6th M. D. First Depot Battalion Nova Scotia Regiment

TRIPLICATE

Regtl. No. 3189687

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Morrison
2. Christian name: Clarence G.
3. Present address: Framboise, Rich Co C.B.
4. Military Service Act letter and number: 597120 CC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: Nov. 20th, 1895
6. Place of birth: Framboise Rich Co C. B.
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Farmer
10. Name of next-of-kin: Roderick P. Morrison
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Framboise C. B. Rich Co
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 Sydney (b) Date June 17-1918 (c) Category D-3

Sufficient Address

Sufficient Address

DECLARATION OF RECRUIT

I, Clarence G. Morrison, do solemnly declare that the above particulars refer to me, and are true.

Clarence G Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs.	7 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Height	5 ft.	6½ ins.	
Chest measurement	fully expanded	ins.	
	range of expansion	ins.	
Complexion	medium		
Eyes	brown		
Hair	brown		

J. M. Macpherson Major

For O. C. First Depot Btn.
Nova Scotia Regt.

Place Sydney Date June 17th, 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158.

REGIMENTAL DOCUMENTS

NAME Morrison C Laurence G REGT. NO. 318968 UNIT H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)			6 33694		
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

W. 2589
100M-11-19
1772-39-1377

Surname Morrison
Christian names Clarence C.
Regtl. No. 318986 Rank Pte
Unit N.Z. Regt 1st Dpo Bn

H. Q.
M. D. No. 6
T. O. S. June 17th 18
D. O. Pt. II 165 of 16/6/18
S. O. S. 19
Reason
Auth.

Next of kin Relationship
Address
Also notify:

BORN—Place Date
ATTESTED—Place Date
O/S R/C

W. 22—75M-5-18. 1772-39 839.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Batt. N.S.Regt.

Regimental No. 3198627 Rank Pte Name Harrison Clarence S.

C. E. F.

Enlisted (a) 17-6-18 Terms of Service (a) War & 6 mos (after) Service reckons from (a) 17-6-18

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) Gunner

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				
2-1-19	1/N.S.Regt.	S.O.S. — On being passed to the Registar "Records"	Halifax N.S.	17-7-18.	Pt. II Order # 2. H.Q.649-M-56094.

W. Rutherie -
Capt. for O. 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				

M.S.A. 15.

MILITARY SERVICE ACT, 1917. ORIGINAL

MEDICAL HISTORY SHEET.

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

1. Surname Morrison Christian name Clarence S.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 59 11 M G

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Frombois Park Co NS.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17 day of June 1917, by the undersigned medical board sitting at Sydney

5. Age as stated 22 Years 7 Months. 6. Apparent age 22 Years 7 Months

7. Height 5 Feet 6 1/2 Inches. 8. Weight 148 Pounds.

9. Chest measurement { Minimum ____ Ins. / Maximum ____ Ins. } 10. Complexion Medium { Eyes Brown / Hair Brown }

11. Physical development. { Good / Fair / Poor } 12. Smallpox marks yes

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last —

15. Distinctive marks and marks indicating congenital peculiarities or previous disease History of Diphtheria

16. Slight defects but not sufficient to cause rejection

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 B III Fit for two months Fit in D — 3 Months

D. McDonald Maj President.

J. Macdonald Capt Member. Member.

Signature of Man A Morrison

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 17 day of June 191 at Sydney C B.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn N.S. Regt.	3/189687		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Surname Marrison Christian Name Clarence S.

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				