

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3204992

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

30-10-18

- 1. Surname Morrison
- 2. Christian name Daniel Sewan
- 3. Present address Malpeque, P. E. I.
- 4. Military Service Act letter and number HC. 584784
- 5. Date of birth May 26th, 1893
- 6. Place of birth Northam, P. E. I.
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Presbyterian
- 9. Trade or calling Farmer
- 10. Name of next-of-kin Daniel William Morrison
- 11. Relationship of next-of-kin Father
- 12. Address of next-of-kin Malpeque, P. E. I. Sufficient Address PEP
- 13. Whether at present a member of the Active Militia No
- 14. Particulars of previous military or naval service, if any None
- 15. Medical Examination under Military Service Act:—
 (a) Place Summerside, PEI (b) Date 27-10-17 (c) Category A2

DECLARATION OF RECRUIT

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

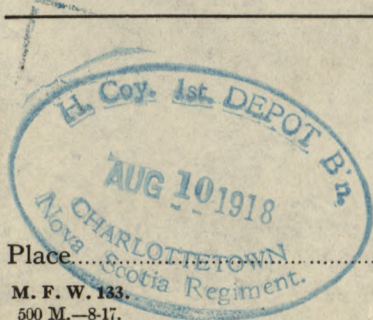
D S Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 6 mths.
 Height 5 ft. 10 1/2 ins.
 Chest measurement } fully expanded 37 ins.
 } range of expansion 4 ins.
 Complexion Medium
 Eyes Brown
 Hair Dk. Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Scar over right shin 3 ins above ankle.



P.E. Palmer Lieut
 O. C. Depot Btln.
for O. C. "H" COY. 1ST DEPOT B'N N.S. R. Regt.

Place CHARLOTTETOWN Date _____
 M. F. W. 133.
 500 M.—8-17.
 1772—39—1158.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military Service Act letter and number

5. Date of birth

6. Place of birth (house, town, village or county)

7. Married, widower 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 Active Militia

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

(a) Place

(b) Date

(c) Category

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age

Height

Weight

Complexion

Eyes

Hair

Build

Distinctive marks, and marks indicating congenital peculiarities or previous disease

Range of expansion

Fully expanded

Depot Battalion

Regt.

13219

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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



Name MORRISON DANIEL SEWAN

Regt. No. 3204992 Rank Pvt

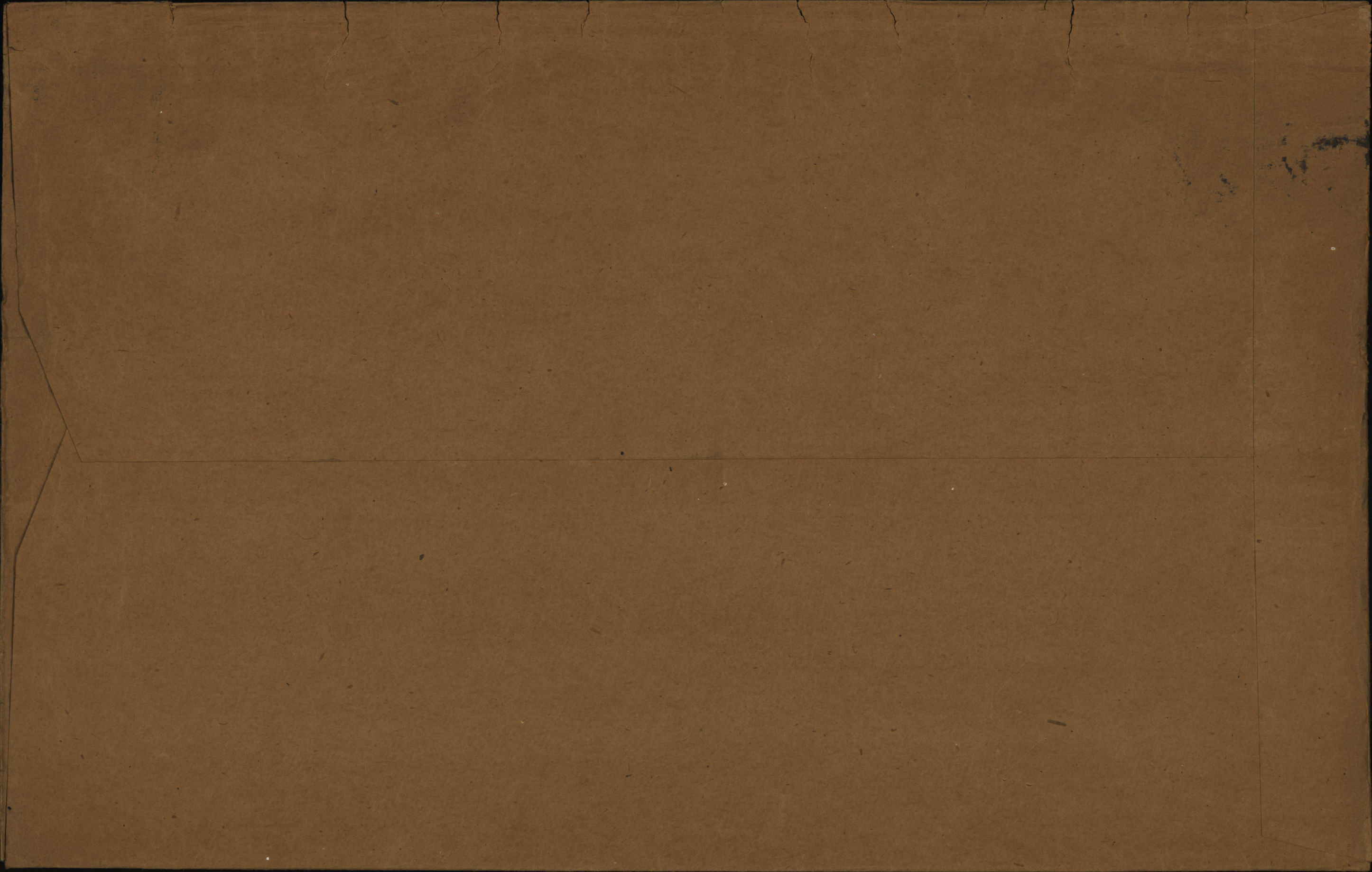
Corps 1st D.B. M.S.P.

Demob.

33931



m754 7/5 - 1
a7 B 122 - 1
m7 B 465 - 1



NAME **Morrison, Daniel Sewan**

REGIMENTAL NO. **3204992**

RANK **Private**

ENLISTED AT **Charlottetown, P.E.I.**

PROMOTIONS, &c.
AND DATE

DATE **9-8-18**

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE **Single**

NEXT OF KIN **Daniel W Morrison**

RELATIONSHIP

Father

ADDRESS OF **Malpeque, P. E. I.**

ASSIGNMENT OF PAY \$ **15.00** C.

TO

Mrs Matilda Morrison

ADDRESS

Malpeque, P.E.I.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

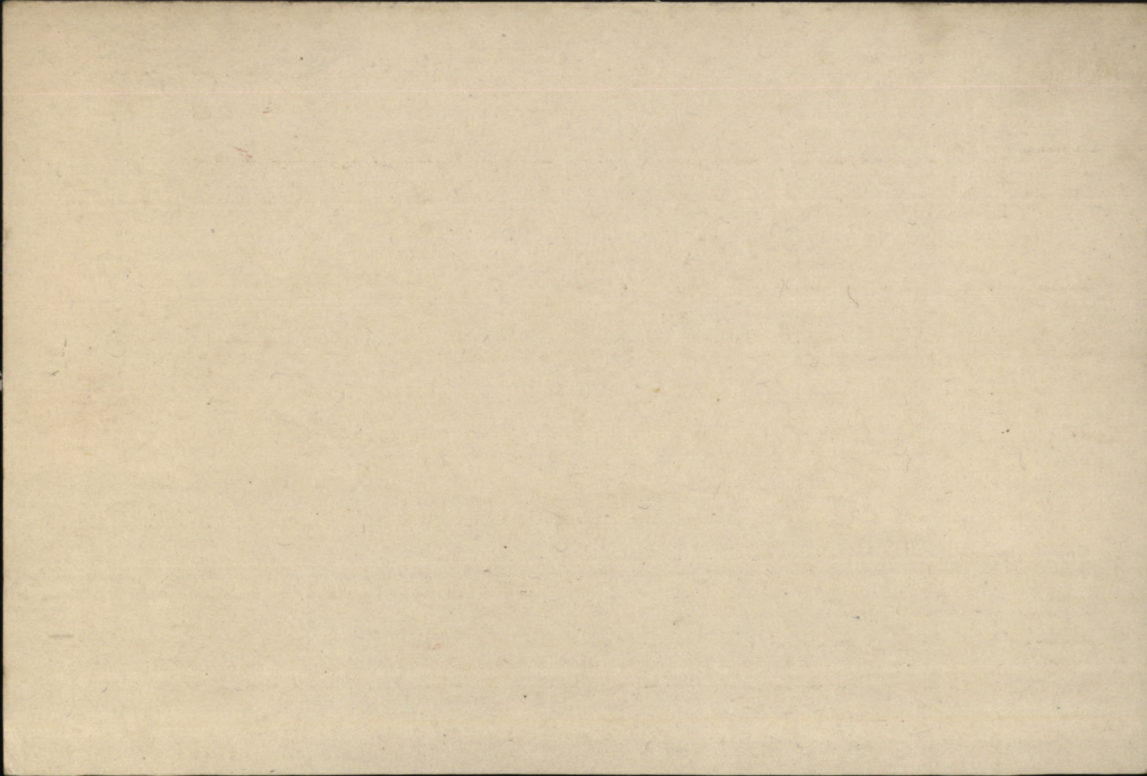
IN WHOSE FAVOUR

*D.O. 29.29-1-19.
S.O. 17-1-19*

Surname *Morrison* H. Q.
Christian names *Daniel Swann* M. D. No. *6*
Regtl. No. *3204992* Rank *Cte* T. O. S. *Aug. 9.* 19*18.*
Unit *No 5 Regt 1 Dep Bn* D. O. Pt II *22.3* of *13/8/18.*
S. O. S. *Disc 17/11* 19*19.*
Reason *Demob.*
Auth. *D.O. 29/29/11/19.*
1/7/8.

Next of kin *Morrison Daniel W* Relationship *Father*
Address *Malpique, C.E.F.* Also notify:

BORN—Place *Canada Northam C.E.F.* Date *May 26th* 1893
ATTESTED—Place *Charlottetown C.E.F.* Date *Aug 10th* 1918
O/S..... R/C.....



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 a 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 David Leonard
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 584784 N
3. Consecutive number on schedule of men reporting for service (if he appears on it) 653
4. Address (including street and number, if any) Malpeque R R P.E.I.

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

5. Age as stated 22 Years 6 Months. 6. Apparent age 22 Years _____ Months
7. Height 5 Feet 10 1/4 Inches. 8. Weight 164 Pounds.
9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Brown
Maximum 37 Ins. Hair Dark Brown
11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar over right shin 3 inches above ankle

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

J. A. MacPhee Capt. R.M.C. President.
John Jardine M.D. Member. C. W. Danton M.D. Member.

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

Joined 9th day of August 1918 at Charlottetown P.E.I.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st D.B.F.S.R.</u>	<u>3204992</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Summerside P.E.I.</u>	<u>Oct 27th 1917</u>		<u>Category A 2</u>

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.

Signature of Man Morrison, David Leonard

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

M. F. W. 54. (A. F. B. 102.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. "H" Coy. 1st D.B.N.S. Regt.

Regimental No. 3204992 Rank Private Name Morrison, Daniel S.
C. E. F.

Enlisted (a) 9-8-18 Terms of Service (a) War & 6 mos Service reckons from (a)

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

Extended. Re-engaged. Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>D.O.</u>	<u>29.</u>	<u>A.S. ser.</u>	<u>Chloron</u>	<u>17/1/18</u>	
<u>Sart.</u>	<u>2.</u>	<u>Demobilization</u>			

J. P. White
Supt
MAJOR
O.C. "H" COY. 1st DEPOT B'N N.S. 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, Shoing 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				

0128

(1)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Charlottetown, P.E. Island.....

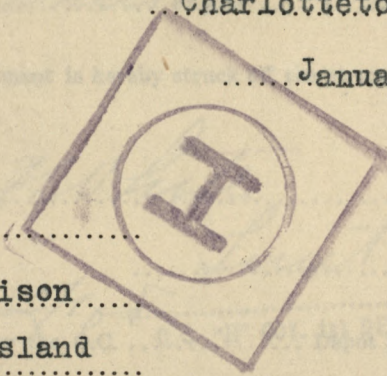
.....January, 17th.....1919

TO:—

Regimental No.3204992.....

...Daniel Sewan Morrison.....

.....Malpaquet P.E. Island.....



Regimental

No...3204992.

Serial

No...HG584784

1. You are directed to report on or before ..January, 17th, 1919. for the purpose of being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Depot at ..Charlottetown, PEI Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

[Handwritten Signature]
.....Major..... Rank
for the O.C.1st...Depot Bn. ...N.S.....Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this17th.....day of January,..... 1919.

Signed, sealed and delivered in the presence of

[Handwritten Signature]
.....
Notary Public, Commissioner for Oaths or Justice of the Peace.

[Handwritten Signature]
.....

Regt. No.3204992.....

Unit ..."H"Voy 1st D.B.N.S.REG'T

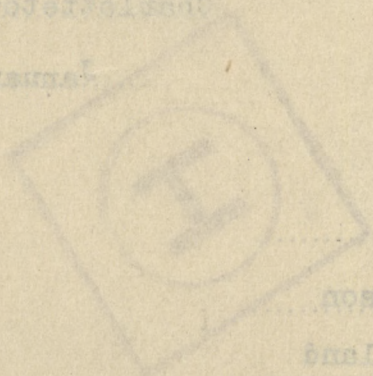


Procedure on discharge from the C.E.F. Soldiers called on under the Military Service Act 1917 and on demobilization were on receipt of leave of absence without pay.

Form 1000 of 1917

THIS FORM MUST BE RETURNED INTACT AND NOT PART DESTROYED

Charles Stewart, J. R. Stewart
January 1918



TO: _____
Regimental No. _____
Name of Soldier _____
Address _____

1. The fee attached to this form is for the purpose of being discharged from the Canadian Expeditionary Force.

2. This fee will be credited to your account in your Discharge Book. Transportation to the depot is included herewith, and return transportation will be furnished to you after your discharge.

3. On an application you may exempt before a Young Person's Commission of Oaths or the Vice of the Force, the release booklet and forward same on or before the date in the envelope enclosed for that purpose together with the usual Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

Should you fail to report in person or forward the release mentioned within the time allowed you will be detained a prisoner and be subject to discipline.

[Handwritten signature]
for the O.C. _____
Rank _____

RELEASE

Know all men by these presents that I the undersigned having sustained no disability from injuries received in the course of my service on Active Service, being no longer liable for discharge and release from His Majesty's Force in the title of the Government of Canada, of and from all rights of pension, gratuity and benefits which I have or may have for or in respect of any disability arising from injuries received or which contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESSE my hand and seal this _____ day of _____ 1918.

Witnessed and delivered in the presence of _____



Notary Public Commission for _____
Date _____

M.A.M. 1188 (Comm.)
1917-18-19-20-21-22
1188-1189

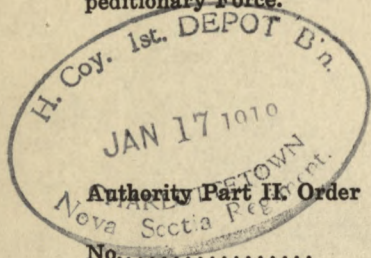
NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3204992

Name Harrison Daniels of the 1st Depot

Battalion H.A. Regiment is hereby struck off the strength of the Canadian Expeditionary Force.



J. White Rank
Lieut MAJOR
For the O.C. O.C. "H" COY. 1st DEPOT B'N N.S. REGT Depot Bn. Regt.

M.F.B. 218B (Demob.) DATED AT this day of 191....

LIST OF DISCHARGE DOCUMENTS.

- ✓ Particulars of Recruit M.F.W. 133 ✓
- ✓ Field Conduct Sheet M.F.W. 178 or A.F.B. 122 ✓
- ✓ Casualty Form M.F.W. 54 or A.F.B. 103 ✓
- Last Pay Certificate M.F.W. 44 ✓
- Certificate that Missing Documents are Unobtainable.
- ✓ Medical History Sheet M.F.B. 313 or A.F.B. 178 ✓
- Proceedings of Medical Board M.F.B. 227
- ✓ Dental History Sheet M.F.B. 465 ✓
- Medical Report M.F.W. 129
- Regimental Conduct Sheet M.F.B. 263
- Company Conduct Sheet M.F.B. 263a
- ✓ MFW 71 ✓

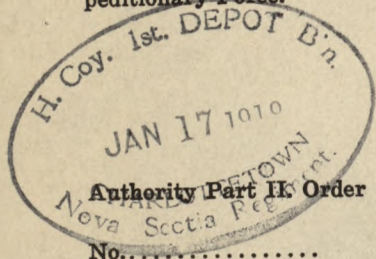
NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3204992

Name *Morrison, Daniel A.* of the *1st* Depot

Battalion *H.A.* Regiment is hereby struck off the strength of the Canadian Expeditionary Force.



J. White Rank
705 MAJOR
For the O.C. *O.C. "H" COY. 1st DEPOT B'N N.S. REGT* Depot Bn. Regt.

M.F.B. 218B (Demob.) DATED AT this day of 191....

Persons on discharge from the U.S. Army called on under the Military Service Act, 1917, who on discharge, were on extended leave of absence without pay.

U.S. Army, Nov. 22, 1918

THIS FORM MUST BE RETURNED INTACT AND NOT DESTROYED.

Department of War, U.S. Army

Washington, D.C.



TO: _____
 Regimental No. _____
 Medical Report No. _____
 Name of Soldier _____

LIST OF DISCHARGE DOCUMENTS

- ✓ M.F.W. 132 Particulars of Service
- ✓ M.F.W. 178 or A.F.R. 122 Field Conduct Sheet
- ✓ M.F.W. 54 or A.F.R. 102 Casualty Form
- ✓ M.F.W. 44 Last Pay Certificate
- ✓ Certificate that Missing Documents are Unobtainable
- ✓ M.F.R. 312 or A.F.R. 178 Medical History Sheet
- ✓ M.F.D. 227 Proceedings of Medical Board
- ✓ M.F.R. 400 Dental History Sheet
- ✓ M.F.W. 100 Medical Report
- ✓ M.F.R. 200 Regimental Conduct Sheet
- ✓ M.F.R. 202 Company Conduct Sheet

M.F.W. 71

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.P.D. 218B (Canada)

Having received release pursuant to Notice of Order to report for discharge, Number *320092*

Name Depot

Regiment is hereby struck off the strength of the Canadian Ex-

pedimentary Force

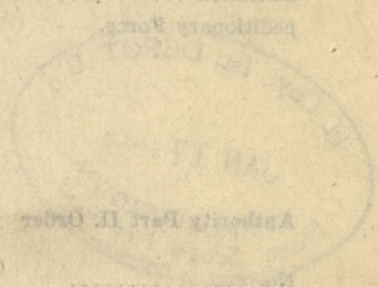
.....

Rank

For the O.C. of the Depot No. *218B*

.....

..... day of 1911



M.P.D. 218B
(Canada)
DATED AT

INSTRUCTIONS

On examination the condition of the specimen should be marked on

specimen in red ink

On part of the record of same to be made in red ink

On each side to be made in the spaces will show

Condition on examination of red

Condition on leaving Case

Condition of change

THE UNIVERSITY OF CHICAGO
LIBRARY

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LIBRARY

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DEPARTMENT OF HISTORY

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 6 ORIGINAL

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

Regimental No. 3204992 Rank Pte. Name D. S. Morrison
 Corps H Coy. 1st. D.B.N.S. Regt who was* Discharged
 On Jan. 17. 1919 191... to Jan 1. 1919 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1. 1919 191...
 to Jan. 17. 1919 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	4	40
Advances by Cheques } No.			Regt'l. Pay <u>17</u> days at \$1.00	17	00
Assigned Pay and Sep'n Allee. No.			Field Allow. <u>17</u> days at \$.10	1	70
Other charges			Separation Allowances* (Monthly)		
<u>Harvest leave to 15-1-19</u>		16	Other Allowances*		
<u>Payment on transfer or discharge 1567</u>		6	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total		23 10	Total	23	10

*Give particulars.

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

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

REMARKS:—

- State (1) date of enlistment 9-8-18
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge Demobilization C.E.F.R.O. 1557. A
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
 Date January 17-1919
 Place Charlottetown P.E.I. [Signature]
Lt. Col. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

ORIGINAL

This form is used for the purpose of certifying the amount of pay and allowances due to a member of the Canadian Contingent Expeditionary Force at the time of his discharge or death.

1. Name of member: [Name]
2. Service No.: [Number]
3. Date of discharge or death: [Date]
4. Grade: [Rank]

Table with columns for Description, Amount, and Date. Rows include: Pay for service, Gratuity, Unpaid pay, etc. Total amount: \$25.10

5. Remarks: [Text regarding pay adjustments and deductions]
6. Signature of commanding officer: [Signature]

7. Name of member: [Name]
8. Service No.: [Number]
9. Date of discharge or death: [Date]
10. Grade: [Rank]

11. Remarks: [Text regarding pay adjustments and deductions]
12. Signature of commanding officer: [Signature]