

ATTESTATION PAPER.

No. 1006776

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?..... Edwin
- 1b. What is your present address?..... Tomstown Ontario
- 2. In what Town, Township or Parish, and in what Country were you born?..... Glasgow Scotland
- 3. What is the name of your next-of-kin?..... Nancy Morrison
- 4. What is the address of your next-of-kin?..... Weyburn Ont
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... June 11 - 1871
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... Yes
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edwin 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.

Edwin Morrison (Signature of Recruit)

Date June 23 1916. W.A. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edwin 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.

Edwin Morrison (Signature of Recruit)

Date June 23 1916. W.A. Smith (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 English this 23 day of June 1916.

(Signature of Justice)

English

Noted 14-3-17
E.P.

Description of Edwin Morrison on Enlistment.

Apparent Age 45 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 6 ft. ins.

Chest measurement { Girth when fully expanded 41 ins.
 Range of expansion 4 ins.

Complexion Healthy
 Eyes Blue
 Hair Brown

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

Small scar on left leg under knee and wonder chin

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 23 1916

Place Sevigny

[Signature]
 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.

Edwin 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.

[Signature] (Signature of Officer)

Date 23rd June 1916

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... *2*
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet..... *1*
 Compulsory Stoppages.....
 Casualty Forms..... *1*
 Proceedings on discharge..... *1*
 Corps History Sheet.....
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... *2*
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet..... *1*
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate..... *1*

DISCHARGE DOCUMENTS

Name *Morrison Edwin*
 Regt. No. *1006776* Rank *Pvt*
 Corps *228th Bn C.E.F.*
Med Unfit

R. O. No.....

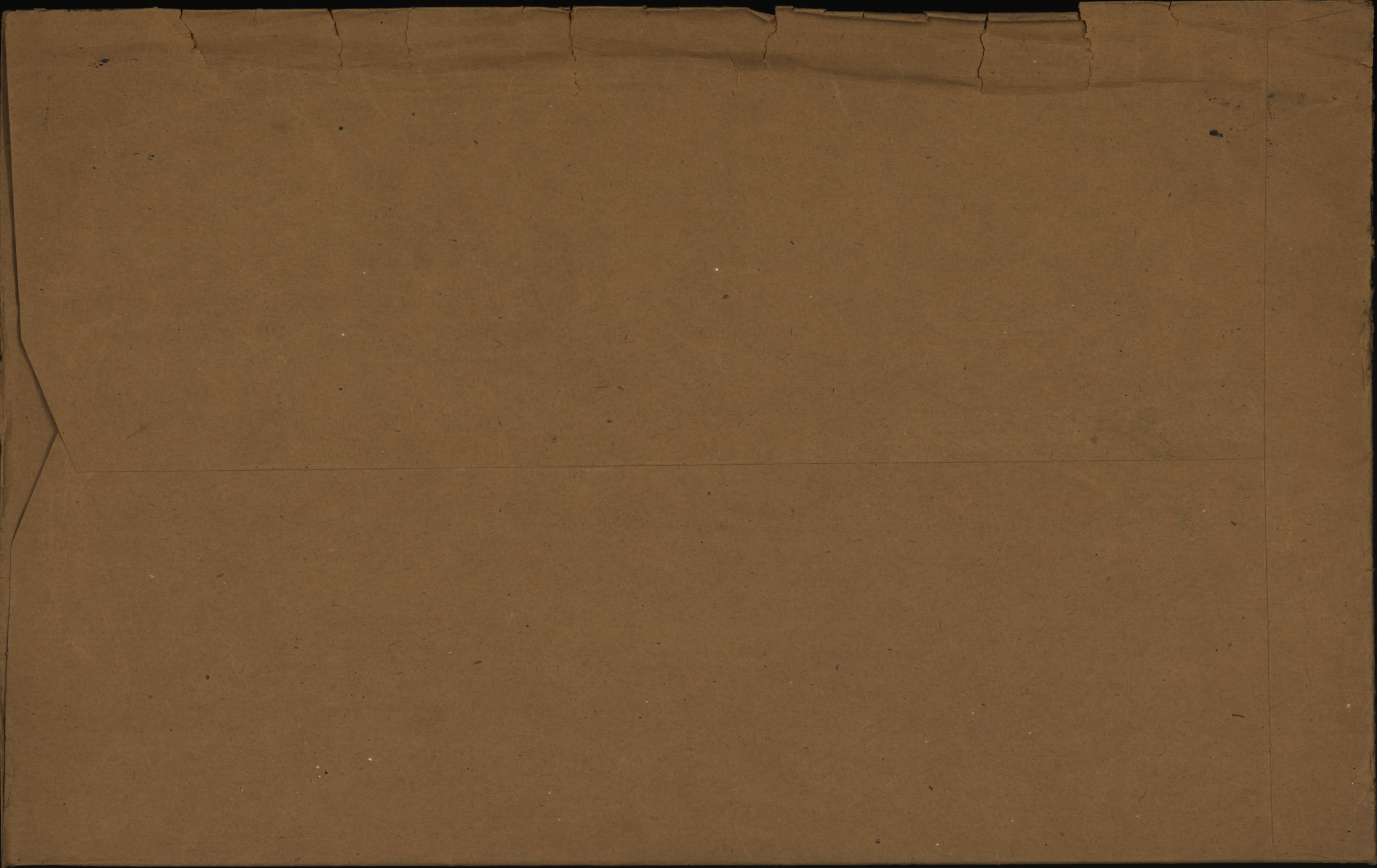
H. Q. No.....



34022



M & J. M. S.



SURNAME.

Morrison

649-m-6921

CARD NO.

X

CHRISTIAN NAMES

Edwin.

FOLL.

S.O.A. Dis. 22-8-16 I

REGL. No.

1006776.

RANK

Pte

D.F.

UNIT *228th*

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Nancy.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Huntsville, Ont.

COUNTRY OF BIRTH

Scotland Glasgow.

DATE

June 11th 1871.

PLACE OF ATTESTATION

Englehart, Ont.

DATE

June 23rd 1916.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

45

YEARS

—

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

41

INCHES

EXPANSION

4

INCHES

COMPLEXION

Healthy

EYES

Blue.

HAIR

Brown

DISTINGUISHING MARKS

Small scar on l. leg. under knee and under chin.

MEDICAL EXAMINATION.

PLACE

Englehart, Ont.

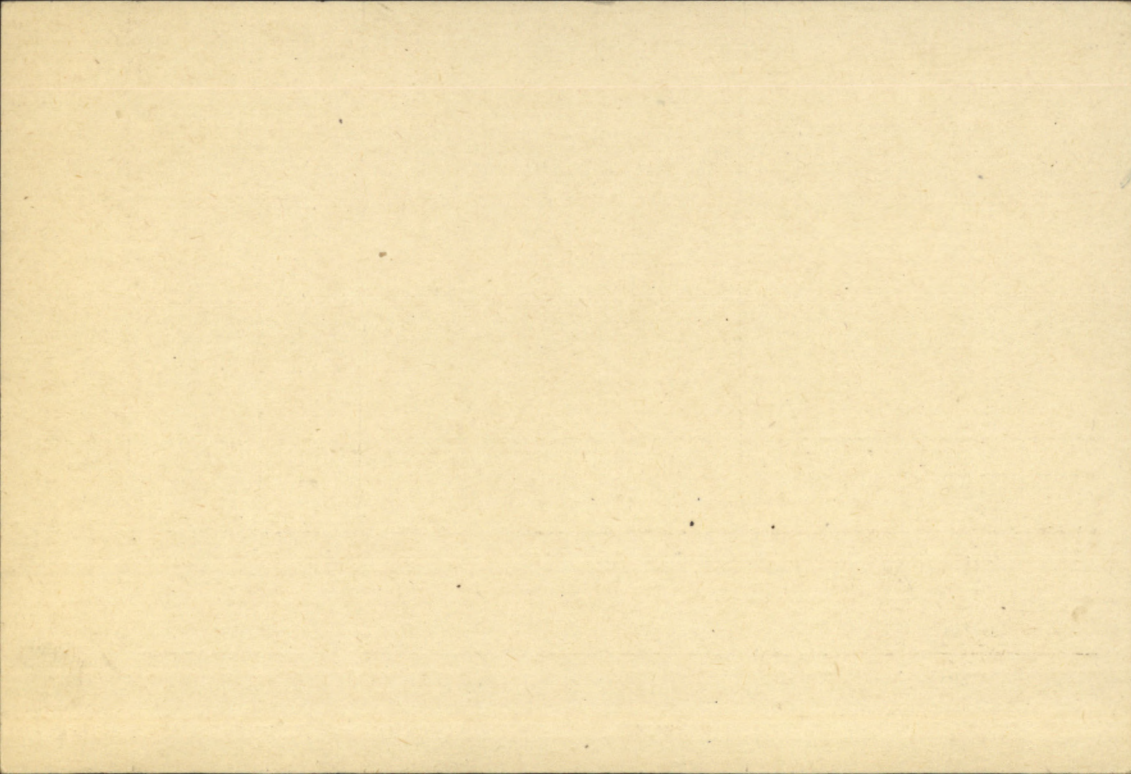
DATE

June 23rd 1916.

Present Address. Tomstown, Ont.

No. 1006776 RANK *Pte*NAME *Morrison C.*T. O. S. *23-6-16* UNIT *228th Battalion**D.O. 92. 29.6.16*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>June 27</i>	<i>1916</i> <i>June 30</i>	<i>n</i>		
<i>July</i> <i>Aug 1</i>	<i>Aug 21</i>	<i>n</i>	<i>Discharged under div. Order</i> <i>22-8-16</i>	<i>A. O. 141. 21-8-16</i>
			UNIT SAILED FEB 16 1917	
<i>a/c closed by payment. n</i>				



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 1006776 Rank Private Name E. Morrison
 Corps 228th Battalion, C.E.F. who was * discharged
 On 22/8/16 1915

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	DR.	\$	c.		CR.	\$	c.
From <u>1/8/16</u> To <u>21/8/16</u>	Bal. Dr. from previous month.....			To	Regimental pay <u>21</u> days at \$ <u>1</u> c. <u>00</u>		<u>21 00</u>
	Total payments during period				Field allowance <u>21</u> " \$ c. <u>10</u>		<u>2 10</u>
	from <u>1st - 21st Aug.</u>	<u>44</u>	<u>60</u>		Other allowances <u>21</u> days @ <u>60c</u> <u>subistence</u>		<u>12 60</u>
	Assigned Pay.....				Other Credits (give particulars) <u>Clothing stoppage</u>		<u>10 90</u>
	Other Charges (give particulars).....				Bal. Dr. on discharge or transfer.....		
	Bal. Cr. on discharge or transfer.....		<u>2 00</u>				
	<u>Clothing stoppage</u>						
	TOTAL	46	60		TOTAL		46 60

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is \$15.00, and has not been charged in Pay-list for month of August.

† Insert "been" or "not been" as case may be

REMARKS:—

- State (1) date of enlistment 23/6/16
 (2) if married and if a Separation Allowance Card has been submitted Yes, card submitted.
 (3) cause of discharge and authority Division Orders, 21/8/16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 22nd, 1916.

Place Camp Borden, Ontario.

E. W. Peake
Paymaster.

MEDICAL HISTORY SHEET

Surname Morrison Christian Name O'Brien

Examined { on 23 day of June 1916 Approved by R. Clancy, M.D.
 at Caytham

Birthplace { City or Town Glasgow Rank _____ M.O.
 County Scotland

Apparent age 45

Trade or occupation Labourer M.O.

Height 5 feet 6 Inches M.O.

Weight 165 lbs. M.O.

Chest measurement { Minimum 37 inches M.O.
 Maximum expansion 41 inches M.O.

Physical development good M.O.

Small-pox Marks no M.O.

Vaccination Marks { Arm Right Left Yes
 Number 2

When Vaccinated last Chiesha ✓ M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease no M.O.

(b) Slight defects but not sufficient to cause rejection

no ✓ M.O.

no ✓ M.O.

Enlisted on 23rd day of June 1916 at Caytham

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>228th Co Br</u>	<u>1086776</u>	<u>Good</u>	<u>23/6/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Camp Borden</u>	<u>Aug 2/16</u>	<u>over age</u>	<u>Discharged</u>

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.

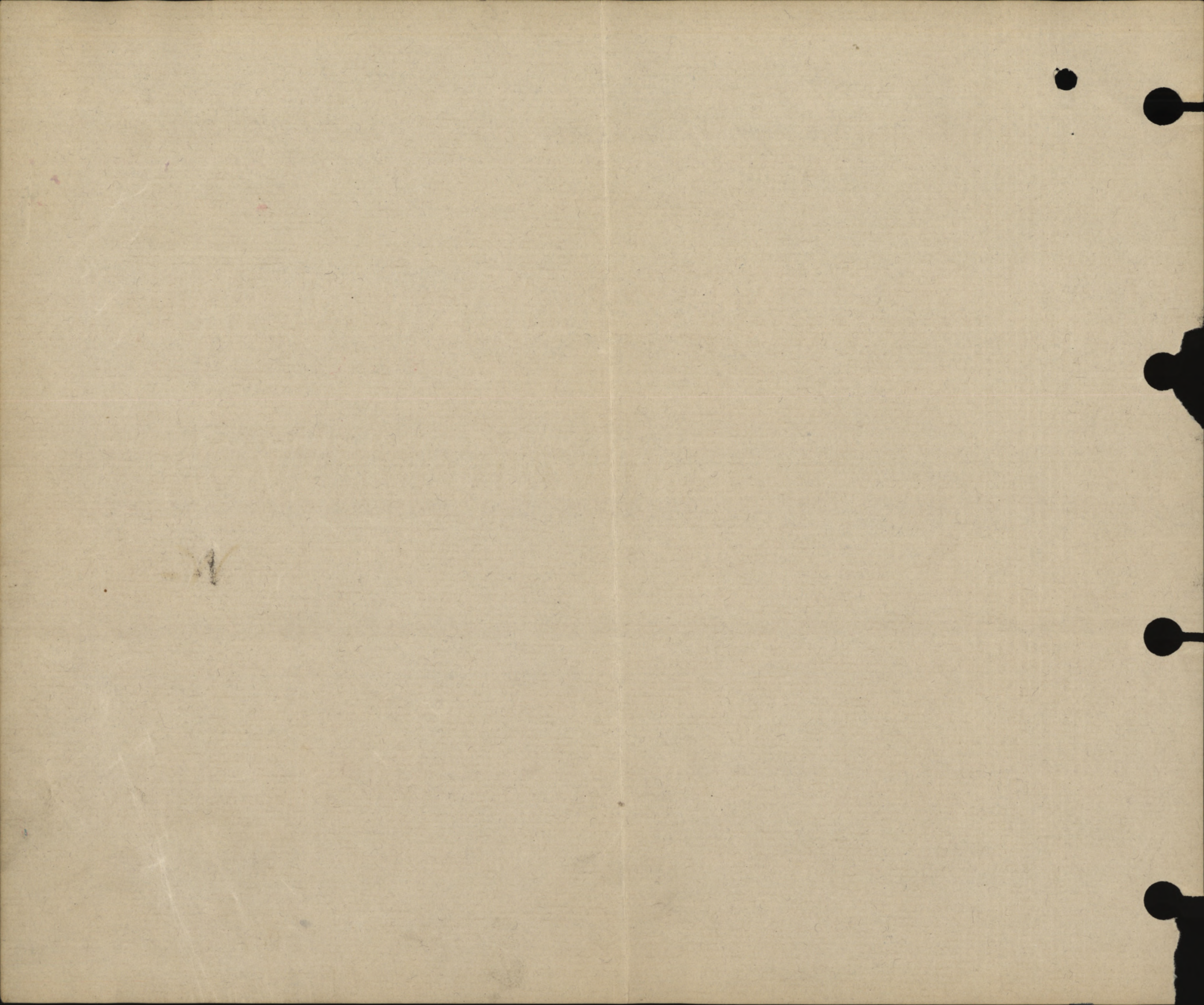
SEPARATION ALLOWANCE

Name Nancy Morrison Name of Soldier Morrison Edwin
 Address Tomstown P.O. Regtl. No. 1006776
Ont. Rank pte
 Corps 228th Batt.
 Relation to Soldier }
 wife, child or mother } Wife
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
 W-
 DATE..... PER.....



MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
 50m.-4-16.
 1772-39-818.

Sheet No. 2.
 L. L. Job 310.—Req. 6574.

N. Morrison

OVERSEAS CONTINGENTS

Wife
 PAYMENTS.

Name of Soldier

Morrison E.

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		<i>89679</i>	<i>25</i>	<i>25.</i>
Aug.		<i>913365</i>	<i>20</i>	<i>20</i>
Sept.				<i>Dis 28/8/16 pml 21/8/16</i>
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
 DATE.....PER *W-*.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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. *22nd Inf. Battalion*

Regimental No. *1086726* Rank *Pte* Name *Mouison Ewen*

C. E. F.

Enlisted (a) *23/6/16* Terms of Service (a) *Duration of War* Service reckons from (a) *23/6/16*

Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				

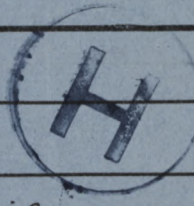
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeling Smith, etc. etc., also special qualifications in technical Corps duties.

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This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>1006776.</i>		
Rank <i>Private</i>		
Name <i>Edwin Morrison</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company) <i>No. 2. Coy</i>		
Date of Discharge <i>August 22/16</i>		
Place of Discharge <i>Camp Borden Ont</i>		
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age <i>45</i> years.....months. Height <i>5</i> feet..... <i>6</i> inches. Complexion <i>Healthy.</i> Eyes <i>Blue.</i> Hair <i>Brown.</i> Trade <i>Labourer.</i> Intended place of residence } <i>Englehart</i> (To be given as fully as practicable.) } <i>Ontario.</i>	Descriptive Marks <i>small scar on left leg, under knee.</i>	
2. The above-named man is discharged in consequence of <i>being declared medically unfit</i>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i> <i>HELL</i>	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>HELL</i>	

*Noted 4-3-17
EM*

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Camp Borden

H. M. M. Major

(Date) aug 22nd 1916

J. M. C.
Commanding 22nd Co. 1st Batt

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Camp Borden 1st Batt (Signature of Soldier.)

(Date) aug 22nd 1916 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years 60 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Camp Borden

H. M. M. Major

(Date) aug 22nd 1916

(Signature) J. M. C. 22nd Batt

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Left camp

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID.

6

Next of kin:- Nancy Morrison, wife, Tomstown, Ont.

1. Station. Camp Borden, Ont.

8. General remarks on his :-

2. Regiment or Corps 228th Bn. C.E.F.

(a) Conduct. Good.

3. Regimental No. and Rank. Pte. #1006776

(b) Habits. Good.

NO. 2
MILITARY DISTRICT
34-MO-77
M. D. No. 2

Morrison, Edwin.

4. Name. Tomstown, Ont.

(c) Temperance. Temperate.

5. Age last Birthday. 38 51

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on 23/6/16

DEPT
MILITIA & DEFENCE
AUG 23 1916
H.Q.
CANADA

at Englehart, Ont.

7. Former Trade or Occupation.

Teamster.

Date. 15/8/16.

9. Service.

Years. 54. Days.

PERIODS.

	PERIODS.	
	FROM.	TO.
Englehart and Camp Borden.	23/6/16.	15/8/16.

10. (a) Disease or disability. Old age.

(b) Date of origin. XXX

(c) Place of origin. XXX

(d) Cause. XXX

11. Present Condition. (Most Important)

(To include full description of present disabling condition or conditions.)

Complains of pain in lumbar region. Unable to do drill

12. (a) Is the disability the result of service or climate?

No.

(b) Has it been aggravated by intemperance, vice or misconduct?

No.

M. F. B. 227.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on back of left hand, three inches long, ending between middle and little finger. Three scars on right side of neck, apparently result of suppurating glands. Scar on inside of right foot three inches long.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

NIL.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

NIL.

14. Treatment Rest and light duty.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Life.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not more than previous to enlistment.

18. State if for discharge on account of unfitness for Service.

Yes.

A. M. Murchy, M.D.

Capt. W. W. 2282

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

yes

11.

yes

12.

yes

15.

yes

16.

yes

17.

yes

18. Is he unfit for Military Service.

yes

Recommendations :

That he be discharged as Medically Unfit. Overage

Signatures :—

H. R. Halverson Capt. President.

W. M. Robb Capt

Sawilkinson, Capt

Members.

Station. Camp Borden

Date. Aug 15/16

Date. 19.8.16

Approved.

Date. 6.9.16

G. S. Jones Capt

Assc. Director of Medical Services.

W. C. Cannon, Capt. Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Recommendations:

Signature: _____

Administrative Medical Officer.

Date of final Medical Board or decision. }

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B, 227.
150 m-5-16.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.