

To be made out in duplicate.

H.Q. 54-21-23-53

D. F. S.

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..... **1st DEPOT BN. 1st QUEBEC REG'T.**
3080633

(2) Regimental Number

(3) Full Name of Soldier..... **Collin Wallace Morrison.**

(4) Place of Birth..... **Lake Megantic. Quebec.**

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

(6) If married, state,
 (a) Full name of your wife..... **Not Applicable.**

(b) Present Postal Address..... **Not Applicable.**

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

(8) Have you any children?..... **No.**

If so, give number of boys and girls..... **Not Applicable.**

Also their names and ages..... **Not Applicable.**

.....

.....

.....

.....

H.O. 54-21-23-23
(9) Is your Father alive?..... Yes

If so, state name and address Murdoch Malcolm Morrison Lake Megantic.

(10) Is your Mother alive?..... Yes

If so, state name and address Mrs Annie Morrison

Lake Megantic. Quebec.

(11) If your Mother is a widow..... No.

Are you her sole support, or not?..... No.

(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.

Not Applicable.

(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.

Not Applicable.

(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.

Not Applicable.

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

Sun Life Insurance Co., Sherbrooke Que.

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

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

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

John W. McKinnon
Major - Col.
Commanding 1st Depot Bn., 1st. Quebec Regt.
Officer Commanding.

Date JAN 7 1918

PTE.

REGIMENTAL DOCUMENTS

Ha 3/5/19

NAME MORRISON COLLIN W

REGT. NO. 3080633

UNIT 23 Res. pt. D.Bn. H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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.F.B. 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)

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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

form c. D 3

C.A.D.C 5009a

S.C.P. 132

Miss paper

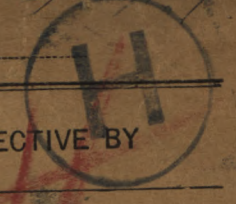
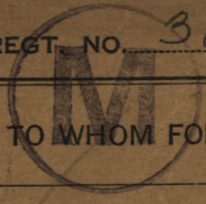
M.F.W. 167

a & B

cast

na

[Handwritten scribbles]



[Handwritten notes]
Doc. 1011
30/12

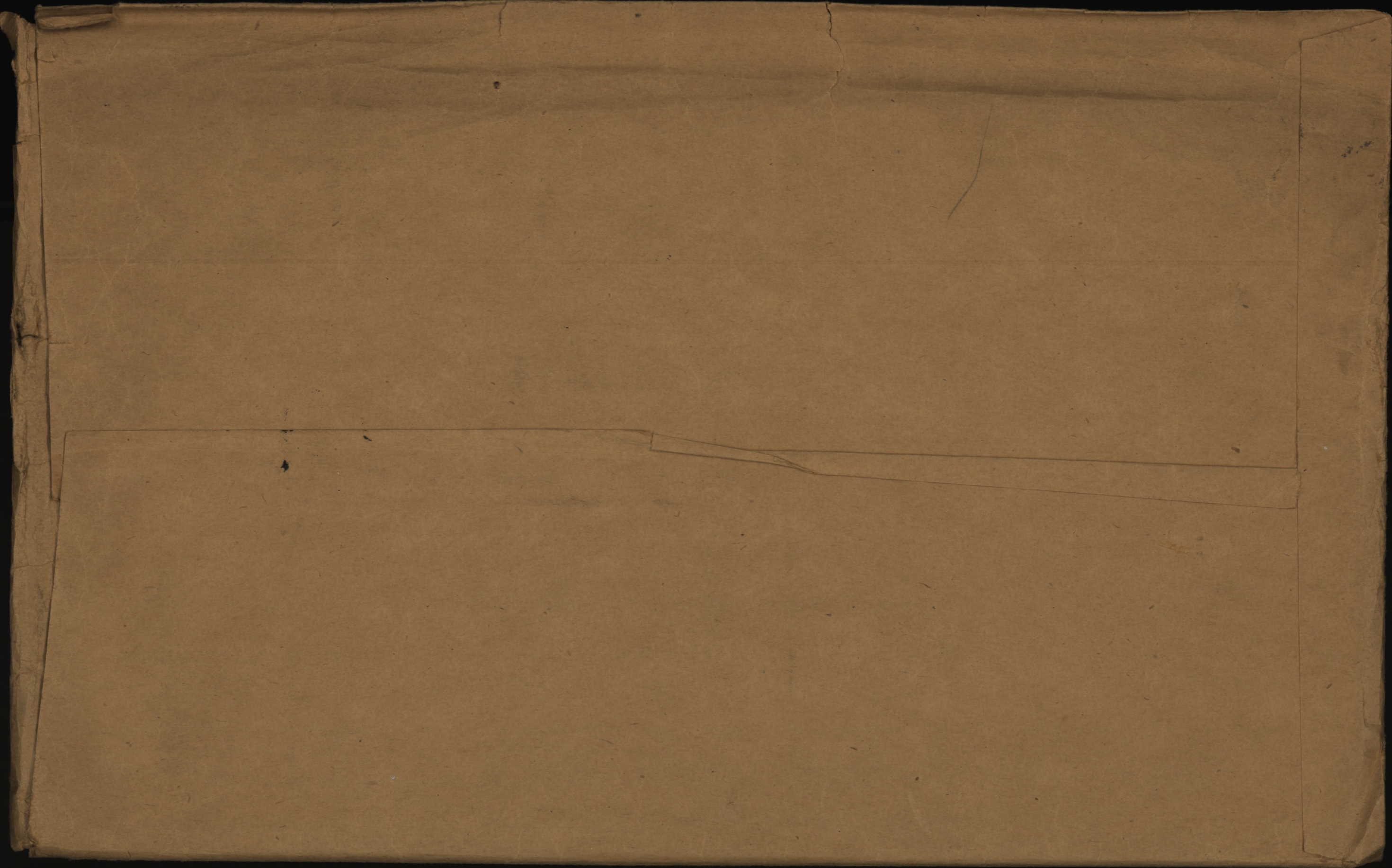
33907

DEATH
Category

DISCHARGE
Category
[Handwritten signature]

DESERTION

23
24
6
24



GBP
M Y

~~10~~
~~V~~

Number. 3080633 Rank Pte

Surname. MORRISON

Christian Name. Collin Wallace

Units. 42nd Bn. Can. Inf. Theatre of War France

Date of Service. 30-8-18

Remarks.

Latest Address. G.P.O. Megantic, Que.

Roll No. B Page 7232.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROM

PAID
TO

SIG.
OR
REC'D

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.
PARTICULARS

(AUTHORITY

DESP. DEC. 5 1947
 REGN. No. 7012532

NAME

Morrison C. W. REGT. No. *3080633*

RANK AND UNIT

pl. 24th Bn. (2nd. R.)

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 399 ²	57. C. C. S	10-12-18	syn. L. Sac. See R
A. 401 ⁽²⁾	#18, Gen. Canyels	12-12-18	" " "
A. 409-2	6 Corn. Dep. Staples	20-12-18	" " "
A 422-1	56 Gen. Staples	11-1-19	" " " "
B 433	Cambridge Alder St	26-1-19	" " " "
B 438	Can Corn Buid Wokingham	30-1-19	" " " + Ital
B 461	Disc	21-2-19	" " " foot

SURNAME.

Morrison

CARD NO.

414

CHRISTIAN NAMES

Collin Wallace

505 1st 7-4-19 1st
DO 10604 POLL. 16-4-19
414 12

REGL. NO.

3080633

RANK

Pte.

UNIT

1st Que. Regt. 1st Sps. Bn.

FORMER CORPS

53rd Regt. (3 pro.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Murdoch Malcolm

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Lake Megantic, P. Q.

COUNTRY OF BIRTH

Canada Lake Megantic, P. Q.

DATE

Mar. 7th 1894

PLACE OF ATTESTATION

Montréal, P. Q.

DATE

Jan. 3rd 1918

OS 25-3-18 ¹¹⁴⁰/₆

P/Q 5-4-19 ²⁹⁸/₈₈ P.H.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

23

YEARS

10

MONTHS

HEIGHT

5-

FEET

6 $\frac{1}{4}$

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

$3\frac{1}{2}$

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Jan. 3rd 1918

Present address 248 Wellington St. Sherbrooke.
P. Q.

A. & D.
CARD

Can: Conval: Hospital, HOSPITAL.

AT

Bear Wood,

A. & D. No. *95 17032* PL. OF ACTIONRANK *Plt* REG. No. *3080633* UNIT *24th Can Bu.* SICK OR WOUNDED *0*NAME *Morrison L. W.* AGE *24* RELIGION *Pres.*PLACE IN HOSPITAL *Hud 2*DIAGNOSIS *Flu fever*ADMITTED *29 JAN 1910* FROM *Cambridge Regiment*DISCHARGED *27 FEB 1910* TO *23rd Res Rifles*

TRANSFERRED

SERVICE AT HOME *4/12* IN FIELD *4/12*RESULTS *Recovered and A. G. good*

(See Document Card for M.H. Sheet and other Documents.)

COLIN Wallace

Name MORRISON Rank Pte.

Reg. No. 3080633

Unit 24th Bn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
10-12-18.	57. Casclg Stn.	Synovitis Toe R.	A	399		40384.
12-12.	18 G St	Camiers	do.	440		6287.8
20/12/18.	b.c.d. Beault		do	A 409		6527/9
1/1/19	56 Gen. Hosp.	Staples	do	A 422		6812/9
		Flat Foot				
26-1-19	Cambridge Hosp	Warrington	do	B 433		5704.
30-1-19	b.h. H.H. Beardwood.		do	B 438		5997.
21-2-19	Discharged		do	B 461		2097
	6/3/19	23 Res Bn	Repon	Repon		673

Surname

Christian Name or Names

Reg. No.

MORRISON.
Rank

C.W.
Unit

3080633.

Pte.

Que. 24.

Cas. List.

57. C.C.S.

10-12-18.

17-12-18. A399/2.	Synov. L. Toe. <i>fr. sent</i>	
19-12-18 @ 407/2	B. Gen. <i>Amers</i>	12-12-18
21-12-18. BQ 409	6 C.D. <i>Euples</i>	20-12-18
16-1-19 A422 ^o	56 G.H. <i>Edaples</i>	11-1-19
29-1-19. B433 ^o	Syn. Toe + Flat Foot. <i>sent</i>	
4-2-19. B438 ^o	Cambridge Hosp. <i>Alvershott</i>	26-1-19.
3-3-19 B461/2	Am. Couval <i>Beawood</i>	30-1-19.
	<i>Dis.</i>	21. 2. 19.

A.M.D. 2 DEPT.

Bch. of D.O.M.S. O.M.F.C. London.

Cas. List.

FORM OF WILL

B.

I, **MORRISON Collin Wallace** (Name in full)

Regimental Number **3080633** serving in **1st DEPOT BN. 1st QUEBEC REGT.**

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs Annie Morrison
Agnes Lake Megantic
P. Q. Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Annie Morrison
Agnes Lake Megantic
P. Q. Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 9 day of Jan A.D. 191 8

Collin W 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 *John R Dugalay*

Address of Witness *Quy St Barracks*

THE TWO WITNESSES

Occupation of Witness *Lieut. O. C. B Co'y. 1st Depot Bn., 1st Quebec Reg't.*

MUST SIGN HERE

Signature of Second Witness *Richard Ferris*

Address of Witness *Quy Street Barracks*

Occupation of Witness *Lieut. "B" CO'Y. 1st DEPOT BN. 1st QUEBEC REGT.*

*Ret'd from WD 4
now Roll 22.*

CANADIAN EXPEDITIONARY FORCE


DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3080633 (Rank) Pte.
 Name (in full) Morrison - Collin-Wallace enlisted in
 the 1st Depot Bn - 1st Quebec Rgt.
 CANADIAN EXPEDITIONARY FORCE at Montreal on the 3rd
 day of January 19 18
 HE served 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 <u>24 yrs. 8 mths.</u>	Marks or Scars <u>Nil</u>
Height <u>5'-6 1/4"</u>	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
<u>C Morrison</u> Signature of Soldier	

Date of Discharge



Issuing Officer
C. Morrison Lieutenant,
 Officer in Charge Discharge Section, Dispersal Station "F"
 Rank

Date April 7th 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 _____

(Rank)

_____ (Name in full)

has been discharged from the service of the

CANADIAN EXPEDITIONARY FORCE

on the _____ day of _____

19____

and is now discharged from the service by reason of _____

(Reason)

THE DESCRIPTION OF THIS SOLDIER is as follows:

Name _____

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Mark of Cross _____

Rank _____

19____

A full and complete description of this Certificate and the manner in which it should be used is printed on the reverse side of this form and is also printed in the "Soldier's Handbook" published by the Secretary of War, Ottawa, Canada.

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. 3 080633 Rank Plt Surname MORRISON
(Given name in full)
Colm W.
 Unit or Corps 23 Reg. Birthplace Megantia Ave

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

1. GENERAL DESCRIPTION :

Physique good Weight 130 lbs. Height 5.6 ft. in. Colour of Eyes grey
 Nutrition good
 Pulse 90 regular
 Condition of arteries soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

nil

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

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.

Influenza Dec. 25 Nov 1918

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Refugee (Overseas)

Date 10/3/19 Signed Glynne 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 C. Morrison

(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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

LTR

Rank **6th Lt 1st Bn QUE**
Name **MORRISON, Collin Wallace**
Unit

MORRISON, Collin Wallace
If in perm. Corps, }
What Unit? }

Reg'l No. **3080633**

Married or Single **Single.**

Place and Date of Enlistment

Montreal. 3rd Jan, 1918.

Place of Birth **Lake Megantic**

Name and Address, Next-of-Kin

Murdoch Malcolm Morrison

Que.

Lake Megantic Quebec.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

W/E. R.B. No. **21639**
File R.L.
Category **O**
Character **R. CANADA**

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		3-4-18	S/S SCANDINAVIAN
17-4-18	23 Res.	J.O.S.	Bishopton	4-4-18	D.O. 107
15-6-18	20 Res.	J.O.S. from 23 Res	Do.	6-12-18	166.9 D.O. 1658/14.6.18 23 Res.
3-9-18	42 Bn	J.O.S. from 20 Res Bn	Lucid	30-8-18	D.O. 89 D.O. 242- 20 Res 30-8-18
15-9-18	24 th Bn.	J.O.S. from 42 nd Bn	"	7-9-18	D.O. 974 D.O. 94. d/13/9/18. 42 nd Bn
3-2-19	Q.R.D.	J.O.S. from 24 th Bn	Ripon	26-1-19	25460/2/2/19 24 th Bn.
24-2-19	- - -	J.O.S. to 23 rd Res	"	20-2-19	43 D.O. 48 d/24-2-19
19-3-19	23 rd Res.	S.O.S. to Md. H. Rhyll	"	19-3-19	D.O. 68 D.O. 69 d/20-3-19. Md. H.
		34-A-33 Canada 29-3-19			
2-4-19	Md. H.	S.O.S. to Canada Md. H. Rhyll	Do.	29-3-19	D.O. 80

A.F.B. 103 CHECKED
3 SEP. 1918

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.				

12

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 Collin Wallace,
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 28737 Dr.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 248 Wellington Street, Sherbrooke, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of January 1918 1917, by the undersigned medical board sitting at Montreal Canada

- 5. Age as stated 23 Years 10 Months. 6. Apparent age 23 Years 10 Months
7. Height 5 Feet 6 1/4 Inches. 8. Weight 122 Pounds.
9. Chest measurement { Minimum 30 1/4 Ins. Maximum 34 Ins.
10. Complexion Fair { Eyes Blue Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm 1
14. When vaccinated last Child
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

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 A.2

Handwritten signatures and names: President, Member, Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for MAR 13 1918 and FEB 4 1918.

Joined 3rd day of January 1918 1917 at Montreal Canada.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes stamp: 1st DEPOT BN. 1st QUEBEC REGT. 3080633

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes stamp: MONTREAL MAR 19 1918 and handwritten notes: mil A2, FH Boone capt.

Signature of Man

ORIGINAL
MEDICAL HISTORY SHEET.

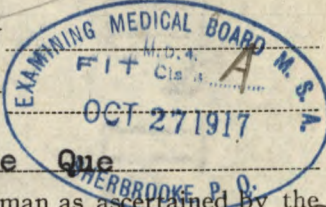
IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which 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 Collin Wallace

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

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

4. Address (including street and number, if any)..... 248 Wellington St., Sherbrooke Que



The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of Oct 1917, by the undersigned medical board sitting at Sherbrooke Que

5. Age as stated 23 Years 6 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 6 1/4 Inches. 8. Weight 122 Pounds.

9. Chest measurement { Minimum 30 1/2 Ins. Maximum 34 Ins. 10. Complexion Fair { Eyes Blue Hair Brown

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

13. Number of vaccination marks { Right arm _____ Left arm 1 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection Flat rib chest. Congenital

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 A

Signature of Man Collin Wallace Morrison

Ref. to Schedule by _____

W. H. Boone Capt Member. J. H. Boone Capt President. E. L. Boone Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>MAR 13 1918</u>	<u>None</u>	<u>M.O.</u>	<u>3-1-18</u>	<u>None</u>	<u>M.O.</u>
<u>NOV 5 1917</u>	<u>None</u>	<u>M.O.</u>	<u>FEB 4 1918</u>	<u>None</u>	<u>M.O.</u>
		<u>M.O.</u>		<u>E. L. Boone</u>	<u>M.O.</u>

Joined NOV 5 1917 day of _____ 191 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>20th CAN. RESERVE BN. "QUEC. REGT."</u>			<u>29.8.</u>
Transferred to.....	<u>42 Bn</u>	<u>3080633</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Monte</u>	<u>Jan 2/18</u>	<u>None</u>	<u>As H. Boone Capt</u>
	<u>MAR 19 1918</u>		<u>As H. Boone Capt</u>

Eyesight R.D. 20/20
" L.D. = 30
Hearing R. Ear OK
" L. " OK

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.

GAMMADIAN

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.

Unit, Regiment or Corps. 1st D. Bn. 1st Q. R.Regimental No. 3080633 Rank. Pte. Name MORRISON, Colin Wallace.
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				
16-4-19	O/S	T.O.S. D.D.4.	Montreal	29-3-19	D.O/Pt-11-106
16-4-19		S.O.S D.D.4. Demob.	MONTREAL	7-4-19	D.O/Pt-11-106 No. 1420 <i>Chas. W. Kelley</i> at <i>Lieutenant</i> <i>Assistant Adjutant</i> <i>District Depot No. 44</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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: MORRISON Collin Wallace			
EFFECTIVE DATE: 1-10-18		EFFECTIVE DATE: -		NUMBER: 3080633			
AMOUNT: 15 ⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
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.		AUTHORITY			
Mrs Annie Morrison (Mother) Lake Megawick, Aigue, P.Q.				L.P.C.			
Dropped 1/4/19				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				Re			
UNIT AND TRANSFERS							
ORIGINAL UNIT: - 1 Dft 1/1 Q R.							
DATE ACCOUNT FIRST OPENED: - 1-4-18							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO			
				23rd Res.			
				89. 30. P. 1P 1.9.18 20.9.18 42 Pm			
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
8-3-19	3084	23 rd Res Pm	14.60				
LPC balance credit 3/13/19 ⁴ 95.70 94.30 av							
PARTICULARS OF RENDERING NON-EFFECTIVE: - Dis Canada 1-4-19 HRD 4472 9-3-19 Return WReturn In D 4.							

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
3/13/18	Bal from Canada								77.80		
	Capt. P. Mc	33	-						55.80		
				AR 46 - Det Lt Bishott - 9/4/18	4.87				50.93		
				" 198 - 23 Res - 30/14	7.30				43.63	15-	✓
		33	-						12.17		
May	"	34	10						77.73		
				AR 370 - 23 Res - 15/15	7.30				70.43		
				" 514 - " - 29/15	29.20				41.23	30-	✓
		34	10						36.50		
June	"	33	-						74.23		
				July FP 2 (Drunk - 1 st) - June 3-7, 1914 23 Res, 3/6			7.70		66.53		
				AR 753 - 23 Res - 15/6	4.87				61.66		
				" 591 - 20 Res - 26/6	14.60				47.06	41.50	
		33	-						19.47	7.70	
July	"	34	10						81.16		
				AR 761 - 20 Res - 11/7	4.87				76.29		
				" 796 - " - 24/7	9.73				66.56	56.50	✓
		34	10						14.60		
Aug.	"	34	10						100.66		
				AR 909 - 20 Res - 10/8	14.60				86.06		
				" 1100 - " - 27/8	4.87				81.19	71.50	
		34	10						19.47		
Sep	P.P.	33	-						114.19	86.50	✓
				Can aff m							
				33 DN/AR 1842 CCHQ Detabs 19.9.18	3.57				110.62		
				35 DN/AR 593 SCYB 26.9.18	3.57				107.05	86.50	
		33	-						7.14		

over

NUMBER 3080633 RANK *Plt.*

NAME MORRISON - C. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>forward</i>								107 05	86 50	
<i>Oct</i>	<i>PP</i>	34 10		<i>Can a P</i>				15	126 15		
				AR 1025 <i>5th C.I.A</i> 16.10.18	2 73	X			123 42		
				AR 1449 " 26.10.18	3 73	X			118 69		
		34 10			7 46			15		101 50	60
<i>Nov</i>	<i>PP</i>	33		<i>Can a P</i>				15	136 69		
				AR 2016 <i>5th C.I.A</i> 16.11.18	3 73				132 96		
				AR 2437 " 26.11.18	13 06	✓			119 90		
				AR 2747 <i>4th Switz Co</i> 7.12.18	3 73	✓			116 17	46 50	60
<i>Dec</i>	<i>PP</i>	34 10		<i>Can a P</i>	20 52			15	135 27		
<i>Jan</i>	<i>..</i>	34 10						15	154 37	86 50	
		101 20			20 52			45			
				AR 2435 <i>2nd RD</i> 21.12.18	9 33	✓			145 04		
				AR 465 " 4.1.19	4 66	✓			140 38		
				AR 3826 <i>Northampton</i> 30.1.19	9 73	✓			130 65		
<i>Feb</i>		30 80		<i>Can a P</i>				15	146 45		
				AR 4018 <i>Beas head</i> 7.2.19	19 47	✓			126 98		
				AR 4431 " 21.2.19	48 67	✓			78 31		
									82 50	60	
<i>Mar</i>	<i>PP</i>	34 10		<i>Can a P</i>	91 86			15	106 90		
	<i>Interest on Deferred Pay</i>	3 40							110 30		
		77 79		AR 3084 <i>23rd Res Bn</i> 10.3.19	14 60	✓			95 70		
					106 49			30			
				AR 5810 <i>LPC Indd</i> 22.3.19	9 73	✓			85 97		
				<i>Summit Park</i>	9 73						
					9 73						
					9 73						

DoS Canada 29/3/19 SL34 23rd Res Bn

LPC

19-3-19

F



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

S. G. 31

Cat: AI

B

1. No. 3080633

2. Rank. Pts.

3. Name. Morrison Collin W.

4. Unit. 23 Res. 1st 2nd A.Bn.

5. Date of Discharge 7-4-19 Place Montreal Que.

6. Reason for Discharge Demobilization



WAR SERVICE BADGE, CLASS "A" No. 276169

7. Authority. R.O. 1420. D.D.#4 D.O.Pt.II-106.

8. Proposed Residence after Discharge Megantic P. Que.
G.P.O. Megantic P.Q.

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. ? 13 39

SLI-LVPL MAR 28/19
ARR HIX APL 5
H.M.I. CARONIA
Apr 7 19

Morrison

Signature of Soldier.

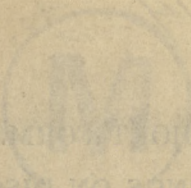
10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... Montreal

Date..... Apr 7 19

Signature..... [Signature] Lieutenant,
(O. C. Discharging Unit)



PROCEEDING ON DISCHARGE

(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the underlined place and date I received my discharge Certificate</p> <p style="text-align: right;">M. J. W. [Signature]</p> <p style="text-align: center;">500 4th X MONTANA</p> <p>Signature of Soldier</p>	
<p style="text-align: center;">CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed</p> <p style="text-align: right;">[Signature]</p> <p style="text-align: center;">[Signature]</p>	

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical History Sheet
Company Conduct Sheet	Company Conduct Sheet
Regimental Conduct Sheet	Regimental Conduct Sheet
Medical Record	Medical Record
Dental History Sheet	Dental History Sheet
Proceedings of Medical Board	Proceedings of Medical Board
Medical History Sheet	Medical History Sheet
Verdicts and findings	Verdicts and findings
Final Pay Certificate	Final Pay Certificate
Separability Form	Separability Form
Final Conduct Sheet	Final Conduct Sheet
or Certificate of Return	or Certificate of Return
Attention Report, Tablets	Attention Report, Tablets

1. Certificate of Discharge (Form D.O.S. 2)
2. Certificate of Discharge (Form D.O.S. 3)
3. Certificate of Discharge (Form D.O.S. 4)
4. Certificate of Discharge (Form D.O.S. 5)
5. Certificate of Discharge (Form D.O.S. 6)
6. Certificate of Discharge (Form D.O.S. 7)
7. Certificate of Discharge (Form D.O.S. 8)
8. Certificate of Discharge (Form D.O.S. 9)
9. Certificate of Discharge (Form D.O.S. 10)
10. Certificate of Discharge (Form D.O.S. 11)
11. Certificate of Discharge (Form D.O.S. 12)
12. Certificate of Discharge (Form D.O.S. 13)
13. Certificate of Discharge (Form D.O.S. 14)
14. Certificate of Discharge (Form D.O.S. 15)
15. Certificate of Discharge (Form D.O.S. 16)
16. Certificate of Discharge (Form D.O.S. 17)
17. Certificate of Discharge (Form D.O.S. 18)
18. Certificate of Discharge (Form D.O.S. 19)
19. Certificate of Discharge (Form D.O.S. 20)
20. Certificate of Discharge (Form D.O.S. 21)
21. Certificate of Discharge (Form D.O.S. 22)
22. Certificate of Discharge (Form D.O.S. 23)
23. Certificate of Discharge (Form D.O.S. 24)
24. Certificate of Discharge (Form D.O.S. 25)
25. Certificate of Discharge (Form D.O.S. 26)
26. Certificate of Discharge (Form D.O.S. 27)
27. Certificate of Discharge (Form D.O.S. 28)
28. Certificate of Discharge (Form D.O.S. 29)
29. Certificate of Discharge (Form D.O.S. 30)
30. Certificate of Discharge (Form D.O.S. 31)
31. Certificate of Discharge (Form D.O.S. 32)
32. Certificate of Discharge (Form D.O.S. 33)
33. Certificate of Discharge (Form D.O.S. 34)
34. Certificate of Discharge (Form D.O.S. 35)
35. Certificate of Discharge (Form D.O.S. 36)
36. Certificate of Discharge (Form D.O.S. 37)
37. Certificate of Discharge (Form D.O.S. 38)
38. Certificate of Discharge (Form D.O.S. 39)
39. Certificate of Discharge (Form D.O.S. 40)
40. Certificate of Discharge (Form D.O.S. 41)
41. Certificate of Discharge (Form D.O.S. 42)
42. Certificate of Discharge (Form D.O.S. 43)
43. Certificate of Discharge (Form D.O.S. 44)
44. Certificate of Discharge (Form D.O.S. 45)
45. Certificate of Discharge (Form D.O.S. 46)
46. Certificate of Discharge (Form D.O.S. 47)
47. Certificate of Discharge (Form D.O.S. 48)
48. Certificate of Discharge (Form D.O.S. 49)
49. Certificate of Discharge (Form D.O.S. 50)
50. Certificate of Discharge (Form D.O.S. 51)
51. Certificate of Discharge (Form D.O.S. 52)
52. Certificate of Discharge (Form D.O.S. 53)
53. Certificate of Discharge (Form D.O.S. 54)
54. Certificate of Discharge (Form D.O.S. 55)
55. Certificate of Discharge (Form D.O.S. 56)
56. Certificate of Discharge (Form D.O.S. 57)
57. Certificate of Discharge (Form D.O.S. 58)
58. Certificate of Discharge (Form D.O.S. 59)
59. Certificate of Discharge (Form D.O.S. 60)
60. Certificate of Discharge (Form D.O.S. 61)
61. Certificate of Discharge (Form D.O.S. 62)
62. Certificate of Discharge (Form D.O.S. 63)
63. Certificate of Discharge (Form D.O.S. 64)
64. Certificate of Discharge (Form D.O.S. 65)
65. Certificate of Discharge (Form D.O.S. 66)
66. Certificate of Discharge (Form D.O.S. 67)
67. Certificate of Discharge (Form D.O.S. 68)
68. Certificate of Discharge (Form D.O.S. 69)
69. Certificate of Discharge (Form D.O.S. 70)
70. Certificate of Discharge (Form D.O.S. 71)
71. Certificate of Discharge (Form D.O.S. 72)
72. Certificate of Discharge (Form D.O.S. 73)
73. Certificate of Discharge (Form D.O.S. 74)
74. Certificate of Discharge (Form D.O.S. 75)
75. Certificate of Discharge (Form D.O.S. 76)
76. Certificate of Discharge (Form D.O.S. 77)
77. Certificate of Discharge (Form D.O.S. 78)
78. Certificate of Discharge (Form D.O.S. 79)
79. Certificate of Discharge (Form D.O.S. 80)
80. Certificate of Discharge (Form D.O.S. 81)
81. Certificate of Discharge (Form D.O.S. 82)
82. Certificate of Discharge (Form D.O.S. 83)
83. Certificate of Discharge (Form D.O.S. 84)
84. Certificate of Discharge (Form D.O.S. 85)
85. Certificate of Discharge (Form D.O.S. 86)
86. Certificate of Discharge (Form D.O.S. 87)
87. Certificate of Discharge (Form D.O.S. 88)
88. Certificate of Discharge (Form D.O.S. 89)
89. Certificate of Discharge (Form D.O.S. 90)
90. Certificate of Discharge (Form D.O.S. 91)
91. Certificate of Discharge (Form D.O.S. 92)
92. Certificate of Discharge (Form D.O.S. 93)
93. Certificate of Discharge (Form D.O.S. 94)
94. Certificate of Discharge (Form D.O.S. 95)
95. Certificate of Discharge (Form D.O.S. 96)
96. Certificate of Discharge (Form D.O.S. 97)
97. Certificate of Discharge (Form D.O.S. 98)
98. Certificate of Discharge (Form D.O.S. 99)
99. Certificate of Discharge (Form D.O.S. 100)

Group _____
 Checked by _____
 Date _____

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).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... Q
 Checked by No. 34
 Date 25/3/19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. *3080633* RANK *Plt* NAME (IN FULL) *MORRISON, COLLIN W.* (BLOCK LETTERS SURNAME FIRST)

M. OR S. *[Blank]*

NEXT OF KIN *[Blank]* RELATIONSHIP *[Blank]* ORIGINAL UNIT C.E.F. *QRD* IF IN P.F. WHAT UNIT? *X*

ADDRESS *[Blank]* PARTICULARS *POS* EFFECTIVE DATE *29.4.19* AUTHORITY *20 Lot. Supp #2 Pg B* PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *Jan 3/18* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY *15.00* DATE EFFECTIVE *1.5.19*

IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE *[Blank]*

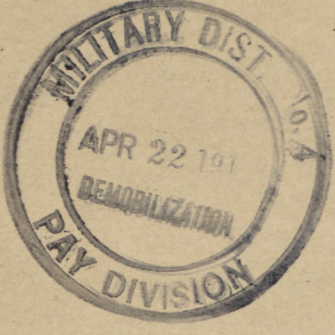
TO WHOM PAID *Mrs Annie Morrison* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *Wife same address*

ADDRESS *Lake Megantic Que*

STOP PAYMENT FORM RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *Montreal* PLACE *[Blank]* DATE *7.4.19* REASON *Demob* AUTHORITY *20 Lot. Supp #2 Pg B* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

M905

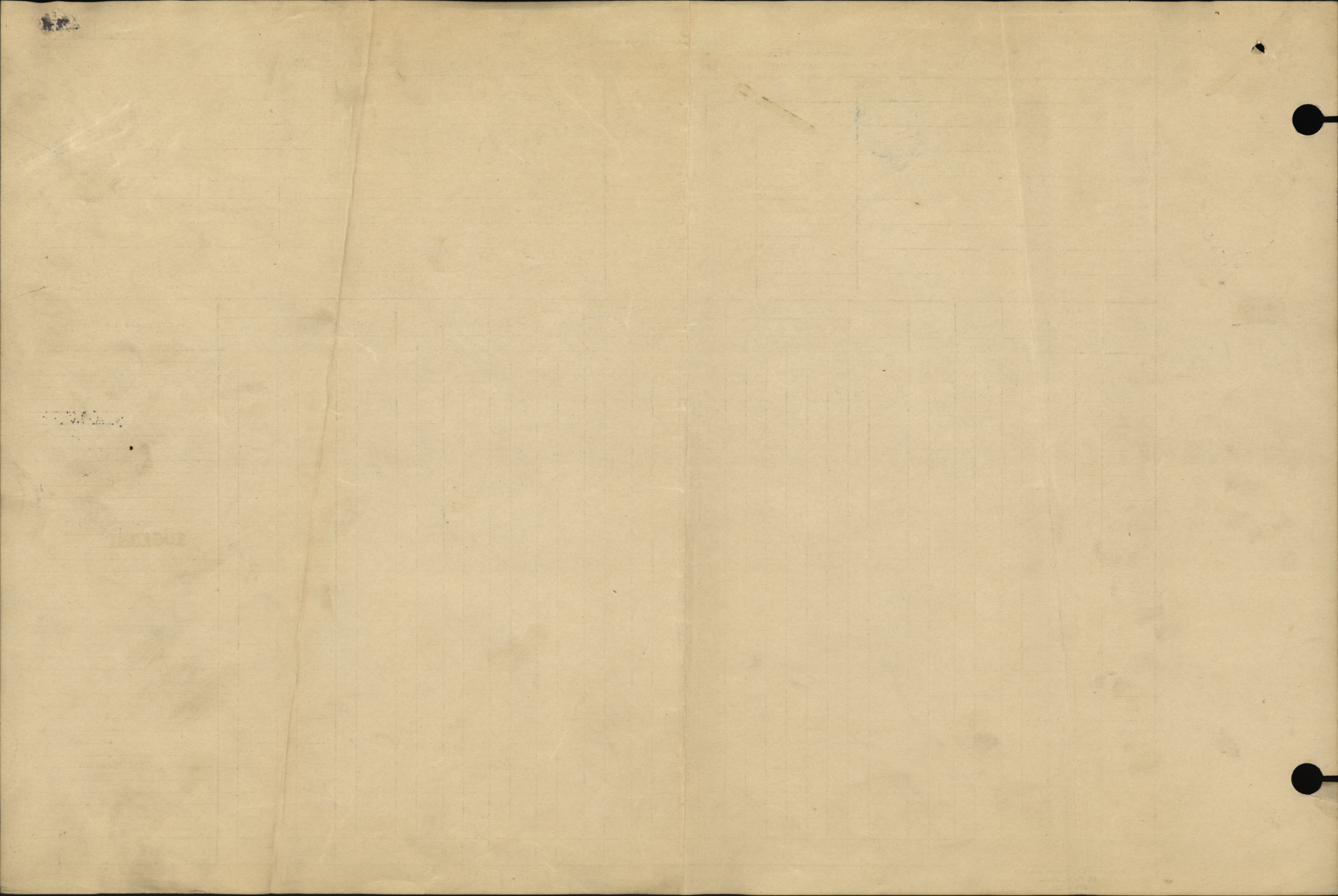


BALANCE FROM PREVIOUS ACCOUNT

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	
				85 97												85 97	Or Bal Eng L.P.C. 85 97
1. 4 19			35 00														Or Clothing 35 00
13. 4 19	13	1.10	14 30	70 00													Or Bal from 7/1/19 to 13/4/19 6 870 6
								4 87	5 00	180 40	15 00		6 60				Or Bal April 15 2
			Other Credits														
			W.S.C.S.A.														War Service Gratuity
				280 00													Other Charges
													40 00				W.S.C.S.A.
														40 00	210 00		Total
1/5/19													6 60	63 40	40 00	140 00	Soldier
7.6.19													70	70	70	70	Dependant
7/7/19													70	70	70	70	

3

1061381



Date of Enlistment 3-1-18

MILITIA AND DEFENCE

m 275-73 Date of Assignment

Separation and Assigned Pay Branch

1st Oct 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion	1st Depot Bn 1st Quebec Regt		
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	MRS. ANNIE MORRISON, LAKE MEGANTIC,
2	AGNES, QUE. 15 15.00
3	% 3080633 PTE C.W. MORRISON FIFTEEN DOLLARS
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
Oct	M 3584		15	15	✓ Mailed 16-11-18.
Nov	21 57221		15	15	✓
Dec 1919	X 67552		15	15	✓✓
Jan	21 72535		15	15	✓
Feb	W 76832		15	15	✓
Mch	M 86076		15	15	✓
Apr	P 3707		15	15	✓
			105	105	

File 013132-6.28 n. Roll 4-B-1

A/c Closed 30-4-19
 Ret'd per. Caronia
 Date 4/4/19 M.F.W. 187
 M.R.D. 86214 Destroy

M. F. W. 128
 4009-6-17-1772-39-1141
 L. L. 22320-M. & D. 7983.

AUTHORITY } 2m. 28-Aug 1918
 FOR } J. A. Fincaid
 NEW ACCT. } 21-10-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
 400m. 17-1772 38-1141
 L. L. 22220-M. & D. 7993.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

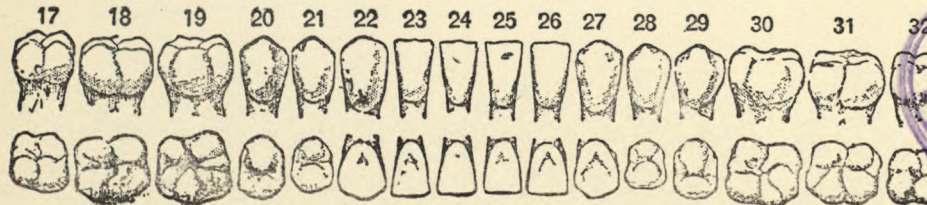
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MORRISON, C.W.

REGIMENT 23rd Inf Bn. RANK Plt No. 3080633

Date of Examination in England 10-319 Date of Examination in France

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 3, 18, 31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada Nil
- (b) In England Nil
- (c) In France

R. Thompson Capt. for A.D.P.C.

Signature of Dental Officer *J. E. Thompson, Capt.*

UNITED STATES ARMY DENTAL CORPS

DENTAL CERTIFICATE FOR IMMUNIZATION

DIRECTOR OF
DENTAL OFFICERS

1. This form will be
filled out by the
Dental Officer of the
unit in which the
person is being
immunized.
2. This form will be
filled out by the
Dental Officer of the
unit in which the
person is being
immunized.
3. This form will be
filled out by the
Dental Officer of the
unit in which the
person is being
immunized.

NAME OF PATIENT: [Faint handwriting]
REGIMENT: [Faint handwriting]
BATTAL: [Faint handwriting]
COMPANY: [Faint handwriting]

1. [Faint handwriting]
2. [Faint handwriting]

3. [Faint handwriting]
4. [Faint handwriting]

IMMUNIZATION RECORD

1. [Faint handwriting]

2. [Faint handwriting]

3. [Faint handwriting]

4. [Faint handwriting]

(a) [Faint handwriting]

(b) [Faint handwriting]

(c) [Faint handwriting]

(d) [Faint handwriting]

(e) [Faint handwriting]

(f) [Faint handwriting]

MEDICAL CASE SHEET.*

1919

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>17032</i>	<i>3080633</i>	<i>Sgt</i>	<i>C W.</i>	<i>Morrison</i>
Year <i>1919</i>	Unit <i>rd Gau Det</i>	Age <i>rd.</i>	Service <i>13/12</i>	

Station and Date.	Disease
<i>Head of 2</i>	<i>Ear Deaf</i>
<i>Can: Conval: Hospital, Bear Wood.</i>	<i>Man feels well, but still cannot hear through in walking.</i>
<i>19/1/19</i>	<i>A.C. food</i>
	<i>W. Morgan Capt</i>

<i>3 - FEB 1919</i>	<i>S.R.E. Hood</i>
<i>10 FEB 1919</i>	
<i>17 FEB 1919</i>	<i>F. A. A"</i>
<i>21/2/19</i>	<i>Dir to Base Fit - 2.</i>

W. Morgan Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.



Station
and Date.

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

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

500M.—9-16

H. Q. 1772-39-920.

W. S. B. CLASS. A.

B.

Casualty Form—Active Service.

Unit, Regiment or Corps.

6th Draft
1st DEPOT BN. 1st QUEBEC REGT.

Regimental No. 3080633 Rank Private Name MORRISON Collin Wallace

Enlisted (a) 3-1-18 Terms of Service (a) OFF SOFW Service reckons from (a) 3-1-18

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) Machinist

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				
		<i>Embarked Canada</i>	<i>Canada</i>	<i>24/3/18</i>	<i>21. M. G. Scandinauian</i>
		<i>Arrived</i>	<i>England</i>	<i>2/4/18</i>	
<i>6-4-18</i>	<i>23rd Res</i>	<i>Taken on Strength</i>	<i>Bramshott.</i>	<i>4-4-18</i>	<i>D. Pt II C. 10A</i>
<i>14-6-18</i>	<i>23rd Can. Res. Bn.</i>	<i>Struck off Strength on Posting to the 20th Res Bn RHC. Bramshott Daily Part II Orders No. 165.</i>	<i>Bramshott.</i>	<i>12-6-18</i>	
			<i>W. A. Chalmer</i> Lieut & Adjutant. 23rd, Canadian Reserve Battalion.		
<i>15/6/18</i>	<i>20 Res T.O.S.</i>		<i>Bramshott</i>	<i>14/6/18</i>	<i>20. 166</i>
	<i>20 Res S.O.S. on posting to 42 Bn Cavalry</i>		<i>BRAMSHOTT.</i>	<i>29. 8. 18</i>	<i>242</i>
					<i>Submore</i> LT. & ADJUTANT FOR G.O. 20th CANADIAN RESERVE BN. R.H.C.

CERTIFIED CORRECT.
SEP. 1918
G.N. RECORDS, LONDON.
30 1918

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

[P.T.O.]

3060633 Pte. MORRISON, C.W.

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				
	O. C. C. B. D.	Landed in France. strength 43rd Cdn. Bn.	Taken on Nom. Roll d/ 30/8/18	II D.O. d/ 2/9/18	
	- do. -	Left for cenc 30/8/18	29/8/18	Nom. Roll dt 27/3/18	
	O.G. cenc	Arrived	5/9/18	dt 2/13/18	
5/9/18	O. B. C.	Transf 2 to 24 th Cdn Bn.		6/9/18	1st. 304 & cenc 1st Bn N. 1/21/18 P. 120. 94 of 13/9/18.
5.9.18.	aa9	Transf. 4 th Cdn Bn	Filed	7.9.18	KR 344. P. 20 97 of 1918.
13.9.18.	24 th Cdn Bn	Trans. from 42 nd Cdn Bn		7.9.18	B 213
30.11.18	665A	Inf. Lt. Joe H.	665A	30.11.18	M 9517
30.11.18	"	"	44 CCS	30.11.18	"
8.12.18	44 CCS	"	"	2.12.18	"
8.12.18	"	"	C. C. 1st Lt.	4.12.18	"
7.12.18	1/3 Field Co	Synov. Troop. (1/2001)	1/3 Field Co	5.12.18	"
7.12.18	"	"	4 CCS	6.12.18	"
11.12.18	5766.S	Synov. Joe. L	5766.S	10.12.18	"
11.12.18	"	"	15. A. J.	11.12.18	" 181
12.12.18	18 cenc	Synov. Joe H.	18 cenc.	12.12.18	M 889
14.12.18	44 CCS	Synov. Joe H.	44 CCS	7.12.18	"
14.12.18	44 CCS	"	"	"	"
20.12.18	18 cenc	Flat Foot. L	Talmeier	10.12.18	" 1611
20.12.18	6 cenc dep	"	6 cenc dep	20.12.18	M 1818
11.1.19.	56 cenc.	"	6 cenc dep	20.12.18	M 2066
		"	56 cenc.	11.1.19.	N 4407

(2)

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 4th Canadian Bn Regimental Number 3080633

*Substantive Rank Pte Surname Morrison Christian Names Colin Wallace

*Acting Rank _____
(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
25.1.19	Stebene		Old Fr. Hospital. 4th Bn.	England	25.1.19	X5933
25.1.19	"		INVALIDED Sick TO ENGLAND AND POSTED TO QUEBEC REGTL. DEPOT <u>Charles Ripon</u> PER "A. T. <u>Solden/Boyle</u> ."	ENGLAND	25.1.19	W3083-6469 20.12.1919 Lieut Capt for Lt-Col. A.A.G.
23.2.19	ARR		TOS from 24th Bn	Ripon	26-1-19 to 25	Canadian Section G.H.Q 3rd Echelon B.E.F.
24/2/19	24. CAN. C. BN.		TAKEN ON STRENGTH	Ripon	21/2/19	LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.E. B.E.F. II. S. No. 48

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425-P1000 500,000 10/18 G.W.P.Co.3973

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
19-3-19		23rd Can Res Bn.	Having proceeded to No. 1 for return to Canada in B.C.C. on transfer to Canadian Concentration Camp, 154 No. 1.		19-3-19	DPO 68.
19/3/19		G.C.C. Kinmel Park	Mark for return to Canada.			
29 MAR 1919		Embarking for Canada	G.C.C. Kinmel Park on Part II Order No.			
						Lieut. Officer i/c Records No. 4 M.D. Concentration Camp

MAR 29/19
 APL 5:11
 CARONIA*
 S.I. / RR M

23rd Canadian Reserve Battalion.
 Capt & Adjt

Nothing to be written in this margin.