

DUPLICATE

11 M. D. 1st Depot Battalion B.C. Regiment

Regtl. No. 2015820

*Card
P.S.
9/2/18*

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname MORRISON

2. Christian name Donald

3. Present address Mine P.O. Anyox B.C. Canada.

4. Military Service Act letter and number 302311
(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 25 July 1891

6. Place of birth Skigarsta, Ness Stornoway, Scotland
(town, township or county and country)

7. Married, widower or single Single

8. Religion Presbyterian

9. Trade or calling Blacksmiths Helper.

10. Name of next-of-kin Annie Morrison

11. Relationship of next-of-kin Sister

12. Address of next-of-kin Skigarsta Ness Stornoway, Scotland
Lewis Island

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 Prince Rupert, B.C. (b) Date 6 Sept 1918 (c) Category A2

SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

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

Donald Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. mths.

Height 5 ft. 9 1/2 ins.

Chest measurement } fully expanded 39 ins.
range of expansion 4 1/2 ins.

Complexion Ruddy

Eyes Blue

Hair Black

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Small scar instep right top.

Puttapper Major
for O. C. 1st Depot Btln.
B.C. Regt.

Place Vancouver, B.C. Date October 23rd 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military Service Act number and number of the order for his or her draft

5. Date of birth

6. Place of birth

7. Married, widowed, 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 present or absent of the Reserve Division

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

15. Medical examination under Military Service Act

16. Other particulars of the recruit

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and are true

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Build	Age	Education	Trade or calling	Particulars of previous military or naval service	Medical examination

For D.C.

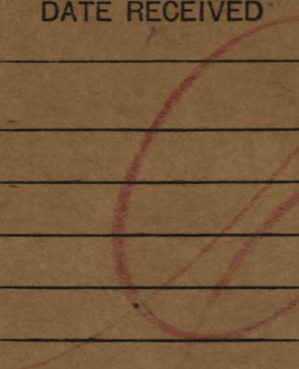
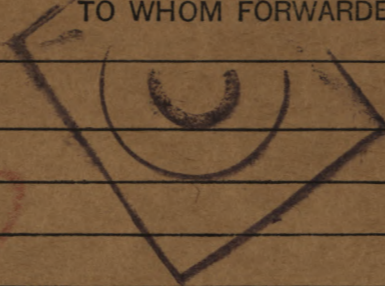
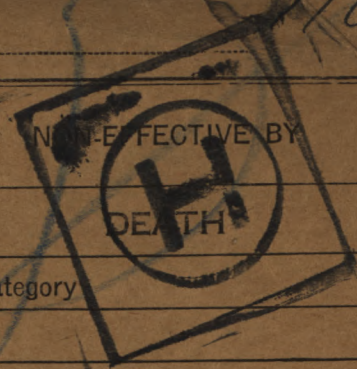

(Signature)

(Signature)

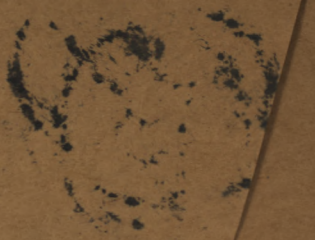
REGIMENTAL DOCUMENTS

PTE. NAME MORRISON DONALD D. REGT. NO. 2015820 UNIT 1102 C.G.R. H. Q. FILE NO. _____

PER. 1/5/19

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NOTIFICATION BY
ATTESTATION (M.F.W. 23, 133, or 51)					
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
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demol</i>
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Wise</i>					
<i>Under Card.</i>					



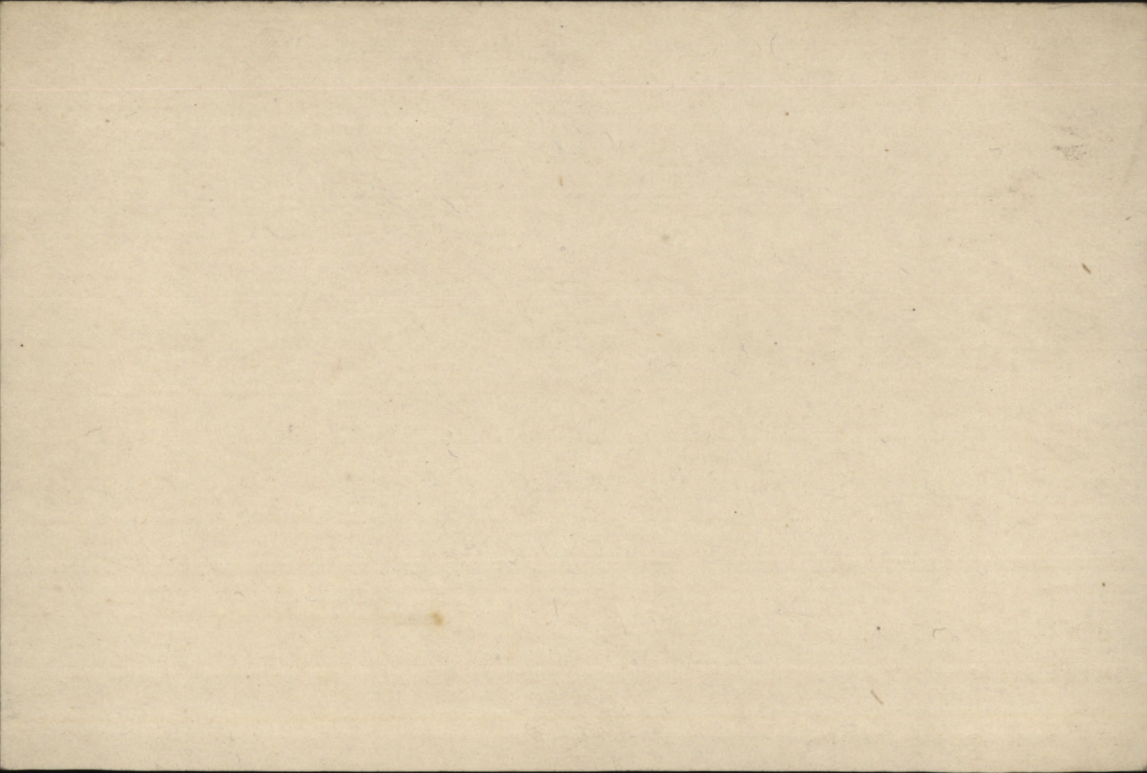


26

Surname Morrison H. Q.
Christian names Donald M. D. No. 11
Regtl. No. 2015-820 Rank Plt T. O. S. Oct 23rd 1918
Unit B. C. Regt 1st Depo Bn D. O. Pt. II 295 of 22-10-18
Reason Dis-22-7-19 S. O. S. Dis-22-7-19
Auth. 80-204-23-7-19 #11621R-19

Next of kin Morrison, Annie Relationship Sister
Address Skigarsta Ness, Stornoway Also notify:
Lewis Is. Scot.

BORN—Place Scotland, Skigarsta Ness Date July 25th 1891
ATTESTED—Place Vancouver B. C. Date Oct. 23rd 1918
O/S..... R/C.....



NAME *Morrison Donald*

REGIMENTAL NO. *2015820*

RANK *Pte.*

ENLISTED AT *Vancouver B.C.*

PROMOTIONS, &c.
AND DATE

DATE *23. 10. 18*

IF SERVED PREVIOUSLY, STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN *Annie Morrison*

RELATIONSHIP

Sister

ADDRESS OF *Skjargarsta Ness, Stormoway Isl.*

ASSIGNMENT OF PAY \$ *C.* TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
<i>F.O. 511th Det. C. S. R. 1/12/18</i>	<i>216</i>	<i>2.12.18</i>	<i>5th Depot Battⁿ.</i>
<i>F.O. 511th Det. C. S. R. 22/7/19</i>	<i>204</i>	<i>23.4.19</i>	<i>Discharged.</i>

MILITARY SERVICE ACT, 1917.

RECEIVED
SEP 13 1918

2015820

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

Re-examination

1. Surname Morrison Christian name Donald
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... 302311
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any).... Anyox? B.C

Anyox
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The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th. day of September, 1918 1917, by the undersigned medical board sitting at Prince Rupert, B.C.

5. Age as stated 27 Years 2 Months. 6. Apparent age 27 Years _____ Months
 7. Height 5 Feet 9 1/2 Inches. 8. Weight 152 Pounds.

9. Chest measurement { Minimum 34 1/2 Ins. 10. Complexion Ruddy { Eyes Blue
 { Maximum 39 Ins. { Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 0
 { Left arm 4 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Small scar instep right foot.

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 Previously examined.
 (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**
 17. (a) Vision R. 20/20 L. 20/20
 (b) Hearing R. Normal L. Normal

Neil H. Hurdie
 Capt. AMC President.

Signature of Man

No. 6
Ckd. to Schedule by *20/10/18*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. <u>2-11-18</u>		<u>SB Pule</u> M.O.
			M.O. <u>9-11-18</u>		<u>SB Pule</u> M.O.
			M.O. <u>16-11-18</u>		<u>SB Pule</u> M.O.

Joined 23 day of Oct 1918 at Vancouver B.C

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion, B.C. Regt VANCOUVER, B.C.</u>	<u>2015820</u>		<u>23-10-18</u>

EXAMINED OR, DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>NOV 6 - 1918</u>		<u>A 2</u>	<u>Recommenced w/mackay</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.

SEP 12 1918

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.

1st Depot Battalion, B. C. Regt. C.E.F.

Unit, Regiment or Corps VANCOUVER B. C.

Regimental No. 2015820 Rank Private Name Morrison, Donald.

Enlisted (a) OCT 23 1918 Terms of Service (a) MSA C. E. F. Service reckons from (a) OCT 23 1918

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) Civil Blacksmiths helper
Military

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>1/12/18</u>	<u>1st Depot Battalion</u>	<u>T.O.S. 11th B'n C.G.R. C.E.F.</u>	<u>VANCOUVER, B.C.</u>	<u>1/12/18</u>	<u>PART II. ORDER NO. 216-2/12/18</u>
<u>22/1/19</u>		<u>Discharged demobilization under R.O. 1328 Sub para 4 dated 18.11.18.</u> <u>Certified correct in so far as it concerns the</u>	<u>11th Batt'n Canadian Garrison Regt. C.E.F.</u>	<u>22-1-19</u>	<u>PART II. ORDER NO. 204-23/1/19</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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties.

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. 2015820 Rank Pte Name MORRISON Donald
(Name in full in block letters.)

Age 28 Address after discharge Anyox B.C.

Unit or Corps 11C.G.R. Birthplace SCOTLAND

(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. 9½ in. Colour of Eyes Grey
 Nutrition Good
 Pulse Nor
 Condition of arteries Nar.
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

NIL

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 / Genito Urinary System / Cardio-Vascular System -
 Special Senses - Integumentary System - Respiratory System -
 Disturbance of mentality - Muscular System - Digestive System -
 Osseous and Joint System - Any other general condition ~~XXXX~~ NONE

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.

Nodisability due to service

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

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date **JUL 22 1919** Signed *E. L. Lushington* 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 *D. 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.)

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 2015820 (Rank) Private

Name (in full) Donald Morrison enlisted in
the 1st Depot Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 23rd
day of October 1918

HE served in Canada

and is now discharged from the service by reason of Remobilization
Route order 1538 Sub para 7 dated 18-11-18

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

Age 28 years

Height 5 feet 9 1/2"

Complexion Ruddy

Eyes Blue

Hair Black

Donald Morrison

Signature of Soldier

Marks or Scars Small Scar

wastep right top

[Signature]

Issuing Officer

Lieut Colonel

Rank

11th Batt'n Canadian Garrison Regt. C.E.F.

Appointment

Date of Discharge 23rd July 1919

Signed at VANCOUVER, B.C. this 23rd day of July 1919

in Military District No. VI

File Reference No. _____

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) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

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

Name of Officer

Rank

Appointment

DENTAL HISTORY SHEET

M.F.B. 465.
200X-6-16,
1172-39-950.

CANADIAN ARMY DENTAL CORPS

DISTRICT *11*

NAME OF SOLDIER

Morrison Donald

1st Depot Battalion, B. C. Regt. C.E.F.

REGIMENT *VANCOUVER, B. C.*

RANK

Plt.

No.

2015820



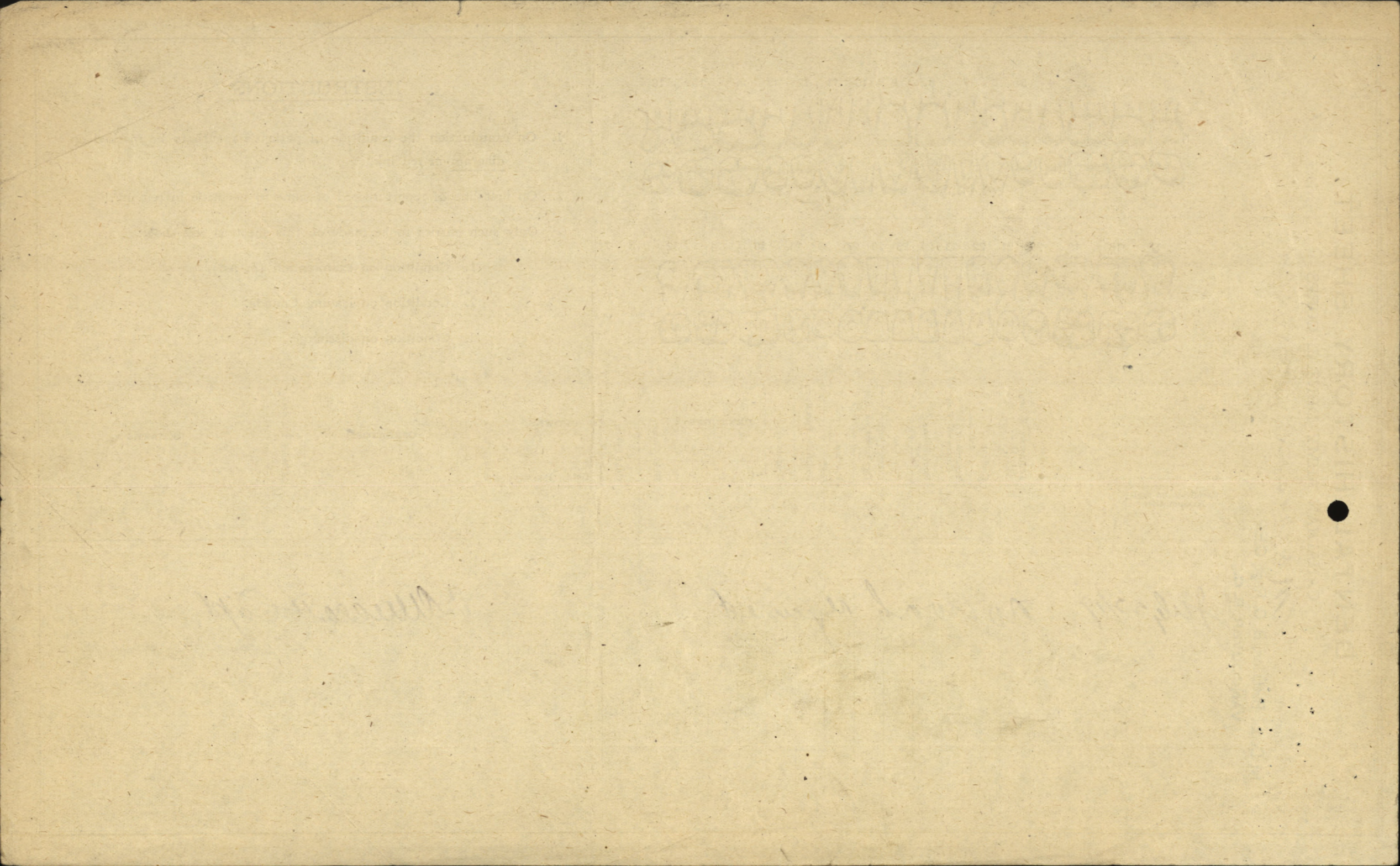
INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918.</i>																					<i># 1,16. unerupted.</i>
	<i>Oct. 25.</i>																			<i>Capt Dawson 11</i>		<i>no work required</i>
	<i>July 22/19</i>																			<i>Muscatto Capt.</i>		



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. <i>2015820</i>	
2 Rank. <i>Private</i>	
3. Name. <i>Morrison Donald</i>	
4. Unit. <i>11th Batt'n Canadian Garrison Regt. C.E.F.</i>	
5 Date of Discharge <i>22-7-19</i>	Place <i>VANCOUVER, B.C.</i>
6 Reason for Discharge DEMOBILIZATION <i>Routine order 1328 sub para 7 dated 18-11-18</i>	
7. Authority. <i>D.O. No. 204 dated 22-7-19.</i>	
8. Proposed Residence after Discharge <i>Vancouver B.C.</i>	
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.? <i>39</i>	
<i>Donald Morrison</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <i>VANCOUVER, B.C.</i> Date <i>22-7-19</i>	
<i>W. J. [unclear] Lieut Col</i> Signature <i>11th Batt'n Canadian Garrison Regt. C.E.F.</i> (O. C. Discharging Unit.)	

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name	
2. Rank	
3. Grade	
4. Title	
5. Date of discharge	6. Place of discharge
7. Reason for discharge	
8. Proposed residence after discharge	
9. Signature of Soldier	
10. Signature of Discharge Certificate	
11. Signature of Soldier	
12. Signature of Discharge Certificate	
13. Signature of Soldier	
14. Signature of Discharge Certificate	
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95. Signature of Soldier	
96. Signature of Discharge Certificate	
97. Signature of Soldier	
98. Signature of Discharge Certificate	
99. Signature of Soldier	
100. Signature of Discharge Certificate	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphostol	Medical Form W. 103
or Particulars of Receipt	Medical Form W. 103
Field Conduct Sheet	Medical Form W. 103 or A.F.B. 178
Generally Form	Medical Form W. 103 or A.F.B. 178
Last Pay Certificate	Medical Form W. 103
Certificate that military documents are unobtainable	
Medical History Sheet	Medical Form B. 813 or A.F.B. 178
Proceedings of Medical Board	Medical Form A.F.B. 178 or A.F.B. 179
Dental History Sheet	Medical Form H. 447
Medical Report	Medical Form H. 447 or H. 448
Regimental Conduct Sheet	Medical Form H. 447
Company Conduct Sheet	Medical Form H. 447

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

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

M. OR S. *B*

REGT. No. *2105820* RANK *Pte* NAME (IN FULL) *Morrison, Donald*
 (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN *Miss Annie Morrison* RELATIONSHIP *Sister*

ADDRESS *Skigata Pass Sornoway Scotland*

ORIGINAL UNIT C.E.F. *James B.C.* PLACE OF ATTESTATION *James B.C.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *23.10.18* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *Nil* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Vanouver.* PLACE *22.7.19* DATE *Demob.* REASON *D.O. 204* AUTHORITY *No* IF ENTITLED TO POST DISCHARGE PAY *No*

1919 MONTH	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
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
			\$	C.														
					10 -													
Feb 1/28	28	10	30	80	40	80	13		26	15	80				30	80	10	
Mar 1/31	31		34	10	10 -	44	10	53	14	1185	2531	10			34	10	10	
Apr 1/30	30		33		10	43		12	14	23	32	10			43			
May 1/31	31		34	10		34	10	26	15	22953	29	10			34	10		
June 1/30	30		33			33		24	20	234279	27	10			33			
July 1/22	22		24	20	35	59	20	289	299	289	277	10			59	20	60	to W.P.

Certified that all payments have been made on this account for which covering authority has been received to date.
Act Lt Col
 Paymaster, Demobilization

BALANCE FROM PREVIOUS ACCOUNT

