B Original

ORIGINAL

ATTESTATION - PAPER.

No. 802280

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Morrison
1a. What are your Christian names? ..... Clarence
1b. What is your present address? ..... Mossley R.R. No 1, Ontario
2. In what Town, Township or Parish, and in what Country were you born? ..... Harrietsville, Ont.
3. What is the name of your next-of kin? ..... Thomas Morrison
4. What is the address of your next-of-kin? ..... Mossley R.R. No 1, Ontario.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Mar 7th 1896
6. What is your Trade or Calling? ..... Farmer
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? If so, state particulars of former Service. ..... Yes: Cadet's---4 months
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, Clarence 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.

Clarence Morrison (Signature of Recruit)

Date Dec 13th 1915. G. Forrest Bell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clarence 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.

Clarence Morrison (Signature of Recruit)

Date Dec 13th 1915. G. Forrest Bell (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 London, Ont. this 13th day of December 1915.

W. H. Chitholm (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

135th O.S. Battalion, C.E.F.

Description of Morrison, Clarence on Enlistment.

Apparent Age 19 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 33½ ins. 4½

Complexion Dark [redacted]

Eyes Blue

Hair Brown

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

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).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Dec 13th 1915. T. A. Kingsmill

Place London, Ont. Major. A.M.C.
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.

Clarence 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.

B. Robson Lt. Col. (Signature of Officer)

Date 18 12 1915.

Deserter's

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name Morrison, Clarence.

Regt. No 802280 Rank Pte

Corps 135th Bn

Illegally Absent.

33892

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

M. F. W. 67 — 2

M. F. W. 62.
25m.—11-15.
H. Q. 1772-39—935.

NAME Morrison, Clarence s.o.s. Des. 4-7-16 ✓

RANK & NO. Pte. 802280. D.7.

CORPS 135th. Batt.

ENLISTMENT, PLACE London DATE Dec. 13th. 1915. S.

FORMER CORPS Cadets

COUNTRY OF BIRTH Canada, Harrietsville, Ont.

NEXT OF KIN Morrison, Thomas (father).

ADDRESS OF NEXT OF KIN R. R. No. 1. Mossley, Ont.

DISCHARGE, PLACE DATE

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. H. Q. 1772-39 839.

REMARKS:

No. 802280 RANK Pte. NAME Morrison, Clarence.

T. O. S. 13-12-15 (D.O. 22. 15-12-15) UNIT 135th Battalion C.E.F.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec 13.	Dec. 31	✓		
1916	1916.	✓		
Jan.		✓		
Feb.		✓		UNIT SAILED
Mar		✓		AUG 22 1916
april		✓		
May		✓		
June		✓		
July		✓	a.w.o.l. from 6.15 a.m. 4-7-16	D.O. 186/1 of 22-7-16
Aug 1	Aug 2	W.	S.O.S. as Deserter on 2-8-16 Illegally absent 30 Days 33.00 : Ret. stoppage 19.39	D.O. 200/2 of 6-8-16
			a/c carried forward. n	

Orig. not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 135th Bn.

Regimental No. 702280 Rank Pte. Name Morrison, Clarence

C. E. F.

Enlisted (a) 13-12-15 Terms of Service (a) Dur. war Service reckons from (a) 13-12-15

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				
22-7-16	135th	Avail. since 4-7-16	Camp Borden	4-7-16	pt. II No. 186
6-8-16	" "	Sol. illegally absent by court of Inquiry held. 2-8-16. "Deserter"	" "	4-7-16	pt. II No. 200

O.C. Sanguinem

Capt
for W. of R.

(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.

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				

ORIGINAL

CANADIAN CONTINGENT EXPEDITIONARY FORCE

#245

LAST PAY CERTIFICATE Zero Qmg B. 8/8

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

Regimental No. 902280 Rank Private Name Clarence Morrison

Corps 135th U.S. Battalion 667 who was* struck off as deserter

On Aug 2/16 July 4th 1916, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1 1916, to August 2 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	49	10
Advances by Cheques } No.			Regt'l Pay 2 days at $ 2 c	2	
Advances by Cheques } No.			Field Allow. 2 days at $ c 20		20
Assigned Pay No.			Other Allowances*		
Other Charges* Forfeiture for 30 days and	33		Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (~~to be paid by the new unit~~)	18	30	Bal. Dr. (to be deducted by new unit)		
Total	51	30	Total	51	30

*Give Particulars.

A monthly stoppage of $ nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 13-12-15

(2) if married and if a Separation Allowance Card has been submitted not married

(3) cause of discharge and authority Deserter D.O. 200 f 2.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date No assigned pay

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

Date August 2nd 1916

Place Camp Borden [signature] Captain

Paymaster, 135th U. S. Battalion C. E. F.

Paymaster

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

Kit Shortage $19.59

B

135th O S Battalion C.E.F.

802280

MEDICAL HISTORY SHEET. ORIGINAL

Surname Morison Christian Name Clarence

Examined on 13th day of Dec. 1915 at London, Ont.

Approved by H A Kingsmill

Rank Maj AMC M.O.

Birthplace City or Town Harriettsville County Middlesex Ont.

Apparent age 19/9.

Trade or occupation Farmer

Height 5 Feet 8½ Inches.

Weight 144 Lbs.

Chest measurement Minimum 33½ inches. Maximum expansion 38 inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks Arm Right. 0 Left. 0 Number nil.

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

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

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.
1/4/16	Good	A.L. Berdan M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23-3-16	good	A.L. Berdan M.O.
1/4/16	1	A.L. Berdan M.O.
		M.O.

Enlisted on 13 day of December 1915 at London

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	135th Batt C.E.F.	802280	Good	13. 12. 15.
Transferred to..				

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Morrison Christian Name Florence

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

ORIGINAL

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.

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(1) Name of Overseas Unit which Soldier joins 135th, O S. Battalion C. E. F.

(2) Regimental Number 802280

(3) Full Name of Soldier Clarence Morrison

(4) Place of Birth Harrietsville Ontario

(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? Nil

(8) Have you any children? Nil
If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address T. W. Morrison, R.R. # 1 Mossley Ont

(10) Is your Mother alive? Yes

If so, state name and address Mrs. T. W. Morrison,

R. R. # 1 Mossley Ont.

(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.

(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? 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.

R. Robson Lt. Col.
Officer Commanding.
135th, O. S. Battalion, C. E. F.

Date May 10 th, 1916

This space to be for numbers.

Proceedings on Discharge.

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

No. 802280

Rank **Private**

Name **Clarence Morrison**

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) "B" Co'y 135th Overseas Battalion

Date of Discharge 4-7-16.

Place of Discharge Camp Borden

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	~~19~~ 20 years ~~4~~ months.	
Height	5 feet 8½ inches.	
Complexion	Dark	
Eyes	Blue	
Hair	Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Unknown	

2. The above-named man is discharged in consequence of

Struck off the strength ~~illegally absent~~ "Deserter"

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Camp Borden

(Date) 4-7-16

B. Robson Lt. Col

Commanding 135th Battalion

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Camp Borden .....(*Signature of Soldier.*)

(Date) 4-7-16 ..... (*Signature of Witness.*)

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

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

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

.....(*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Camp Borden

(Date) 4-7-16

(*Signature*) B. Robson Lt. Col

Comdg. 135th B. Bn. C.E.F.

Reservations referred to at Para. 8.

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

(OVER)

List of Discharge Documents.

One Reg. Conduct Sheet, Militia form B. 263.

One ~~Squadron~~ ~~Battery~~ Company } Conduct Sheet, " B. 263a.

~~Copies of Convictions, by C. P. in MS.~~

Two Med. Hist. Sheet, Militia Form B. 313

~~Medical Report for Invalid*~~ " ~~B. 227.~~

One Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

*~~Only if discharged "Medically unfit."~~

Particulars of Families two

Attestation Paper, Two Militia Form B. 235.

Proceedings on Discharge One " B. 218.

Casualty Form One

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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