

~~DUPLICATE~~
~~TRIPLICATE~~

ATTESTATION PAPER.

No. 905101

Folio.

1941 *D.P.M.* *L.E.J.*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- | | |
|---|---|
| 1. What is your name?..... | <u>Daniel Angus Morrison</u> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | <u>Prince Edward Island, Canada.</u> |
| 3. What is the name of your next-of-kin?..... | <u>Neil Samuel Morrison</u> |
| 4. What is the address of your next-of-kin?..... | <u>Prince Edward Island. Pinette P.O.</u> |
| 5. What is the date of your birth?..... | <u>24th August 1879.</u> |
| 6. What is your Trade or Calling?..... | <u>Teamster.</u> |
| 7. Are you married?..... | <u>No.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated?..... | <u>Yes</u>
<u>No</u> |
| 9. Do you now belong to the Active Militia?..... | <u>No</u> |
| 10. Have you ever served in any Military Force?..
If so, state particulars of former Service. | <u>No</u> |
| 11. Do you understand the nature and terms of your engagement?..... | <u>Yes</u> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | <u>Yes</u> |

Daniel Angus Morrison (Signature of Man.)
M.L. Petherbridge (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Daniel Angus Morrison, do solemnly dec'are that the above answers made by me to the above questions 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.

Daniel Angus Morrison (Signature of Recruit)
M.L. Petherbridge (Signature of Witness)

Date June 23rd 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Daniel Angus 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.

Daniel Angus Morrison (Signature of Recruit)
M.L. Petherbridge (Signature of Witness)

Date June 23rd 1916.

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 Edmonton this 23rd day of June 1916.

J.S. Reeces (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Description of Daniel Angus Morrison Enlistment.

Apparent Age 37 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft 6 ins.

Chest measurement: { Girth when fully expanded 36 ins.
 Range of expansion 5 ins.

Complexion Dark

Eyes Grey

Hair Black

Religious denominations: { Church of England Yes
 Presbyterian 3
~~Wesleyan Methodist~~
 Baptist or Congregationalist 1
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

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.

Fit

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

Date June 23rd 1916

Place Edmonton Alberta.

[Signature]
 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.

Daniel Angus 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.

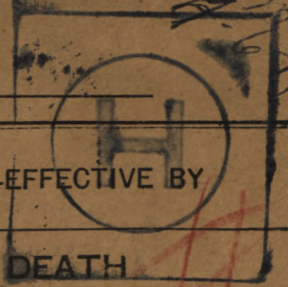
..... (Signature of Officer)

Date June 23rd 1916

[Signature]

REGIMENTAL DOCUMENTS

NAME MORRISON DANIEL ANGUS REGT. NO. 905101 UNIT 2nd M.G.B H. Q. FILE NO.

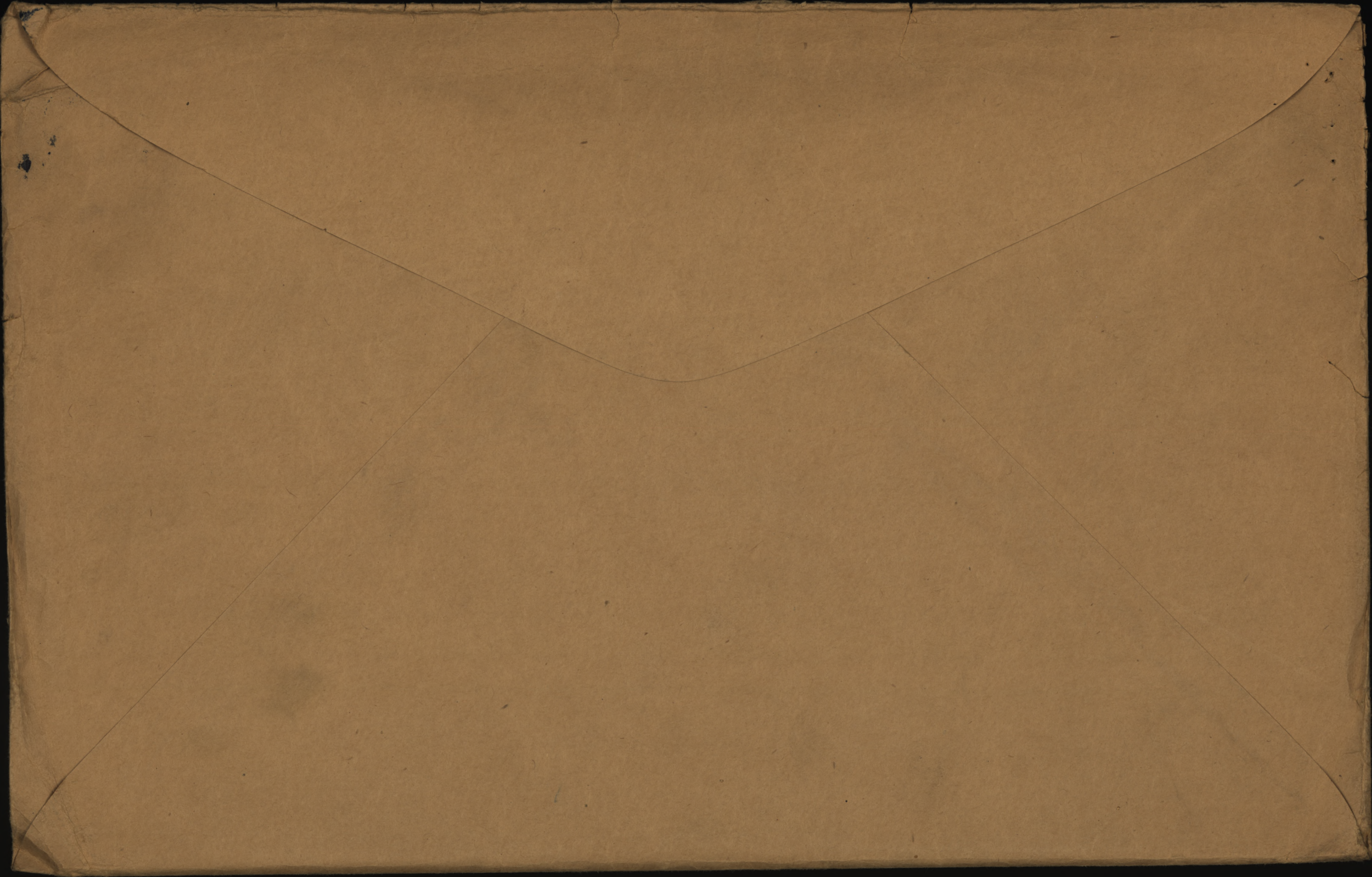


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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		W			
/ 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)					
/ DENTAL HISTORY SHEET (M.F.B. 465)					
/ MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DISCHARGE
/ MEDICAL EXAMINATION (M.F.W. 129)					Category
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					<i>Demob</i>
/ 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)					
/ <i>Misc</i>					
/ <i>Card</i>					
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480132

53-23
24 23
6 23



MORRISON, Daniel, Angus.

Pte.

905101

Name

Rank

Reg. No.

Unit

2nd. C. D. M. G. CO. (5)

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-8	No. 9. C. F. A.	Myalgia General		A347.		
23-8	No. 22. C. C. S.	do		A350		
25-8	No. 56. Gen. Hosp. Etaples. (HA 13422/2)	Myalgia Gen		A.1.		
2-9	No. 6. Conv. Depot Etaples. HA 13713/2	Trench fever		A.9.		
9-9	No. 5. Conv. Dep. Cayeux. HA 13962.	do.		A14		
5-	11-Discharged Base Dep. Camiers. HA 16080-2.	do.		A65-		

EM
M.D.

Number. 905101 Rank Capt

Surname. MORRISON

Christian Name. Daniel Angus

Units. 1st M.G. Bde Theatre of War France

Date of Service. 20/4/17

Remarks.

Latest Address. Beaton's Mills

P.E.D.

Roll No. B Page 7232

~~13~~
~~V~~

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1957/1952
 DEC 8 1921
 T. O. S.

REG'T'L No. 905-101

H. Q. FILE NO. 649.

NAME

Morrison W. A.

RANK AND CORPS

Pte. 2nd Can. Div. Mac. Gun. Comp

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 347	#9 Can. Fld. Unit.	22-8-17	Myalgia General.
A 350	#22 Cas. Q. Str	23-8-17	Myalgia
A 1-1	56 Gen Etaples	25-8-17	" "
A 9-4	6. Conv. Depot Etaples	2-9-17	Trench Fever.
A 14-2	5 Conv. Depot Cayeux	9-9-17	Trench Fever.
A 65 ³	Disch to Base Depot, Camiers	5-11-17.	Trench Fever.

Mac Gum Corp.

SURNAME.

Morrison.

CARD NO.

*305 Dis. 25-5-16
Female # 6
50-147 FOLD 27-5-17*

CHRISTIAN NAMES

Daniel Angus.

REGL. NO.

905/01

RANK

Pte.

UNIT

194th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Morrison. Neil. Samuel.

RELATIONSHIP TO SOLDIER

not stated.

ADDRESS

~~*Paton Co. Prince Edward Isle.*~~
R.R. No 2. Bealon's Mills, P.E.I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Prince Edward Is.

DATE

Aug. 24th. 1879.

PLACE OF ATTESTATION

Edmonton. Alta.

DATE

June 23rd. 1916

*R/C. 16-5-19 824
125-pl.*

From Halifax port 8: "Olympic" 14/11/16

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Seamster.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

37

YEARS

9.

MONTHS

HEIGHT

5

FEET

6½

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

5

INCHES

COMPLEXION

Dark

EYES

Grey.

HAIR

Black.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta.

DATE

June 23rd. 1916

Present address: - not stated.

No. 905101 RANK

Pte

NAME

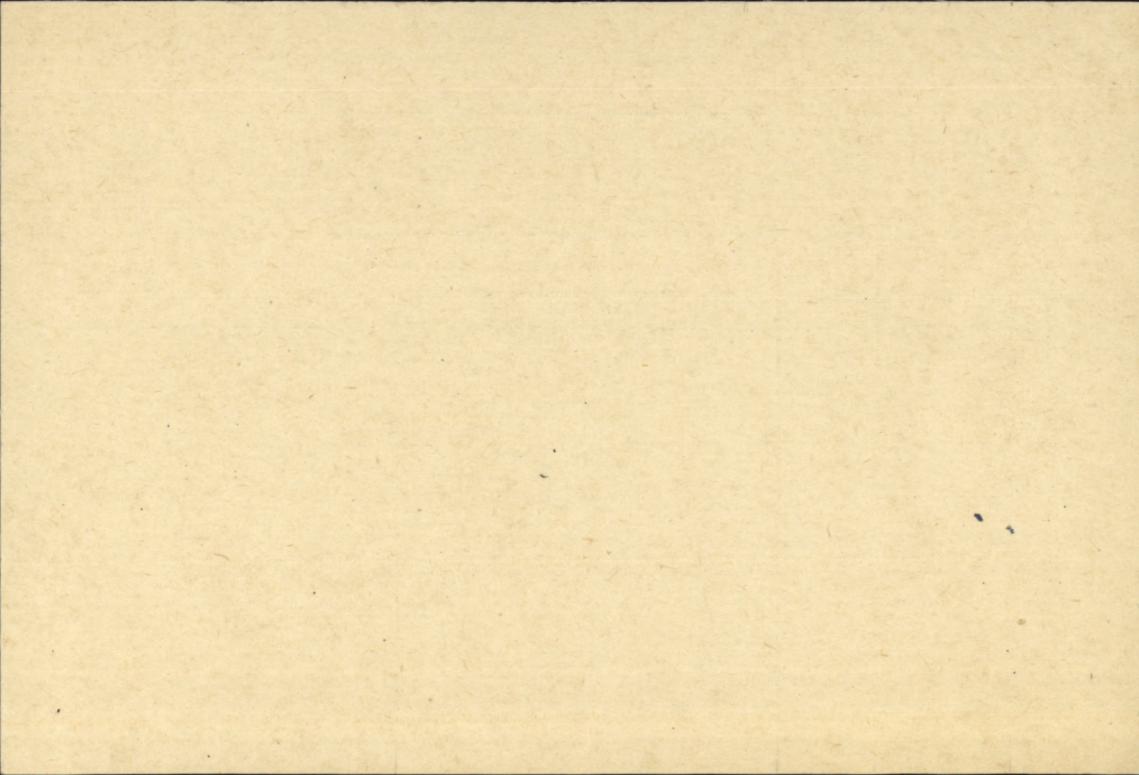
Morrison D. a

T. O. S. 23-6-16

UNIT

*194th Battalion**Do 123-29-6-16*M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>June 23</i>	<i>1916</i> <i>July 31</i>	<i>c.</i>		
	<i>Aug.</i>	<i>c.</i>		
	<i>Sept</i>	<i>c.</i>		
	<i>Nov</i>	<i>c.</i>		



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

MORRISON

D.A.

905101

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

2nd M.G.CO.

(5)

HOSPITAL

9 C.F.AMB.

DATE OF ADMISSION

22-8-17.

1. 22. Cas. Co. Str. HOSP. 23-8-17.

2. x56 Gen Hosp Etaples HOSP. 25-8-17

3. 16 Cow. Depot Etaples HOSP. 2-9-17.

4. 15 Conal. Depot Cayenne HOSP. 9-9-17

DIAGNOSIS

1

xMyalgia General.

2

+ French Fever sent Am'd 2/4.22.11-18

3

DISPOSITION

Dis. to B. Dep. Amers DATE

REMARKS

5-11-17

CL. 27-8-17 A347-2.

30-8-17 4.380

4-9-17 2.10X

13-9-17 2.9(4)

19-9-17 A 14(3) /

17-11-17. AG5.3.

A.M.D. 2 DEPT.

9th. of D.G. Co. 2nd M.F.C. London.

Eding

Er 22-11-18

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

OTTAWA 4, ONTARIO.

JULY 18, 1966.

Date.....

Attention of

NAME MORRISON Donald ~~X~~ Angus.

D.A.

SERVICE 905101 194TH BN
NUMBER (GEF.)

C.P.C. No.
W.V.A. No. 27607

NAVY
ARMY ~~X~~
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. VANCOUVER, B.C. JULY 13, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JULY 6, 1966.

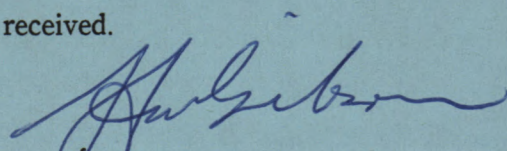
Cause of Death.....

Place of Death SHAUGHNESSY HOSPITAL, VANCOUVER, B.C.

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~XXX~~
~~XXX~~
H.O.

} Destroy form if advice of death already received.


for
Chief, Central Registry

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class A, No. 311678

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 905101 (Rank) Cpl.

Name (in full) MORRISON Daniel Angus enlisted in
the 194th Bn

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 23rd.
day of June 1916

HE served in France & England (See M.G. logs)

Demobilization.
and is now discharged from the service by reason of
Medical Unfitness.

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

Age 39 yrs
Height 5 ft 6
Complexion Dark
Eyes Brown
Hair Black

Marks or Scars

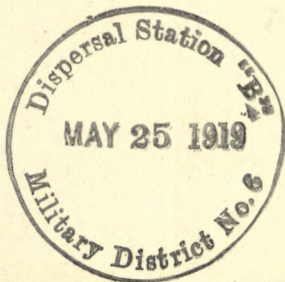
Small scar on chin

D A Morrison

Signature of Soldier.

J. G. [Signature] Major
O. C. Dispersal Station "B"
Issuing Officer.

Date of Discharge



Rank

MAY 17 1919

Date..... 19.....

NB - 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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

TLH Rank Name MORRISON, Daniel Angus, Reg'l No. 905101.
 Unit 194th. Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Edmonton, June 23rd. 1916. Place of Birth Prince Edward
 Island, Canada.
 Name and Address, Next-of-Kin Neil Samuel Morrison, P. Office, Pinette Co. P.E.I. Canada. Relationship

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

B.
 N/E. R.B. No. 11235
 FHE R.L.
 Category
 OK. CAN

Discharge, Date and Place Reason Character

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 S, S, OLYMPIC 21-11-16.			
26 1 17	194th Bn S.O.S to 9th Res Bn	B'shott	25-1-17	Pt II D, O.23	
26-1-17	9th Res. Bn T O S FROM 194th Bn	DO	25, 1 17	Pt II D O I	
1-2-17	9th Res. Bn S.O.S to C. M. G. Dept	Bramshott	1-2-17	Pt II D O.7	
2. 2. 17	emg W	Taken on strength	crowboro	1. 2. 17	33.
19.4.17		Posted to M.G. Pool	"	18.4.17	109
11.5.17	M.G. Pool	S.O.S. to 6th M.S.C.	Cambris	27.4.17	37. d. PHE 063
27.8.17	2nd Div M.S.C.	Adm. No 9 Can Amb.	Field	22.8.17	sch A 347 myalgia Gen.
30. 8. 17	2 Can Div M.G. Coys	Trans no 22 Gas Clearing Station		23 8 17	GLA 350. myalgia
3 9. 17	5 M.G. Coys	To. 56 Gen Hospital	Etaples	25 8 17	GLA. myalgia.

A.F.B. INS CHECKED
 1 MAY 1917

JOB

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.				
12.9.17	5 th M.L.C.	Sgd No 6 Com Depot	Staples	2.9.17	Let A 9
18.9.17	✓	Sgd No 5	Caynes	9.9.17	14 Trench fever.
16.11.17	6 th M.L.C.	Disch to Base Depot.	do	5.11.17	A 65
15.3.18	2 nd M.L.C.	Tpd. to M.G. Corps On Strength 2nd Bn. C M G Corps 19-3-1918	July	1.3.18	Promo 20
15-2-19	2 nd Bn M.L.C.	Promoted Cpl to C.E.	Pte Field	30-11-18	Pte #15
18-4-19	8 th M.L.C.	To S of 2 nd Bn M.L.C.	Cpl Witley	10-4-19-8	
		Seiling 64 - B - 24	dt.	10/5/19	
11-4-19	2 nd Bn M.L.C.	Proc. to Eng	Field	9-4-19-29	
10/5/19	8 th M.L.C.	Sot to Canada	Witley	10/5/19-18	

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.

(1) Name of Overseas Unit which Soldier joins..... *194th OBW CEF*

.....

(2) Regimental Number..... *905101*

(3) Full Name of Soldier..... *Daniel Morrison*

.....

(4) Place of Birth..... *Prince Edward Island*

.....

(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?.....

(8) Have you any children?.....

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

Also their names and ages.....

.....

.....

.....

317 3170
(9) Is your Father alive?..... *no*

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

(10) Is your Mother alive?..... *no*

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

(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.

Neil S. Morrison
Prince Edward, Island

(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?..... *yes*

If so, in what Company?..... *Excelsior Life*

Have you made arrangements for payment of your Insurance premium..... *no*

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

Date..... **15 JUN 1916**

W. E. Braae
.....
Officer Commanding.

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. 905101 Rank C. Corp. Surname Morrison
(Given name in full)

Unit or Corps 25 Bn J. Wing Birthplace Stantel, Angus, P. I. E. I.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 76 Reg
 Condition of arteries Soft
 Vision Rt. 6 ft. Left 6 ft.
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Small scar on chin (Boil 1910)

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 Sytem no Cardio-Vascular System no
 Special Senses no Integumentary System yes Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition yes

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.

24 & 8:17 Myalgia
2 9:17 Typhoid Fever

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 12/4/19

Signed [Signature] 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 [Signature]

(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 Medical Board.)

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

E. L. A.

[OVER]

WITLEY, SURREY
A.D.M.
CAN
App 1919
"INQUIRY ENDS"

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON D. A.
REGIMENT 25th Battalion of Wing RANK Capt. No. 905 101
Date of Examination in England 22 APR 1919 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

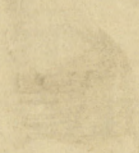


HAS HE EVER REFUSED DENTAL TREATMENT ?

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

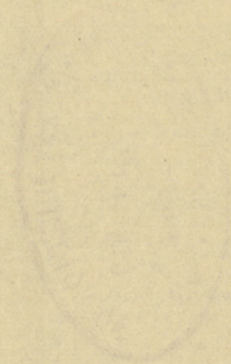
- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer [Signature]



Faint, illegible text, possibly bleed-through from the reverse side of the page.

Faint, illegible text, possibly bleed-through from the reverse side of the page.



ORIGINAL

MEDICAL HISTORY SHEET

905101

Surname Morrison Christian Name Daniel Angus

Examined on 6 day of October 1916 at Sarsse Camp

Approved by [Signature]

Birthplace City or Town P. E. I. County Canada

Rank Capt M.O.

Apparent age 37

Trade or occupation Teamster

Height 5 feet 6 1/2 Inches

Weight 145 lbs.

Chest measurement Minimum 31 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks

Vaccination Marks Arm Right Left Number

When Vaccinated last Aug 3. 16

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Multiple rows with M.O. entries.

Table with columns: Date, Result, VACCINATIONS. Entry: Aug 3. 16, M.O.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Entries: Aug 3. 16 Reaction, Aug 12. 16 Reaction, Aug 18. 16 Reaction, M.O. 9.10.16, M.O. 16.10.16, M.O. 25-10-16

Enlisted on 23 day of June 1916 at Edmonton

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows for 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: STATION, DATE, DISEASE, RESULT. Empty rows.

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.

W S B class "A" JSH

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 194th O.Bn. C. E. F.

Regimental No. 905101 Rank Pte. Name Morrison Daniel Angus

Enlisted (a) 23.6.16 Terms of Service (a) Duration of war Service reckons from (a) 23.6.16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } Mach Gun

~~Extended~~ Re-engaged ~~Qualification (b)~~ (Teamster)

Report Date	From whom received	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.
26.1.17	194th	Embarked. Disembarked Trans to 9th Res Bn Alberta	Canada England Bramshott	14.11.16 28.11.16 25.1.17	Pt II D 023 ✓ W A Milne Capt Adjt 194th Bn
26.1.17	O.C. 9th Bn	Taken on Strength 9th Res Bn	Bramshott	25.1.17	Pt II O. 1 ✓
1.2.17	O.C. 9th Bn	Ufd to Can Mach Gun Depot	Bramshott	1.2.17	Pt II 4 ✓ Adjutant with Res. BATTN. C.E.F.
2.2.17	Com C.M.G.D.	Taken on Strength, C.M.G.D.	Crowborough	2.2.17	Auth. Depot Order Pt. II 33 ✓
19/4/17	Com. C.M.G.D.	Transferred to M.G. Pool	Crowborough	19/4/17 18.4.17	Depot Order Pt. II No. 109 ✓ 94. Carpenter A/Adjutant, C.M.G. Depot.
20-4-17	O.C. Pool	Arrived & taken on strength of m.g. Pool	Pamiers	20.4.17	RR 82 Pt 2nd 339/27-4-17
27-4-17	do	S.O.S to 6th M.G. Coy	field	27.4.17	RR 84 Pt 2nd 379/11-5-17
28-4-17	do	T.O.S of 6th M.G. Coy	do	28.4.17	RR 84 Pt 2nd 639/14-5-17

(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				
5-5-17	Unit	Joined unit	field	29-4-17	B213 Dec 165
25-8-14	do	Evac to Hoptl		22-8-14	B213. Dds 200 d 5-9-17
24-8-14	22 C. B. S.	Myalgia.	22 C. B. S.	23-8-14	To 4 A.T. 24-8-17 A 36 3896
2-9-14	6 Con. Dep.	French fever	6 Con. Dep.	2-9-14	W30344 5179.
8-9-14	Ob Unit	Evac to C.B.S.	C.B.S.	24-8-14	B213.
9-9-14	5 Con. Depot	French fever	5 Con. Dep	9-9-14	W3034, 8203
13-10-14	do	Remaining	do	13-10-14	Letter K.G. 16/25900
5 th 8-11-14	do	Dis. to Base, Fit	Camp.	5-11-14	K.G. 16/25900 (W3034(B2856))
8-11-14	M.C. Depot	Arr. Depot ex. 5 Con. Dep & dep't	-	6-11-14	B213/43
24-11-14	C.B.	Rejoined unit	Field	20-11-14	B213
15-12-14	"	Granted 14 days leave	Paris	8-12-14	B213 Pt. 11 Wd 148 d 4-12-14
29-12-14	"	Rejoined from leave	Field	23-12-14	B213 Pt. 11 Wd 1 d 4-1-18
		Assigned into 2nd Batt'n			
		Can Mach Gun Corps			
7-12-18	Unit	Granted 14 days leave	U.K.	4-12-18	B213 P/25/18
28-12-18	do	Rejoined from leave		25-12-18	do
"	do	Prom. Corporal to Comp Sgt		30-11-18	B213 P/15/19
Emb. Camp.		Proceeded to England.			
8.0. 4 th Wing, Canadian Corps Camp, Witley,					
on proceeding to Canada					
10.5.19					
25.5.19					
T. O. S. No. 6 D. B. from...		and posted...			
S.O.S. in discharge					
APR 9 1919					
N.T.R.					
PL 2 O. No.					
LIEUT.					
FOR LT COL.					
A.A.G.					
Desp. B. 147					
" 147					
Lient.					
Officer V. Records No. 6 D. D.					

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: MORRISON Daniel a. K				
EFFECTIVE DATE: 1/5/18		EFFECTIVE DATE: -		NUMBER: 905101				
AMOUNT: 15 ⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY				
W. S. Morrison (brother) Puisette, P. E. I. Canada				DATE EFFECTIVE				
				RANK OR APPOINTMENT				
				Private				
				2 Cmg. 15 15/2/19 30.11.18				
				Capt.				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT: 194 H Batt.				
				DATE ACCOUNT FIRST OPENED: 1st Dec: 1916				
				AUTHORITY				
				DATE EFFECTIVE				
				DATE LEDGER SHEET T'S'D				
				UNIT TRANSFERRED TO				
				2nd Cmg. 15				
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	
21.3.19	3147	7 Wing. Jrs. 20.	2 68					
10.4.18	705	Wing. £15.	73 00					
			76.65					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1	10		
				30.11.18.	1	10	10	

Stopped 1.5.19.

PARTICULARS OF RENDERING NON-EFFECTIVE: 1.5.19 Ad. L. K 6880 B. B. 19.4.19 B. B. 18.4.19

Led Balance. 379.88. P.P.C. Credit Balance. 303.23.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal. Forw								280 75	240 -	
April	P. Pay	33		AR 42 14/8 2 mlg Bn	3 57						
		33		" 76 25/8 "	4 46				305 72	255 -	
					8 03						
May	P. Pay	34 10		b.a.p.				15			
		34 10		AR 229. 19/8 2 mlg Bn	8 03			15	316 79		
					8 03						
June	P. Pay	33 -		b.a.p.				15			
		33		268. 2 mlg Bn.	1 14				324 65		
					1 14			15	361 75		
July	P. Pay	34 10		b.a.p.				15			
		34 10		377 "	6 7			15	23 03		
					8 03				338 72		
		34 10			8 03			15			
Aug.	P.P	34 10		cap				15			
				AR 594- 1/8/18 - 2 mlg Bn	3 57						
				" 798 - 22/8/18 ✓	3 57						
				3830 28/8/18 cancl	14 60				350 68		
		34 10			4 14			15			
Sept	PP	33		cap				15			
		33		" 1048 - 14/9/18 ✓	3 57			15	365 11	agreed 1/12	
					3 57						
Oct	PP	34 10		cap				15			
				" 1299 - 13/10/18 - 2 mlg Bn	3 73						
				" 1415 - 29/10/18 ✓	3 73				376 75		
		34 10			4 46			15			
Nov	PP	33		cap				15			
		33		AR 1736 2 Cms. 17/11 8	3 73			15	376 75		
					3 73						

COMPILED BY [Signature]
CHECKED BY [Signature]

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33			3 7/3			15	376 7/5		
Dec	P. P.	34 10		leaf.				15	101 20		
				AR 139 2 Comd. 1/12	14	97 33			477 95		
Jan		34 10		1922 1/12	14	9 33			155 39		
				leaf.				15			
		101 20			110 39			45	322 56		
	Diff P. H. P. P. 30/11-31/1	6 30		2511 2611	11	3 7/3			77 10		
	leaf.	33 60		2646 10/2	18	3 7/3			399 66		
Feb	leaf.	37 20		2813 24/2	21	3 7/3			63 29		
				3031 11/3	25	3 65					
				2368 2 H. Amb. 18/3	27	18 25					
				leaf.				30			
		77 10			33 09			30	336 57		
				leaf.				15	379 9		
Apr	Int. on deferred pay. 30/4/19	22 31		317 2 Comd 2/13	3	65					
				408 H. W. C. 1/14	43						
				3303 Willey 1/5 endorsed	973						
		58 31			86 38			15	293 50		
<p>Summa 1075.64</p>											

P. 559.
MARRIED OR SINGLE

Single
P. E. I. Canada

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Mr Neil Samuel Morrison

Pinette Co. P. E. I. Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 905101 RANK Ptz.

NAME Morrison - Daniel A.

IF IN PERM. CORPS
WHAT UNIT

UNIT 194th O.S.

TRANSFERRED TO Res. Co. DATE 12/17

AUTHORITY P.O. 71-22/17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

L. M. G. D. DATE 11.3.17

AUTHORITY D.O. 7 1/17

PLACE OF ATTESTATION

Edmonton - Alta

TRANSFERRED TO

706 M.G. Co. DATE 22.6.17

AUTHORITY D.O. 37. 1/5/17

DATE OF ATTESTATION

23 June 1916

TRANSFERRED TO

706 M.G. Co. DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00

DATE EFFECTIVE 1/5/18

PAYABLE TO

D. S. Morrison, Pinette, P. E. I. Canada

RELATIONSHIP Brother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

P. E. I.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS											
	No OF DAYS	RATE	AMOUNT		No OF DAYS	RATE	AMOUNT		No OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT														
1-31/16	31	10	310	31	10	310							38.10		38.10											38.10																
1-15/15	15	10	150										24.10		24.10	82	1/2					48.64		48.64			23.53															
1-15/16	15	10	150										16.50		16.50											40.03																
1-20/17	16	10	160										17.60		17.60											57.63					30											
Jan													30.80		30.80	1231/11										76.77																
Feb													11		11	11.8.13/11										75.44																
1-10/10	10												11		11											92.26																
11-31/21	21		23.10										11.5		11.50	1739.31/3	1589.15/3					7.30		12.17		75.44																
11-31/21	21		23.10										23.10		23.10	1425.15/2	1500.20/2					9.73		7.30		36.50																
Apr 30	30		33										33		33											92.26																
May 31	31		34.10										34.10		34.10	99										97.3																
June 20	20		22										22		22											97.3																
21/30	11												11		11											92.26																
July 31	31		34.10										34.10		34.10	57.26										97.3																
Aug 31	31		34.10										34.10		34.10	42.76										97.3																
Sept 30	30		301.40										38.10		339.50	554	20/4									97.3																
Sept 30	30		301.40										38.10		339.50											97.3																
Sept 30	30		301.40										38.10		339.50											97.3																

Bae from Canada.

Transferred Res. Co. 12/17
P.O. 71-22/17

L. M. G. D. D.O. 7. 11. 3. 17

Transferred 706 M.G. Co. 2/6/17
D.O. 37. 11/5/17

War Service Badge
Class A, No. 311678

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupation Group 1

Dispersal Area a

1. No. <u>905101</u>	
2. Rank. <u>Cpl.</u>	
3. Name. <u>MORRISON Daniel Angus</u>	
4. Unit. <u>2nd Machine Gun Bttn</u>	
5. Date of Discharge <u>25/5/19</u>	Place
6. Reason for Discharge..... <p style="text-align: center;">DEMobilISATION. H</p>	
7. Authority. <u>R.O. 1420</u>	
8. Proposed Residence after Discharge <u>Pinette Queens Co. P.E.I.</u> <u>Beaton's Mills. P.E.I.</u>	
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.?..... <p style="text-align: right;"><u>D A Morrison</u> Signature of Soldier.</p>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>HALIFAX, N.S. MAY 17 1919</u> Date..... <p style="text-align: right;"><u>[Signature]</u> Major Signature..... O. C. Dispersal Station "B" (O. C. Discharging Unit.)</p>	

PROCEEDINGS ON EXCHANGE

Department

Name	
Rank	
Company	
Regiment	
Date of Discharge	
Reason for Discharge	
Remarks	
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that all the material's parts and the terms of my discharge Certificate are correct and true.</p>	
<p style="text-align: center;">POST-RATION</p> <p>I acknowledge that the above material is correct and true.</p>	
<p style="text-align: center;">SIGNATURE OF SOLDIER</p>	
<p style="text-align: center;">SIGNATURE OF OFFICER</p>	

11

LIST OF DISCREPANCY DOCUMENTS

Document No.	Description	Date
1
2
3
4
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...

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

Group..... *B*

Checked by No. *15*

WES

7-5-19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

23-6-16

Separation and Assigned Pay Branch

May 1-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

M

19891

RATE OF ASSIGNMENT

15.00			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *2^d C M G. Bn*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address *Beaton's Mills RR #2 P.O. 12-7-18*
 Change of Address *July ch to new address 17/7/18*
 1 _____
 2 *N.S. MORRISON,*
~~*EINETTE,*~~
~~*P.E.I.*~~ 15 15.00
 3 *% 905101 PTE D.A. MORRISON*
FIFTEEN DOLLARS
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
May	H 6835		15	15	✓
May	V 19832		15	15	✓
June	N 21816		15	15	✓
July	H 31226		15	15	✓
Aug	P 40513		15	15	✓
Sep	U 42786		15	15	✓
Oct	H 54030		15	15	✓
Nov.	U 57230		15	15	✓
Dec 1918	X 67558		15	15	✓
Jan 1919	U 72543		15	15	✓
Feb	W 76839		15	15	✓
Mch	M 86083		15	15	✓
Apr	P 3714		15	15	✓
May	S 8206		15	15	✓
			195	195	

File 013133-2,37 R.R. 199

md 17/5/18 R 19832 Cancelled M.R.O 12-7-18. comitchell

"Des. L.P. 91850" 22-5-19.

M. F. W. 128.
FORM 6-17-172-33-141
L. L. 22330-M & D. 1963.

A/c Closed *31-5-19.*
 Ret'd per. *Olympic*
 Date *16/5/19* *22/5/19*

M.D. #6.

AUTHORITY } *29th 21/3/18*
 FOR }
 NEW ACC'T. } *D.C. Brown 14-5-19*

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
40M. 6-17-1772-89-1141.
L. L. 22220-M. & D. 7993.

Olympic 16.5.19

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

REGT. No. 905101 RANK *Cpl.* NAME (IN FULL) *Morrison D.A.*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
20-8			10-5-19	DO 147	2 nd C.S. M.G. Co.	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE	ASSIGNED PAY \$		DATE EFFECTIVE	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS	
		15.00		1.6.19	Mother Bank of Nova Scotia	
TO WHOM PAID	RELATIONSHIP	ADDRESS		ADDRESS		
		<i>Nil</i>		R.R. #2 Beaton Mills P.O. Charlottetown P.E.I.		
DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY	
	<i>Light</i>	25-5-19	<i>Smob</i>	DO 147		

MONTH	NO. OF DAYS	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		
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT			
30-4-19					303.23																
25.5.19	25	120.30	00.00	35.00 70.00	438.23				487.50	5.00	403.63	15.00		9.75		438.23					Bal. f. both Allow Adv. W.S.G. S.A. 25.5.19 on bank Bal 3 Bal on Dr. G.P. 730 for pay Adv at 5.5.19.
WAR SERVICE GRATUITY. W.S.G. S.A.																					
	153 days			350.00	350.00								70.00								1st payment W.S.G. 25/6-19 #603481 17/7/19 # 882388 20/8/19 # 1125092 16/9/19 # 1495575
				350	350								350			350					Completed 350.00

Certified that all payments due on this acct. have been paid.
[Signature]
 For Senior Officer Pay Services, M. D. 6

