

ATTESTATION PAPER.

No. 614.
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?..... Donald,
- 1b. What is your present address?.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... Coxepton Quebec
- 3. What is the name of your next-of-kin?..... Laura Morrison
- 4. What is the address of your next-of-kin?..... Marlboro, Que.
- 4a. What is the relationship of your next-of-kin?..... Sister
- 5. What is the date of your birth?..... March 7th 1896.
- 6. What is your Trade or Calling?..... Laborer.
- 7. Are you married?..... no.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes.
- 9. Do you now belong to the Active Militia?..... no.
- 10. Have you ever served in any Military Force?..... no.
- If so, state particulars of former Service.
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..
- 16. If so, what was the reason?.....

8th Regt. Royal Rifles.
May 14th 1916
BR. 21-1-39

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Donald 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.

..... Donald Morrison (Signature of Recruit)
Date..... 191 . A. Whitehead..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Donald 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.

..... Donald Morrison (Signature of Recruit)
Date..... 191 . A. Whitehead..... (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 Bury this 4th day of October 1915.
..... Abel Whitehead..... (Signature of Justice)

Description of Donald Morrison on Enlistment.

Apparent Age 19 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. 3 ins.
 Weight 130 lbs.
 Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 1/2 ins.
 Complexion Fair
 Eyes Blue
 Hair Light brown
 Religious denominations. { Church of England
 Presbyterian yes
 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 Oct. 5th 1915. A. J. Macdonald

Place Bury, Que. Capt. A. M. C.
 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.

D. 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.

J. S. O'Meara (Signature of Officer)

Date 10th Oct. 1915.

Lt. Col.

REGIMENTAL DOCUMENTS

NAME *Morrison Donald*

REGT. NO. *614*

UNIT

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 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)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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)

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)

C

DEATH
Category *S*

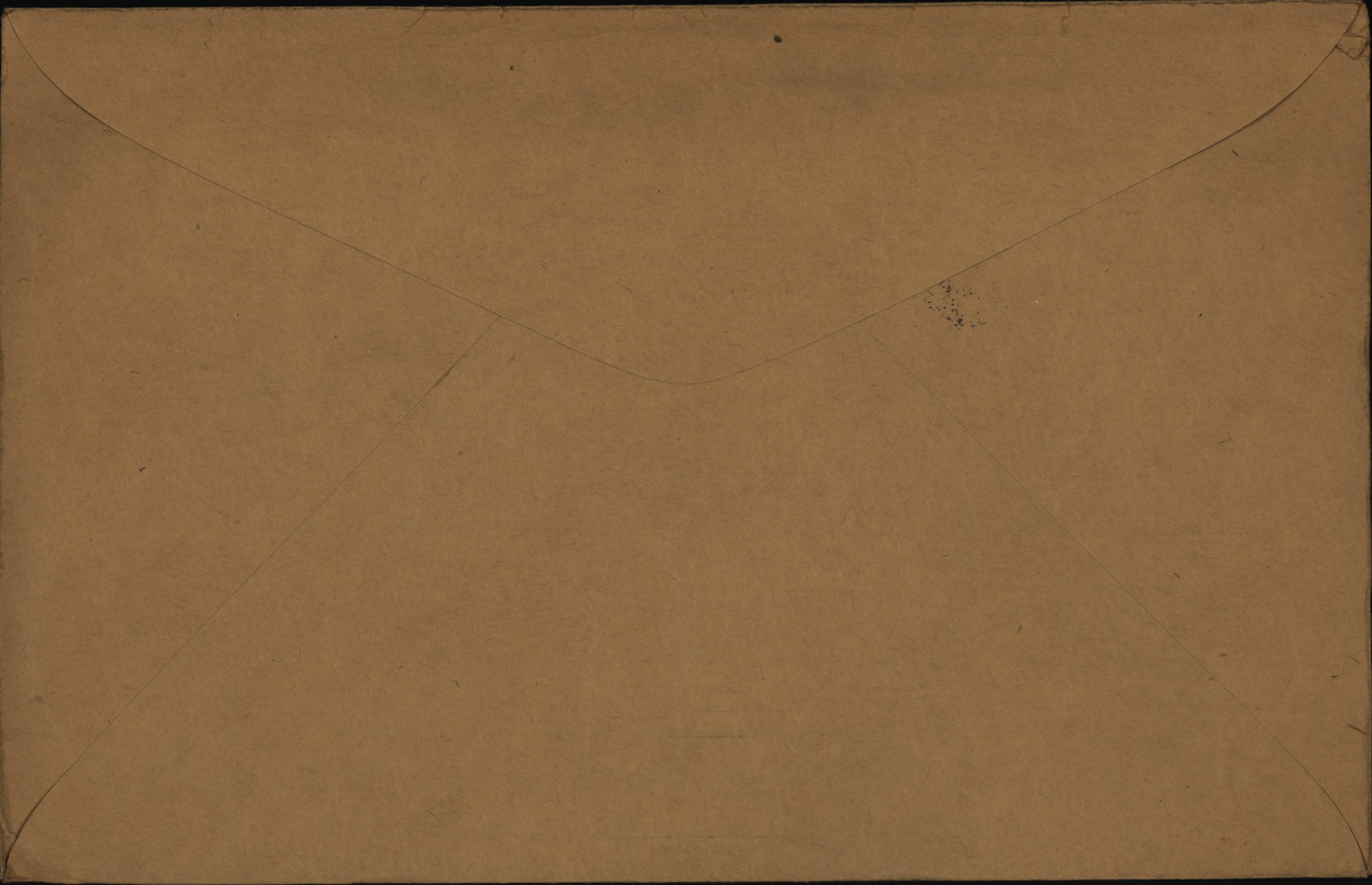
DISCHARGE

Category

33.52

DESERTION

H



C. P. X
NAME. Morrison Donald
RANK. Pte
No. 614
CORPS. 8 Reg. P. R.
REC. FILE 649-M-3145
H. Q. FILE 16-1-25

ENLISTMENT PLACE. Bury
DISCHARGE PLACE. Montreal
REASON. Med. unfit
DATE 4-10-15
DATE 20-9-16
FOLLOWS.
NO.
FOLLOWS.

ADDRESS ON DISCHARGE. Lake Edward Sanatorium
Que.

DOCUMENTS.
Documents on file

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE

Pension granted Com. 21-9-16 per annum
 132.⁰⁰. Pension No. 10343.
 Return list pensions 15-3-17

Name Pte Morrison D

M. F. W. 41
10 M. - 5-16.
1772-30-889.

Regimental No. 6/4 Name and address of next-of-kin
 Unit 8th R.R.
 Date of enlistment nil.
 Place of " nil.
 Married (yes or no) not mentioned Date and place discharged 12-10-16 Justice.
 Amount of pay assigned monthly \$ nil. Reason for discharge treatment expired
 To whom payable nil. Character on discharge no Auth.

Form 2376 M. & D. 6692

	Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					
May	1	31	31	1.00	31.00	31	.10	3.10	34.10	411	34.10			34.10		
June	1	30	30	"	30.00	30	"	3.00	33.00	569	33.00			33.00		
July	1	31	31	"	31.00	31	"	3.10	34.10	730	34.10			34.10		
Aug.	1	31	31	"	31.00	31	"	3.10	34.10	829	34.10			34.10		
Sept.	1	20	20	"	20.00	20	"	2.00	22.00	1001	22.00			22.00	Paid to date of	
Oct.	1	15	15	1.00	15.00	15	.10	1.50	16.50	1226	16.50			16.50	Disch. treatment	
					158.00			15.80	173.80	→	173.80			173.80	→ expired - 12-10-16	

Discharged
12-10-16

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

M. 901. [Signature]

Name *Morrison, D.*
Surname Christian Name

Regimental Number *614* Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L. I. 52061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks: *no record P.D.P. paid.
 Ledger sheet made from W.S.G. Dec.*

File No. 013133-D-84

WAR SERVICE GRATUITY.

Register No. M. 901

Law. w-71. (10¹⁰/19)

Reg. No. 614

Dependent _____

Name Morrison, D.

Address _____

Address Lake Edward Sanatorium

Lake Edward, Que.

Pay Soldier \$ _____

Pay Dependent \$ _____

*Ineligible for W.S.G.
less than 1 year Canada only.
1/10/20.*

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Clerk _____

Less further Dr. Bal. _____
or overpayment.

Net _____

*R. W. 134
4-10-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date.....

Active militia

J.P.

