

TRIPPLICATE

13 M. D. First Depot Battalion Alberta. Regiment
Regtl. No. 3216015

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname Morrison.
- 2. Christian name Dan McCaskill.
- 3. Present address Tofield Alta.
- 4. Military Service Act letter and number 380312MG.
(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 November 30th 1894
- 6. Place of birth Bury Quebec.
(town, township or county and country)
- 7. Married, widower or single Single.
- 8. Religion Presbyterian.
- 9. Trade or calling Veterinary Surgeon.
- 10. Name of next-of-kin Donald Morrison.
- 11. Relationship of next-of-kin Father.
- 12. Address of next-of-kin Bury Quebec.
- 13. Whether at present a member of the Active Militia Nil.
- 14. Particulars of previous military or naval service, if any Nil.
- 15. Medical Examination under Military Service Act :—
(a) Place Edmonton Alta. (b) Date 20th Aug 1918. (c) Category A2

DECLARATION OF RECRUIT

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

D. McCaskill Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23	yrs.	8	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	5	ft.	4 1/2	ins.	
Chest measurement	fully expanded		37 1/2	ins.	
	range of expansion		2	ins.	
Complexion	Clear.				Scar on left cheek bone and on outside left Knee Cap
Eyes	Blue.				
Hair	Brown.				

D. Morrison
O.C. Commanding 1st. Depot Batt'n. Lt. Col. Depot Bn.
Alberta. Regt.

Place Calgary Alta. Date 3-10-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name of recruit
 2. Present name and address
 3. Present address
 4. Military Service Act letter and number
 5. Date of birth
 6. Place of birth
 7. Marital widow or single
 8. Religion
 9. Trade or calling
 10. Name of next of kin
 11. Relationship of next of kin
 12. Address of next of kin
 13. Whether at present a member of the Armed Militia
 14. Particulars of previous military or naval service, if any
 15. Medical Examination under Military Service Act

(a) Place of Issue (b) Date (c) Category

DECLARATION OF RECRUIT

I, the undersigned, do hereby solemnly declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Build	Complexion	Build
5 ft 6 in	145 lbs	Fair	Slender	Fair	Slender

Distinctive marks and marks indicating congenital peculiarities or previous disease.

Scars on left chest and on right arm.

Place of Issue: ... Date: 11-11-18

Regt. ...

Plaque: ...

REGIMENTAL DOCUMENTS

21-379

S

NAME MORRISON, DAN, McCASKILL REGT. NO. 3216015 UNIT 1st B. A. R. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	C			23/1	R	
/ 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)						
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)					DISCHARGE	
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category <u>Demob</u>	
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1 MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				33914		
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)	H					
1 <u>M LW 71</u>						



NAME MORRISON Dan Mc Caskill
REGIMENTAL NO. 3216015 RANK Pte.
ENLISTED AT Calgary. Alta. PROMOTIONS, &c.
AND DATE
DATE 3-10-18.
IF SERVED PREVIOUSLY. STATE UNIT, &c. None.
MARRIED, WIDOWER, OR SINGLE Single.
NEXT OF KIN Mr Donald Morrison, RELATIONSHIP Father
ADDRESS OF Bury. Quebec.
ASSIGNMENT OF PAY \$ C. TO None.
ADDRESS
SEPARATION ALLOWANCE, ENTITLED OR NOT Not.
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER
IN WHOSE FAVOUR

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. 3216015 Rank Pte. Surname MORRISON
(Give name in full)

Dan McGaskill

Unit or Corps 1st Depot Bn. A.R. Birthplace Quebec Province, Can.

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

1. GENERAL DESCRIPTION:

Physique good Weight 155 lbs. Height 5 ft. 6 in. Colour of Eyes Blue

Nutrition good

Pulse 72 normal

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar on nose
L knee cap due to
accident in childhood

Opinion as to general health and physical condition good fit

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.

(If space is insufficient, continue on back of form.)

D. Field, Alta

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at...**CALGARY**.....(Canada)

Date ...**JAN 31 1919**.....

Signed *R. C. Robinson*.....M.O.

CAPTAIN C. A. M. C.

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 *J. M. Morrison*.....

(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.)

[OVER]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

3216015 Private

This is to Certify that No. _____ (Rank) _____

Name (in full) **MORRISON, Dan McGaskill** enlisted in

the **First Depot Battalion, Alta. Reg't.**

CANADIAN EXPEDITIONARY FORCE at **Calgary, Alta.** on the **Third**

day of **October** **10** 19____

HE served in **CANADA**

and is now discharged from the service by reason of **Demobilisation.**

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

Age 23 Yrs 8 Mos.	Marks or Scars Scar on left cheek
Height 5' 4 1/2'	Bone and on outside left knee
Complexion Clear	Cap.
Eyes Blue	
Hair Brown.	

Signature of Soldier *D.M. Morrison*

Issuing Officer *R.B. Kato*

Date of Discharge **February 3rd 1918.**

Signed at **Calgary, Alta.** this **13.** day of **February** **19.**

in Military District No. _____

File Reference No. _____

THIRD Commanding 1st Depot Battalion
Lt. Col. Alta. Reg't

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

No. (Rank)

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at

On demobilization the particulars called for on the back of this certificate will not be completed.

day of

19

Name of Officer

Rank

Appointment

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 3216018 Rank Private. Name Morrison, D. McC.
1ST DEPOT BATT'N, ALBERTA REGIMENT (Surname first)
 Unit who was* Discharged.
 On 3.2.19. 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.2.19. to 3.2.19. 191...
 the inclusive date of transfer or discharge. (Feb. Indef. Leave Pay List.)

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		4.40
Regimental Pay..... <u>3</u> days at \$ <u>1.00</u> c.....		3.00
Field Allowance..... <u>3</u> days at \$ <u>1.00</u> c.....		.30
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>7276</u>	7.70	
Total	<u>7.70</u>	<u>7.70</u>

*Give particulars.

A monthly stoppage of \$..... Nil...... (†) has..... (‡) been paid on account of
 Assigned Pay for the month of.....191..... }
 and Separation Allee. for month of.....191..... } (to) Assignee

(Address)

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:— Returned from leave. 31.1.19. no clothing allowance on contin-
 State (1) date of enlistment 3.10.18. uous leave. single.
 (2) Separation Allowance, entitled or not No. (3) Reason for discharge Demobilization.
 (4) Authority for discharge or transfer D. O. 36 Part II.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 6 - 1919
 Place CALGARY, ALTA.

Wm Sewell
 Paymaster First Depot Battalion Alberta Reg't
 Paymaster

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	



AUG 27 1918

3216015
 MEDICAL BOARD NO. 3
 SERIAL NO. 380312-MC.
 SHEET NO. 3
 ORIGINAL

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

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.

- Surname MORRISON Christian name DAN MC'GASKILL.
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule 380312/MC.
- Consecutive number on schedule of men reporting for service (if he appears on it) _____
- Address (including street and number, if any) Tofield, Alberta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of August 1918 by the undersigned medical board sitting at Edmonton, Alberta.

- Age as stated 23 Years 8 Months.
- Apparent age 23 Years 8 Months.
- Height 5 Feet 4 1/2 Inches.
- Weight 145 Pounds.

- Chest measurement { Minimum 35 1/2 Ins. Maximum 37 1/2 Ins.
- Complexion Clear { Eyes Blue. Hair Brown.

- Physical development Good { Good Fair Poor
- Smallpox marks None.

- Number of vaccination marks { Right arm Nil. Left arm Nil.
- When vaccinated last 1912.

- Distinctive marks and marks indicating congenital peculiarities or previous disease Scar outside left knee cap.

- 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 II

Hearing
 R. Ear Normal
 L. Ear Normal
 Eyesight
 R. Eye 20/20
 L. Eye 20/20

A. Allenderhan Member H. W. ... President Major C.M.C. Member

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 3 day of October 1918 at CALGARY, ALTA.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st DEPOT BATT ALBERTA REG'T.</u>	<u>3216015</u>		<u>3-10-18</u>
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.

No. 1
 Ckd. to Schedule by [Signature]

Signature of Man [Signature]
 RE-SCHEDULED FOR BOARDING
 No. 3-280-
 Con # 1131

ORIGINAL

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 Battalion Alta Regt.

Regimental No 3216015 Rank Private Name Morrison Dan Mc Caskill

C. E. F.

Enlisted (a) 3-10-18 Terms of Service (a) Duration of war. Service reckons from (a) 3-10-18

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) Veterinary Surgeon.

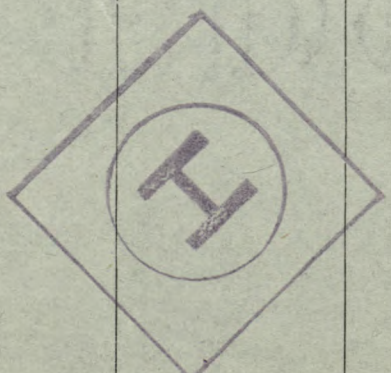
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

3-2-19

~~XXXXXXXXXXXXXXXXXXXX~~
Certified no entry to date,

Discharged account demobilization, R.O.1357 D.O.36

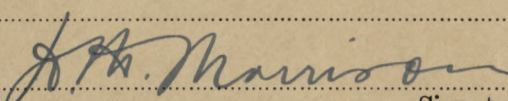
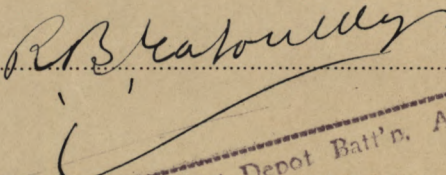
Ad Parks
Capt & Adjt.
1st Depot Batt'n Alta Reg't



(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.

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				

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	3216015		
2. Rank.	Private		
3. Name.	Morrison, Dan McCaskill		
4. Unit.	First Depot Battalion, A. R.		
5. Date of Discharge	3.2.19.	Place	Calgary, Alta.
6. Reason for Discharge	Demobilization.		
7. Authority.	R.O. 1357.		
8. Proposed Residence after Discharge	Tofield, Alta.		
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.?	39		
	Calgary, Alta.		
	3.2.19.		
		Signature of Soldier.	
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place	Calgary, Alta.		
Date	3.2.19.		
Signature			
 Commanding 1st Depot Batt'n, Alta. Reg't Lt. Col. (O. C. Discharging Unit.)			

Morrison
13 Feb 19
m.f.w.

PROCEEDINGS ON DISCHARGE

Classification

1. Name		2. Rank		3. Service No.	
4. Unit		5. Date of Discharge		6. Reason for Discharge	
7. Authority		8. Signature of Discharge Officer		9. Signature of Soldier	
<p>10. Remarks</p> <p>The discharge of the above named man is hereby granted.</p>					

CONDITIONS TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the date of my discharge I received my discharge papers and that I received my discharge money.

Signature of Soldier

Date

Signature of Discharge Officer

REMARKS

The discharge of the above named man is hereby granted.

Signature of Discharge Officer

Date

Signature of Soldier

Date

Signature of Discharge Officer

Date

LIST OF DISCHARGE DOCUMENTS

Admission Report, Typewriter	Form 100-1
in Particulars of Report	Form 100-2
Medical Certificate, Blank	Form 100-3
Discharge Report	Form 100-4
Medical History Sheet	Form 100-5
Proceedings of Medical Board	Form 100-6
Medical History Sheet	Form 100-7
Medical Report	Form 100-8
Regimental Council Sheet	Form 100-9
Company Conduct Sheet	Form 100-10

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