

Engineers.

ATTESTATION PAPER.

No. 507204

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Morrison.
- 1a. What are your Christian names? Eldon.
- 1b. What is your present address? 89 Eccles St., Ottawa.
- 2. In what Town, Township or Parish, and in what Country were you born? Ottawa Ont.
- 3. What is the name of your next-of-kin? Mr. ^{Elder} James Morrison.
- 4. What is the address of your next-of-kin? 89 Eccles St. Ottawa. Ont
- 4a. What is the relationship of your next-of-kin? Father. Moker
- 5. What is the date of your birth? April 26th., 1898.
- 6. What is your Trade or Calling? Clerk.
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *E.M.* Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? If so, state particulars of former Service. No
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Eldon Morrison, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Eldon Morrison (Signature of Recruit)

Date June 26th., 1916 J. Mahoney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Eldon 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.

Eldon Morrison (Signature of Recruit)

Date June 26th., 1916 J. Mahoney (Signature of Witness)

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 Ottawa this 26th. day of June 1916.

C. S. Birch (Signature of Justice)

JUSTICE OF THE PEACE FOR CARLETON COUNTY.

1916/21

Description of ELDON MORRISON. on Enlistment.

Apparent Age 18 years 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 4 1/2 ins.

Complexion Med.

Round birth-mark on back of right leg.

Eyes Blue

Hair Brown

wt. 137 lbs.

Religious denominations { Church of England
 Presbyterian X
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

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.

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

Date June 26th. 191 6.

Place Ottawa.

W. Shadley
Capt.

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.

Eldon 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.

W. Shadley Capt. RCE
 (Signature of Officer)
 of Signal Training Depot,

Date June 26th. 191 6.



EM
MJ

B
Y

Number. 507204 Rank. Apr

Surname. MORRISON

Christian Name. David Eldon

Units C E Theatre of France

Date of Service. 11/4/18

Remarks. 27 Foster St.

Latest Address. ~~89 Eccles St~~
Ottawa Ont

Roll No. "B" Page 7557.

P

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM

PAID TO

SIG. OR REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DESP. OCT 29 1921
 REG. NO. 45834

No. 507204 RANK

Pte

NAME

Morrison E

T. O. S. 26-6-16

UNIT

4th Divisional Co Signal Training Depot

1901203-7-16

M. D. 26 0

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 30	1916 July 31	✓	On O Seas Draft.	
Sept 1	Sept 23	✓		



HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

SURNAME.

Morrison

CHRISTIAN NAMES

Eldon

REGL. No.

507204

RANK

Spr.

UNIT

Signal Training Depot (8th R.D.)

FORMER CORPS

Nil

CARD NO.

505 Dis. Rec. Mem 38219

100 P. T. E. 105-15-414

FOLL. #3100

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

89 Eccles St., Ottawa, Ont.

COUNTRY OF BIRTH

Canada Ottawa, Ont.

DATE

Apr 26th 1898

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

June 26th 1916

95-23-9-16 531

3

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Yes
Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

3 1/2

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Round birthmark on back of right leg.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

June 26th 1916

Present Address

89 Eccles St. Ottawa, Ont.

ch.
m. 93

Same

FORM OF WILL.

I, Eldon Morrison (Name in full)
Regimental Number 507204 serving in Divisional Signal Corps
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Jas. Morrison
89 Eccles St.
Ottawa, Ontario } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Jas. Morrison
89 Eccles St.
Ottawa, Ontario } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 21st day of September A. D. 1917

E. Morrison Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

ESTATES BRANCH,

OCT 22 1917

MILITIA DEPT.

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 Rupert George Burton
Address of Witness 135 Margaret St Ottawa
Occupation of Witness Soldier
Signature of Second Witness Ernie Rochbein
Address of Witness E. 317 Beaton St
Occupation of Witness Ottawa (Soldier)

**THE TWO
WITNESSES
MUST
SIGN HERE**

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 231558

THIS IS TO CERTIFY that No. 507204 (Rank) Sapper

Name (in full) MORRISON David Eldon enlisted in
the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Ottawa Ontario on the twenty-sixth
day of June 1916

HE served in 3rd Canadian Divisional Signal Company

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 20 years 9 months

Height 5 ft 3½ in

Complexion medium

Eyes blue

Hair brown

Marks or Scars brown birth mark on
back of right leg, 2 small race
marks left arm.

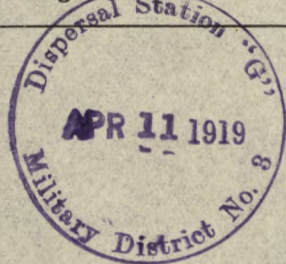
D. C. Morrison

Signature of Soldier

J. O. Macleod

Issuing Officer

Date of Discharge



Capt

Rank

Date Apr. 11 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.

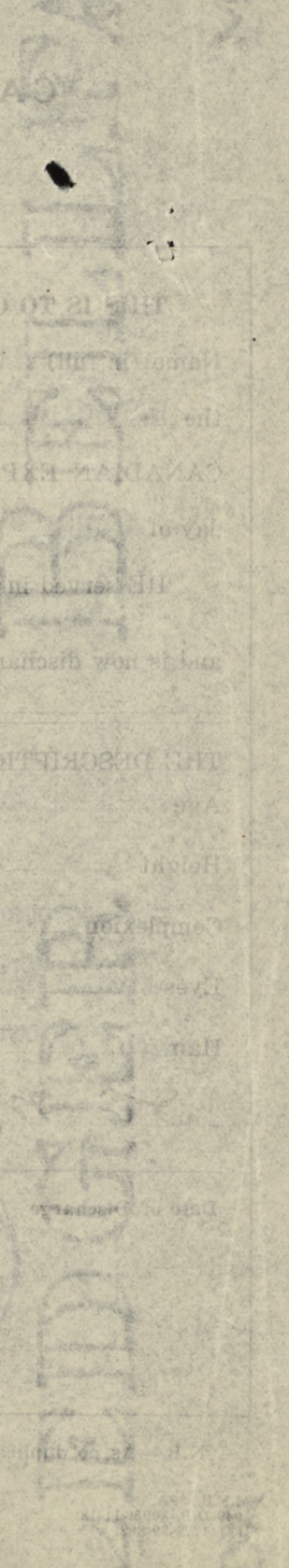
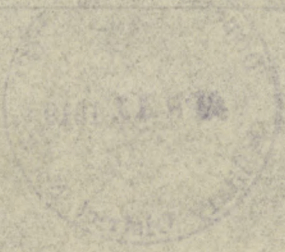
CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. _____ (Rank) _____
 Name of this Soldier _____
 of the _____
 CANADIAN EXPEDITIONARY FORCE as _____
 of the _____
 has been discharged from the service by reason of _____
 Medical Examination _____
 and the date of discharge is _____

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Build	_____
Rank	_____
Trade	_____
Service No.	_____
Signature of Officer	_____
Date	_____



MADE IN CANADA

As the duplicate of this Certificate will be sent to any person having cause to request to receive it in
 unstamped copies to the Secretary, Military Control, Ottawa, Canada.

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

Casualty Form—Active Service.

War Service Badge
Class "A" No. _____
M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 1st DIVISIONAL SIGNAL COMPANY
 Regimental No. 507204 Rank Sapper Name Morrison E. Edon
 Enlisted (a) 26-6-16 Terms of Service (a) 10 1/2 years Service reckons from (a) 26-6-16
 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) Clint.

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				
		Embarked Canada Disembarked England		27-4-16 6-10-16	
<u>7-10-16</u>	<u>O.E.T.D.</u>	Taken on strength of C.E.T.D. from <u>Canada</u>	<u>S'cliffe</u>	<u>7-10-16</u>	Part II Order No. <u>234</u>
<u>6-2-17</u>	<u>O.E.T.D.</u>	Transferred to 5 th Div Sig. Coy. Whitley	<u>CROWBOROUGH</u>	<u>29-1-17</u>	Part II Order No. <u>25</u> <u>Adjutant, C.E.T.D.</u>
<u>9-2-17</u>	<u>O.C. 5th Div. Signal Coy.</u>	Taken on strength	<u>Whitley</u>	<u>29-1-17</u>	Part II no. 1
<u>20-2-18</u>	<u>5th Div. Dec. Signal Coy.</u>	S.O.S. on transfer to the C.E.T.D.	<u>Whitley</u>	<u>20-2-18</u>	Part 2-010.11 <u>MAJOR, C.C. 5th CAN DIV: SIGNAL COMPANY.</u>
<u>7 MAR 1918</u>	<u>O.E.T.D.</u>	T.O.S. from 5 th Div	<u>Seaford</u>	<u>20.2.18</u>	Part II Order No. <u>56</u>

(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.]

CERTIFIED CORRECT.
 22 APR 1918
 CAN. RECORDS LONDON.

Report
 From whom received
 Date
 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.

O.E.T.D. Struck off Strength of C.E.T.D. to
 Sig Pool France

Seeford 10.4.18

Part II Order No. 57
 J. Munnis
 Lieut. C.E.
 Adjutant, C.E.T.D.

18/11 CSAD
 18/11
 2/11/18 G.6.0.C
 8/3/18 ds
 ✓

Arrived in France and
 TOS Signal Pool 11-4-18
 To CCRC 15,4,18
 Arrived Dc 16,4,18
 2nd Lt 3rd Can Sig Coy
 TOS.

RA 1165 P21
 A443
 D.1167 P.34
 P32

7-7-18 O.C. Unit

Joined from CCRC Field.

24-6-18 B213.

19.2.19

Granted 8 Days 19.2.19

Leave U.K.

19.2.19

Proc. O.S. VI, G.L.

19.2.19
 A. Hewitt
 Lieut.
 for Lt. Col., A.A.G.,
 Canadian Section

15/3/19 2 Cdn SOS O.M.F. proceeding to
 Sig Sig Canada. Part II order
 26 of 15/3/19

A. Rutherford
 2nd Can. Div. Signal Co.

EMBARKEED S S OLYMPIC

Adjutant, No. 8 Trans-Atlantic Conducting Staff
 Capt.

11-4-19 SOS. SOUTHAMPTON 17-3-19
 Discharged 1420 11-4-19
 47 E 94

Lieut.
 Depot
 R. Rutherford

ORIGINAL MEDICAL HISTORY SHEET

507204

Surname Morrison Christian Name Eldon

Examined { on 26th day of June 1916
 at Ottawa
 Birthplace { City or Town Ottawa
 County Carleton

Approved by J. Dauby
 Rank Capt. M.O.

Apparent age 18
 Trade or occupation Clerk
 Height 5 feet 3 1/2 Inches
 Weight 137 lbs.
 Chest measurement { Minimum 29 1/2 inches
 Maximum expansion 4 1/2 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number.....

Date	Result	VACCINATIONS
<u>16/9/16</u>		<u>J. Shillington</u> M.O.
		M.O.
		M.O.

When Vaccinated last.....
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/2/16</u>		<u>J. Shillington</u> M.O.
<u>13/2/16</u>		<u>J. Shillington</u> M.O.
<u>16/8/16</u>		<u>J. Shillington</u> M.O.

TAB 2 8 MAR 1918 W.a.c.

Enlisted on 26th day of June 1916 at Ottawa

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Signal Training Depot</u>	<u>507204</u>		<u>26.6.16.</u>
Transferred to	<u>Sig Pool</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

Surname *Morrison* Christian Name *Eldon*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>H.M. Olympic</i>	<i>24/3/19</i>	<i>18</i>	<i>3</i>	<i>19</i>			<i>Influenza</i>		<i>Transferred to Military Hosp Halifax on Dec 24/19</i>	<i>W. G. G. G. G.</i> <i>Majr C. M. C.</i>	
<i>Cogswell St. Military Hospital WARD VI</i>		<i>26</i>	<i>3</i>	<i>19</i>	<i>8</i>	<i>4</i>	<i>Influenza</i>	<i>13</i>	<i>admitted from R.M.T. Olympic commencing</i>	<i>W. G. G. G. G.</i> <i>W. G. G. G. G.</i>	

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. 507204 Rank Sapper Surname MORRISON, DAVID E.
(Given name in full)

Unit or Corps 3rd Div Signal Co Birthplace Ottawa Ont

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

1. GENERAL DESCRIPTION:

Physique Good ^{Scholar} Weight 138 lbs. Height 5-11/2 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 72 Reg
 Condition of arteries Left
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Small 1" across wound L. Arm -
2 small vac marks L. arm Childhood

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Dulford Camp (Overseas)

Date 28-2-19

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

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

[OVER]

Hum

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. E.

REGIMENT 3rd DIV. SIG. CO. RANK SPR. No. 507204

Date of Examination in England _____ Date of Examination in France 17-1-19



**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 31.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

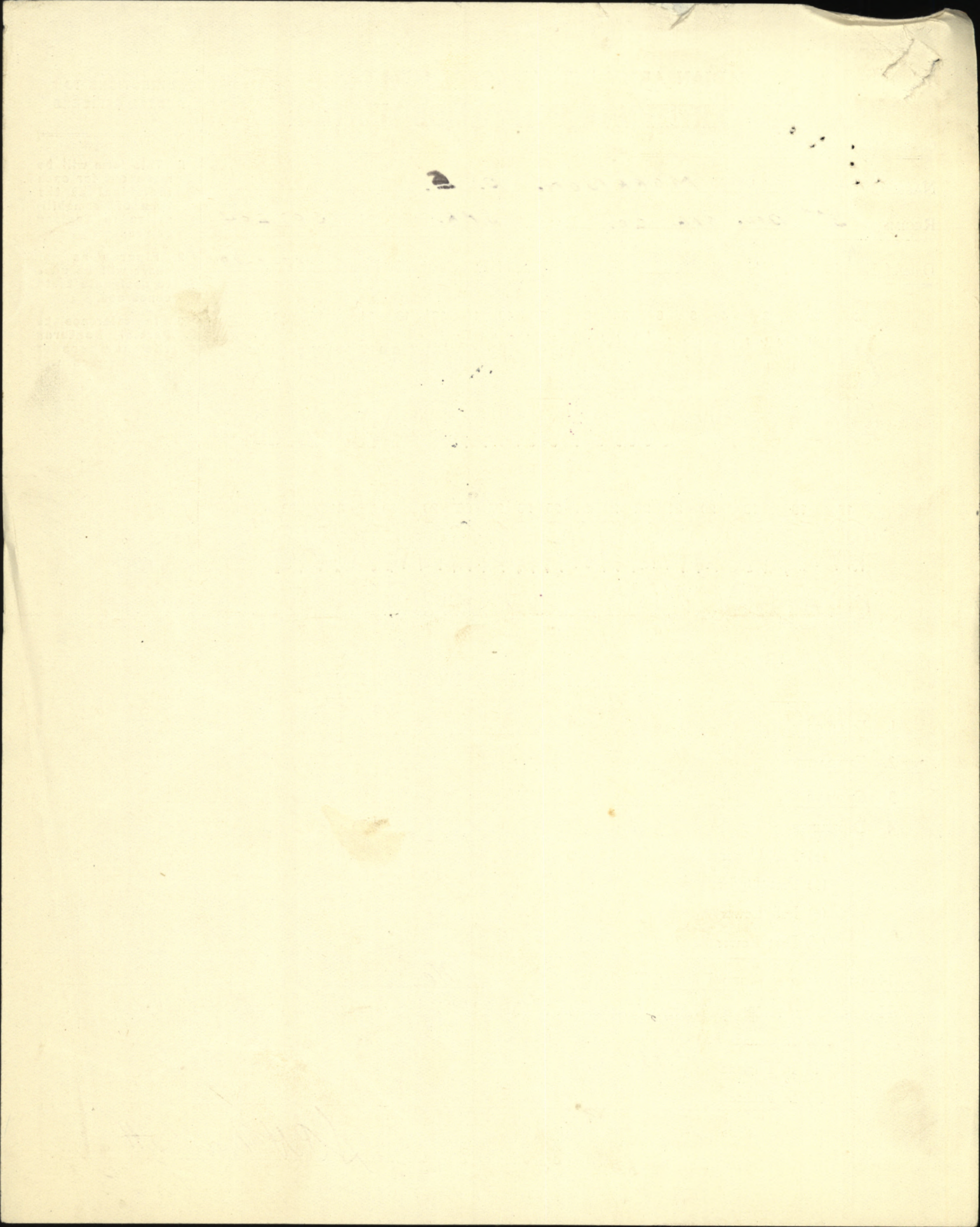
- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

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
- (b) In England Yes.
- (c) In France

Signature of Dental Officer S. P. H. MacLellan
Cap't.



Name M. Morrison Enl. 26-6-16

Date of Embarkation for England 27-9-16

Proceeded to France. 10-4-18 Returned to England. 19-2-19

Date returned to Canada. 17-3-19

P.R. 2855.

checked
12-5-28

Name _____

Date of Birth _____

Place of Birth _____

Date of Issue _____

Serial No. _____

No. Corps.

Ward... ..

Date 26/3/19

Received from.....

Volume

Sp. Gr. 1027

Reaction acid

Albumin nil

Blood nil

Glucose nil

Bile nil

Deposit.....

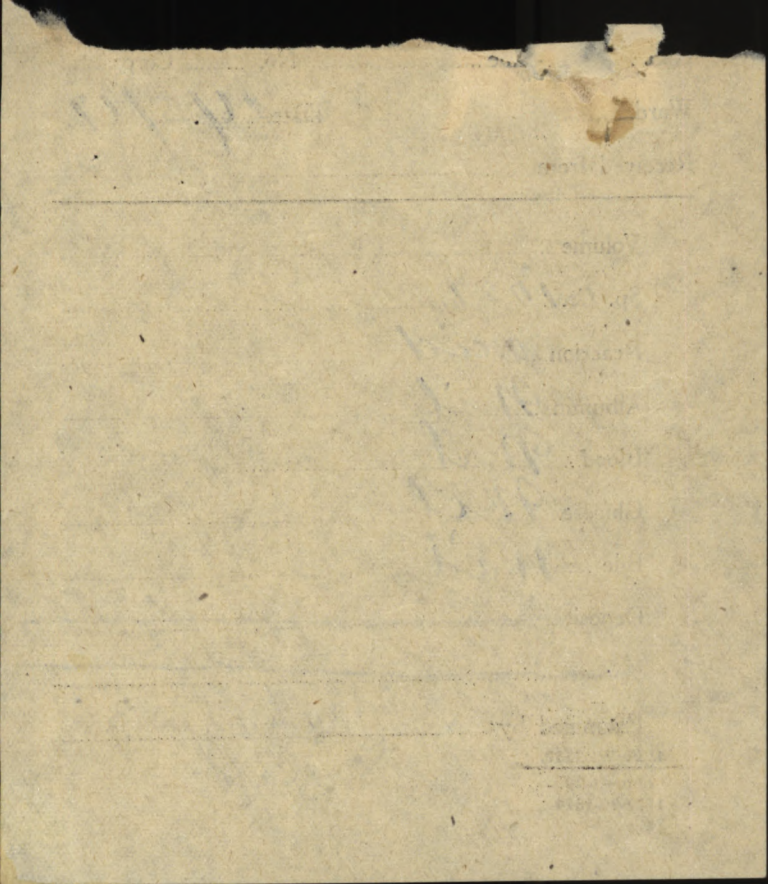
Examined by R. G. Mahabes

Capt

M. F. W. 2537.

20m.-1-19.

1772-39-1314.



FORM OF WILL.

Name in full.

I David Eldon Morrison

Regimental Number 507204 serving in C.E.F.

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

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

Mrs. James Morrison
89 Eccles Street
Ottawa, Ontario
Canada

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mrs. James Morrison
89 Eccles Street
Ottawa, Ont. Canada

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 23rd day of February A.D. 1917.

D. E. Morrison
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness

J. A. Parker

Address of Witness

Balfour N.S.

Occupation of Witness

Name of Witness

L. J. Underwood

Address of Witness

New Glasgow N.S.

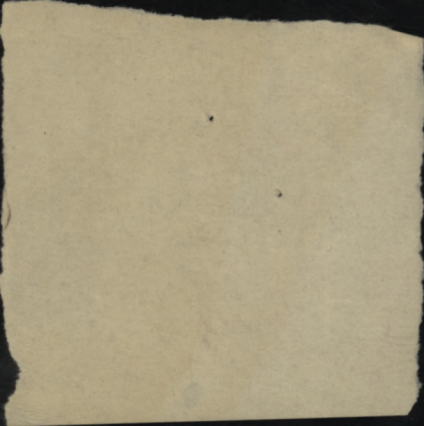
Occupation of Witness

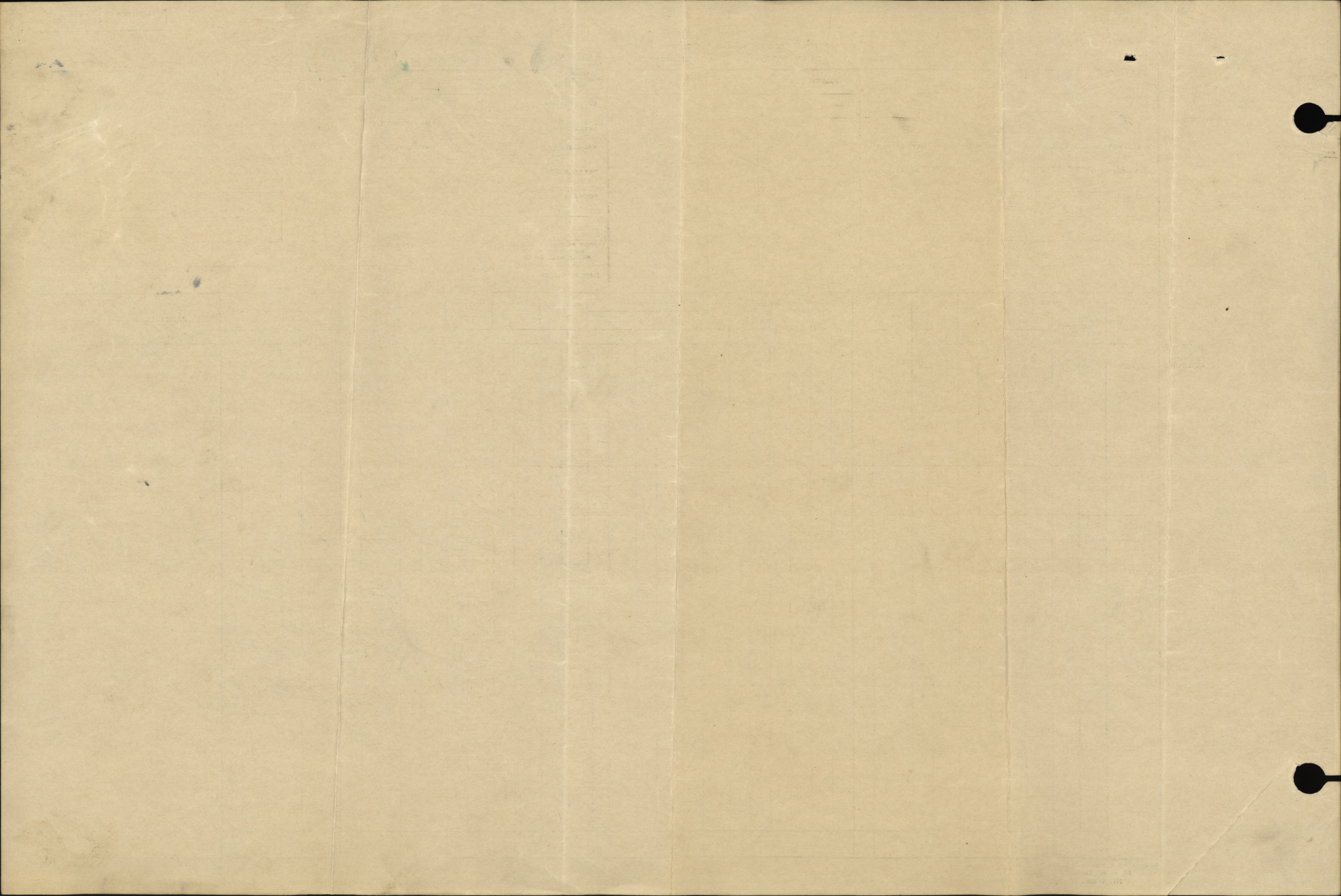
N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

Sm x.

$\frac{24}{7}$
 $\frac{7}{20}$

Handwritten signature or mark.





M

DA-9

09-3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge

B.

Class "A" NO.

1. No. 507204

231558

2. Rank. Sapper

3. Name. MORRISON, DAVID. ELDON

4. Unit. 3rd Div Signal Co.

5. Date of Discharge Place Ottawa Ont

6. Reason for Discharge. Demobilization

7. Authority. R.O. 1420

8. Proposed Residence after Discharge. 89 Beech St. Ottawa Ont

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.?

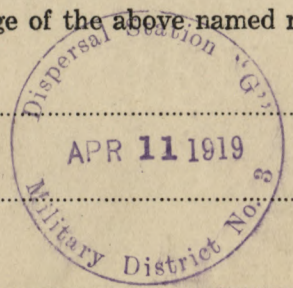
D. G. Morrison Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature W. Heathcote Captain for O. C. Dispersal Area Station G, (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS

Militia Form W 20	Attestation Paper, Triplicate
Militia Form W 122	of Particulars of Honor
Militia Form W 175 - A F B 122	Field Conduct Sheet
Militia Form W 210 - A F B 102	Company Form
Militia Form W 21	Last Day Certificate
	Certificates that missing documents are unobtainable
Militia Form W 210 - A F B 122	Medical History Sheet
M. F. B. 201 - A F B 122 - A F B 122	Proceedings of Medical Board
Militia Form B 402	Medical History Sheet
M. F. W. 122 or 123 - M. F. W. 122	Medical Report
Militia Form B 222	Regimental Conduct Sheet
Militia Form B 222	Company Conduct Sheet

Handwritten signature or mark

RECORDED BY

and

Handwritten signature

dated

Handwritten signature

at

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 A.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (M.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 129)
(Enclosed in special envelope (P.C.O. 1))
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3)
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851). *T. Duff*
13. Pay Book (P. 664)
14. War Service Certificate (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. *9*

Date..... *14. 3. 19*

A.C. Rank **MORRISON, Eldon.** Reg'l No. **507204**
 Unit **Dft. Signal Training Depot.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Ottawa, June 26th. 1916.** Place of Birth **Ottawa, Ont.**
 Name and Address, Next-of-Kin **Esther Morrison.**
89, Eccles St., Ottawa, Ont., Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

7381
 N/E. R.B. No.
 File R.L.
 Category **CAN. OR**

Discharge, Date and Place Reason Character
 H. W. & V., Ltd. - 7165-16.

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.				
		<i>Arrived in England. S. A. Lapland</i>		<i>6.10.16</i>	
<i>7.10.16</i>	<i>C. C. I. N.</i>	<i>Taken on strength</i>	<i>Shorncliffe</i>	<i>7.10.16</i>	<i>Castrol D.O. 239</i>
<i>29.1.17</i>	<i>do</i>	<i>303465th Div. Sig. Co. Witley</i>	<i>Witley</i>	<i>29.1.17</i>	<i>— 75</i>
<i>9-2-17 303465th Div. Sig. Co. P O S From C E T D. Witley. 29-1-17 Pt. 2, DO, I</i>					
<i>20.2.18.</i>	<i>"</i>	<i>Transf to C E T D. on demob.</i>	<i>Witley</i>	<i>20.2.18</i>	<i>11 456 C.E.T.D. 2/13/18</i>
<i>11-4-18</i>	<i>C. E. I. D.</i>	<i>S.O.S. to Sig Pool</i>	<i>Witley</i>	<i>11-4-18</i>	<i>87. (Sig Pool. 20/21/27.4.18)</i>
<i>13.7.18</i>	<i>Can Sig Pool</i>	<i>S.O.S. to 3rd Can Div Sig Coy</i>	<i>Field</i>	<i>3.7.18</i>	<i>DD 347 13th Div Sig Coy 50.32 19 15.7.18.</i>
<i>13.3.19</i>	<i>Can Sig Co</i>	<i>Sos. to Canada Branch</i>	<i>Witley</i>	<i>15.3.19</i>	<i>10026</i>
		<i>S.L. 41. L.O.A. - G. Effect Date</i>		<i>17.3.19</i>	

MEDICAL CASE SHEET.*

Slip. Group 7

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

507204

Spr

MORRISON

D. E.

Year

3rd Cdn Unit, 7th Div C.I.

Sig. Coy attached Age. 20

Service. 36/12

Station
and Date.

Disease

Influenza

*55. Olympic
March 18*

*Sudden Onset. General Pains Headache
Malaise*

Treatment

*Coal gas ii on admission followed by
3.155 Mag Sulph. in 4 hours time
Quinine Sulph gra ii q 3h, Aspirin gra x 6 4 30.*

Mar 20th

*Slept well during the night
Much improved - Constipated*

Treatment

No 135 ii

March 24th

*General condition quite satisfactory
though temperature remains fairly high*

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

CASE HISTORY SHEET.

Coywell A Hospital. Station. No. 507204 Rank. Sp1 Name. Morrison David Age. 21 Unit. 650: Completed years of service 2 yrs 10/12 Where and how long. Date of admission. 10-2-1919 Date of discharge. APR 8 - 1919 Diagnosis. Influenza Place of origin. Deucey

CONDITION ON ADMISSION AND PROGRESS OF CASE. Onset 17/3/19 in "Glympeis". Pain up back, used limbs, and feeling of heavy sub. Sleep actual. was very light admission 1.91 P. 92 R 28 P. E. Shows a man, normal appearance feeling all right a few reluctant rales heard over lower lungs. 27/3/19 Improving. 31/3/19 Improving. 4/4/19 Convalescent. 8/4/19 Discharged.

FAMILY HISTORY. (Tuberculosis, mental or nervous diseases.)

TREATMENT. (Especially any specific or special form.) Mrs Salicylate Gamm

CONDITION ON DISCHARGE. (and disposal made of case.) Date. 8/4/19 Discharged. Medical Officer i/c case. 611880

26-8-19

10.27
acid
alb nil
Blood Nil
Glucose Nil
Bile Nil
Deposit —

HOSPITAL
85 Olympic

NAME Morrison
RANK/NO Spr., 507204

Admitted 18-3-19

UNIT 7th Batt. 3rd Bn C.M.G.C.

Discharged
or
TRANSFERRED 2-3-19

DISEASE Influenza

DATE

18	19	20	21	22	23	24
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

107

106

105

104

103

102

101

100

99

98

97

96

PULSE

71 71 76 88 74 88 90 88 90 86 90 84 86

RESPIRATION

17 18 18 18 18 18 18 18 18 18 18 18 18

REMARKS

Station
and Date.

SIGNATURE
M.R.

W. G. Osler
Major Comd.

Mar 26

Spas ~~in~~ in annexation
ward 6

