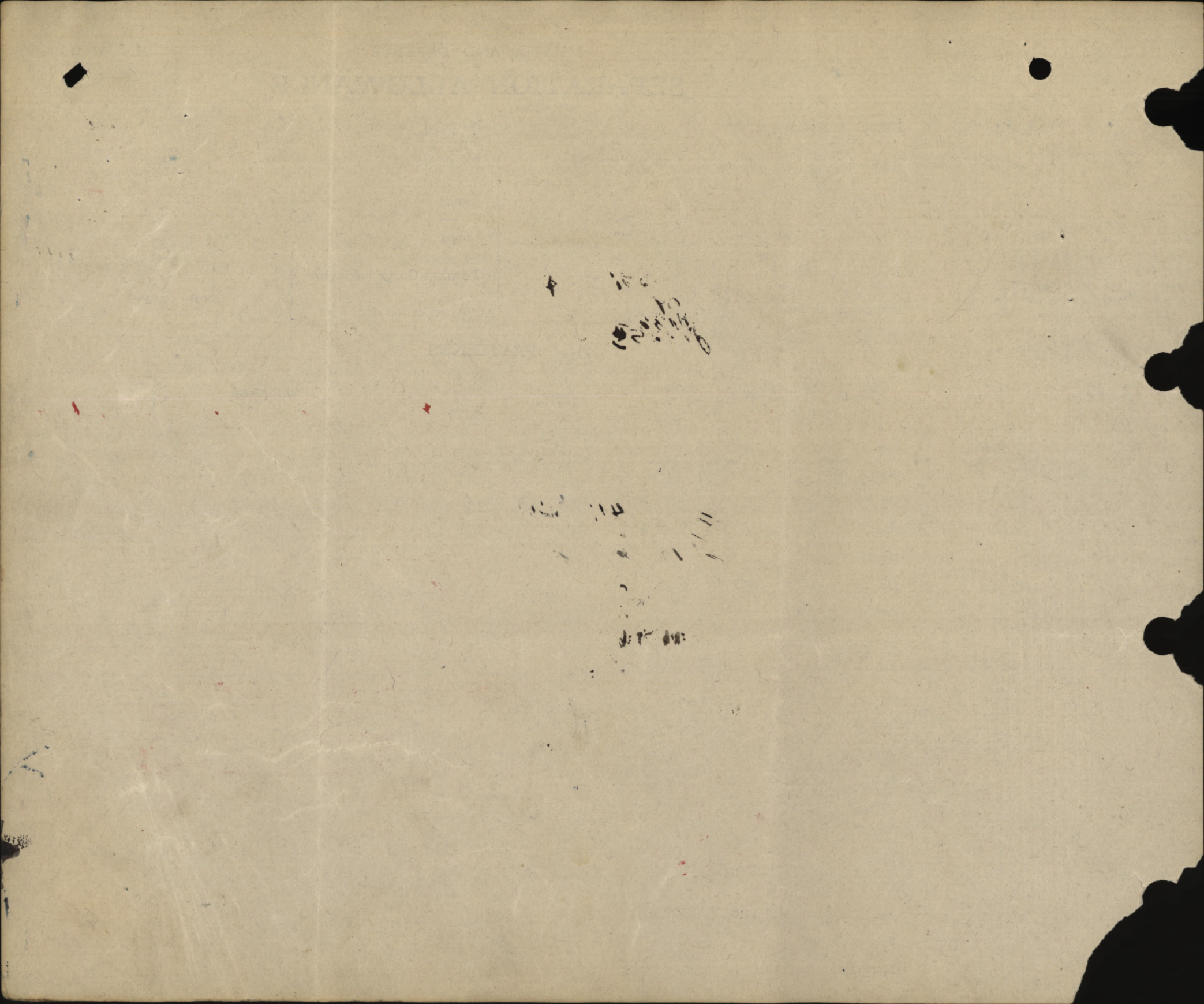
To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
15m.-3-16.
H. Q. 1772-3

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Morrison

Mother
PAYMENTS.

Name of Soldier

Morrison; Chas L
Lieut

L. L. Job 95618-M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	2521	77- 77	
May		L7960	30 30	
June		Q 3331	30 30	
July		F10973	30 30	
Aug.		Ji 3353	30 30	← 13353
Sept.		Q 16383	30 30	
Oct.		I 18476	30 30	
Nov. 21		M. Q. 22475	30 30	59 Clinton St. Toronto Ont.
Dec.		Q 26036	30 30	
Jan.	1917	Z 29606	30 30	
Feb.		Z 32524	30 30	
March		Z 35415	30 30	
April		Z 1859	30 30	
May		Z 4722	30 30	RE-WRITE 4722 Cancelled
June		Z 80259	30 30	
July		Z 11716	30 30	
Aug.		Q 14939	30 30	
Sept.		A 10884	30 30	
Oct.		X 19697	30 14d	
Nov.		F 25065	30 B	
Dec.		J 27745	30 SA	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

24/9/17
Pensions Notified DATE 26.4.17
Missing
Killed in Action DATE 9.4.17
C.H. (64) 21/1/17 W.A.

6497

6074

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ASSIGNED PAY.

copy

UNIT.

RANK.

Mess

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*Gen. List
6 ms.*

Lieut 6¹⁰/₁₆ fr. Canada

Name *Morrison*

Initials *L. S. M.*

Bank of *Montreal*

*75 Bn. Presumed to have died on or since 9⁴/₁₁ L. P. 946 d/3⁴/₁₈
missing 12⁴/₁₇ C. R. 650. 17⁴/₁₇
missing 9⁴/₁₇ C. R. 692. 5⁶/₁₇*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1916

Oct 14 Bank P.A.

23 40

20 Pay Oct. Mess. fr. 6¹⁰/₁₆

106 60

P.A. 22-30⁹/₁₆.

23 40

23 Bank

106 60

Nov 22 Pay Nov.

108

27 Bank

108

Dec 11 Pay Dec

111 60

16 Bank

111 60

*1917
Jan 22 Pay Jan*

111 60

24 Bank

19286

111 60

Feb 20 Pay Feb

100 80

16 Hosp Stopp 8¹¹/₁₆ - 24¹¹/₁₆ Gen. a/c.

419

8 27

21 Hosp Stopp 8¹¹/₁₆ - 2²/₁₇ "

1197

87 -

21 Bank

21930

553

Mar 2 Adm. Mar. P.A. Direct Cash

22048

24 33

19 Pay March

111 60

15 Hosp. Stoppages 25¹¹/₁₆ - 29¹²/₁₆ = 35 days. Gen. a/c 830

17 03

21 Bank

24836

70 24

Apr 24 Pay apr. 12 days

4320

4320

June 15 Credited P.A. 10-12⁴/₁₇ v#1187 P.C.

10 80

18 Ded. a/c V.D. fr. 8¹¹/₁₆ - 2²/₁₇ @ \$1⁶⁰/₁₀₀ less \$112²⁰/₁₀₀ interest

26 90

550

July 10 Pay April 12-30⁴/₁₇

75 60

81 10

24 Balance transf'd NE Branch v#1790

81 10

*Hold apt P.A.
Tfr W.C. Hudgen
Mar. R. 20-12. 15⁵/₁₇*

✓ 21²/₁₇

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name

Initials

Bank

Sheet II ✓

MORRISON.

C.S.M.

of Montreal

1 JUL 1917

Gen List
C.M.S.

Lieut

75 Bn. Missing 9th 6th 692-5th 17
Missing 12th 17. C.L. 650. 17th 17

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.
Entered on N.E. Card Index.

INITIALS

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES	INITIALS
1917			673 60					
Apr 24	Pay Separ. R. 1-12 th		43 20			43 20	Checked by <i>Hold apr Pa</i>	
June 15	Open Credited P. Q. 10-12 th 17. V. 1187. P.E.			10 80		32 40	<i>Tfr to J. C. Ledger</i>	
18	ded. a/c. V.D. for 8 th 17-2 th 17. @ 1 st 60 hrs. 112 ³⁰ received. V. 1189. 9 th			26 90		5 50	<i>Transferred from Ledger 30</i>	
July 10	Pay April 9-30 th 17		75 60			81 10	<i>to Ledger 12th 15/5/17. V. 1304.</i>	
Nov Dec 1917	Kit Storage adv. VY 645 V 19/32.			1 95		79 15	<i>Journal Nil C.F.X. d/18th 17.</i>	
PM Dec 1917	Trans to Can for sett. 16 th 17. List 144/V. 8361.			79 15				
June	Arred pay from 1 st 17 to 31 st 18 @ 30 p/m p ^{er} by Can. V. 376. All Can.			150	150		<i>C.F.X. d/1st 18. Supp of rendered 28-6-18.</i>	
July	Trans to Ottawa for recovery List 14 - V. 322		150					
Sept	at 1 st 17 to 31 st 18 p ^{er} by Can. in lieu of pension in lieu of pension V. 267. All Can.		150			150		
Sept	D. Balce returned from Ottawa - List 187. V. 2769			150				

Supp of rendered
28-6-18. D. Balce
\$150⁰⁰

Statement of
OCT 25 1917
Account rendered

Statement of
MAR 9 1918
Account rendered

Aselay - Nil
HQ 593-1-12 d/28th 17

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

NAME OF DATE AUTHORITY

Gen. Dist
204th

DATE

AUTHORITY

Serjeant 6.10.16
204th Bn
49.10.16

Name

Initials

Bank

Sheet 1 ✓
Morrison
C.S.M.
of Montreal

21 JUL 1917

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
Oct 14	Bank Pnd			23 40				
	W by let from 9.10.16		106 60					
	PA 22.16.30.16		23 40					
25	Bank			106 60				
	W by bank		108					
27	Bank			108				
Dec 11	Pay Deck		111 60					
16	Bank			111 60				
1917								
Jan 22	Pay Deck		111 60					
	W Bank	19286		111 60				
Feb 16	Keep Stopp 8 ¹ / ₁₆ - 24 ¹ / ₁₆	Gen 40 419		8 27				
20	Pay Feb R		100 80					
21	Keep Stopp 8 ¹ / ₁₆ - 27 ² / ₁₇	Gen 40 1197		87		553		
21	Bank	21930		553				
Mar 2	Adv March Pnd	Direct Cash 22048		24 33				
19	Pay: March: R:		111 60					
15	Hospital Stoppages: 25 ¹ / ₁₆ to 29 ¹ / ₁₆ : 35 days:	Gen 40 830		17 03				
21	Bank	24836	673 60	70 24				

Entered on N.E. Card Index
Checked by

Supp of rendered
28-6-18
Dr. Balce \$150⁰⁰

Statement of
OCT 25 1917
Account rendered

Statement of
MAR 9 1918
Account rendered

Lieut

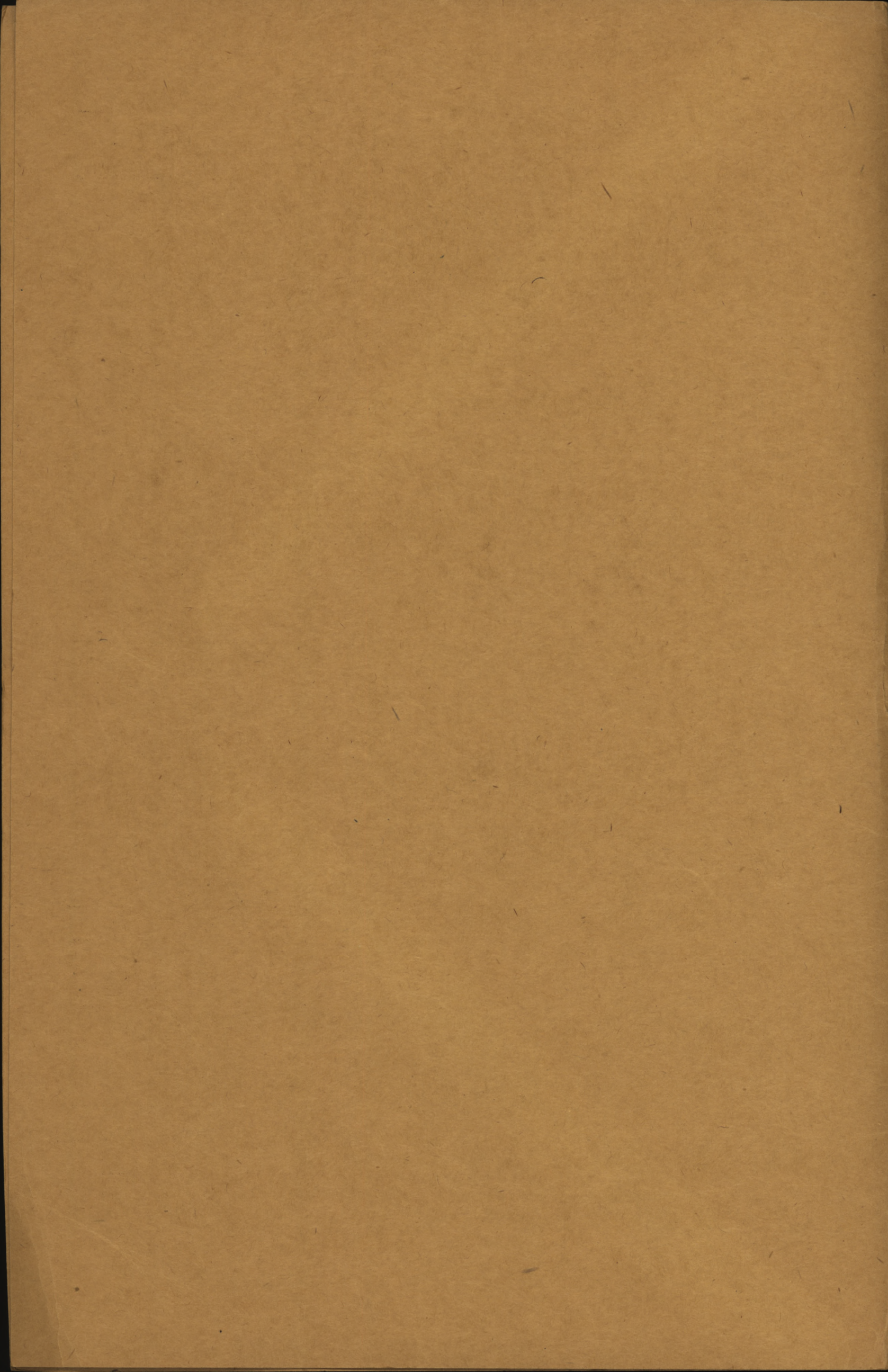
Morrison Charles S L

Sta
21-12-45

DEPARTMENT OF VETERANS AFFAIRS

	NAME OF CORRESPONDENT OR PURPOSE OF COMMUNICATION	CROSS REFERENCES

DATE	P.A. OR B.F.	INITIALS	REFERRED TO	REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")						



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

14-2-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

~~1-1-17~~
~~1-1-17~~

RATE OF SEPARATION ALLOWANCE

30			
----	--	--	--

RATE OF ASSIGNMENT

30			
----	--	--	--

PE 23 75
S.B. 2/4/18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *Lieut* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Chas. S. M. Morrison*
 Battalion *O.S. Draft officers*
 Beneficiary *Mrs. Mary Morrison*
 Relationship *Wife Wid. Mother*
 Address *59 Clinton St. Toronto Ont.*

Name *Mrs Mary Morrison*
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31</i>	<i>68750</i>	<i>677</i>		<i>677</i>
<i>Jan 1918</i>		<i>30</i>		<i>30</i>
<i>April 9</i>	<i>1070</i>		<i>150</i>	<i>150</i>
<i>Apr. 14</i>	<i>70</i>	<i>90</i>	<i>90</i>	<i>180</i>
		<i>797</i>	<i>240</i>	<i>1037</i>

File 013132-C-6

REMARKS

Pensions Notified Date *2-6-4-17*
 Killed in Action }
 Died of Wounds } Date *9-4-17*
 Missing }
 C. L. *(64)* Clerk _____
 Date Noted *2-6-4-1917*

B.L. June 11/18
 Pension Granted *MAY-1-18*
 B.P.C. to Recover \$ _____
 Clerk *J.P.L.* Date *June 8/18*

Pensions Notified Date *1-4-18*
 Killed in Action }
 Died of Wounds } Date *9-4-17*
 Missing }
 C. L. *2-10-17* Clerk *E. Newton*
 Date Noted *1-4-1918*

A.P. opened from 1/9/17 to 31/1/18 per S.B. ruling 2/4/18

file 013132-C-6 *2/4/18*

Have written B.P.C. re date they wish us to pay. prep pending reply

* S.A. O.A.P. To 30-4-18 and close

Auth S.B. File 013132-C-6 *2/4-18*

Pension awarded 1 May 1918 B.P.C. ³⁵⁰⁶³ 72-M 736

Surname MORRISON, ✓

Christian Names Charles Sangster McLeod. ✓

Rank Lieut.

Name and Address of Next-of-Kin

Mother. ✓

Promotion

Mrs. Mary Morrison. ✓

Unit 204th Bn. Officers Dft. to C.M.S.

84, Scarboro Rd., Toronto, Ont. Canada. ✓

Place of birth Toronto, Canada.

Married (Yes or No)

Appointments

Date of leaving Canada 6.9.16 & 4.10.16 Date and Cause of Resignation

75 Bn
to
NE
from
9.12.17
19.2.17 Res

M

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				
		TAKEN ON STRENGTH & POSTED TO GEN. LIST			
20-10-16	goc CTD	detailed to C.M.S.		6-10-16	Appen. to D.O. 5463
11-11-16	amus	admi. Cherrington Hosp	Cambridge	8-11-16	Ch 519 V.D.G.
19.2.17	of C. croomben	ceased by be attached to C.M.S. or transfer to 12 th Res 132 with effect.	Discharged	2-2-17	Ch 590
23.3.17	12 th Res. Bn	Proceeded to sep. to 75 th Bn.		13.2.17	R0714 D.O. 879. A.I. 114. (12 Res)
2-4-17	75 th Bn	Having arrived from Eng. as recd. - taken on strength		23.3.17	Pl II ord. 75. D.O. 1538 630. shiff
17.4.17	680.	Reported from G.H. 2. Missing		24-3-17	Paord 47
				9-4-17	Bl 650 Paord 44-75 Res Ch 692
3.4.18	d	Previously reported Missing now for official purposes presumed to have died on or since		9.4.17	Ch 946 (A.F. 104-93 Estate 16-4-18)

A.F.B. 103
12 APR. 1917

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins: 204 05 BATT. C.E.F.

(2) Regimental Number

(3) Full Name of Soldier: Chas Langster McLeod Morrison

(4) Place of Birth: Toronto Ont. 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

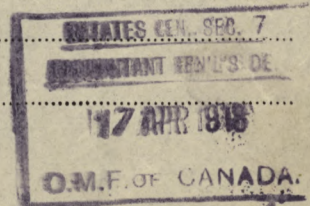
(8) Have you any children? no

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

Also their names and ages.....

M. F. W. 67.

300M.-5-16.
1772-39-954.



(SEE OTHER SIDE.)

(9) Is your Father alive? *no*

If so, state name and address

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

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

*(Mrs) Mary Morrison
84 Scarborough Rd Toronto Ont
Canada.*

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

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.

Was not sole support prior to war, 2 other brothers helped. they are now at the front.

(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.

Mrs

(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? *no*

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.

Date *Sept 19th 1916.*

A. D. Walls
for *May*
Officer Commanding.

69
er

FORM OF WILL.

I, Charles Langston McLeod Morrison (Name in full)
Regimental Number 2245732 serving in 204th OS Bn
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Mary Morrison
84 Scarborough Rd.
Toronto Ont. } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Mary Morrison
84 Scarborough Rd.
Toronto Ont. } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**

**This must be Signed
and Dated by
THE SOLDIER
HIMSELF.**

this 25th day of August A. D. 1916

Charles Morrison Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. Leas Capt.
Address of Witness 76 Bellwood Ave, Ottawa, Ont.
Occupation of Witness Soldier C.E.F.
Signature of Second Witness J. Matheson Lieut
Address of Witness 15 Layton Ave Toronto, Ont.
Occupation of Witness Soldier C.E.F.

**THE TWO
WITNESSES
MUST
SIGN HERE**

