

5th M. D.

Depot Battalion

Regiment

Regtl. No. 3280084

5th
4-12-18

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname..... Morrison
2. Christian name..... Ewen Donald
3. Present address..... Marsboro, Compton, P.Q., Canada
4. Military Service Act letter and number..... Nil
5. Date of birth..... March 28th 1897
6. Place of birth..... Marsboro, Compton, P.Q., Canada
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Baptist
9. Trade or calling..... Farmer
10. Name of next-of-kin..... Donald Morrison
11. Relationship of next-of-kin..... Father
12. Address of next-of-kin..... Marsboro, Compton, P.Q., Canada
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... Nil
15. Medical Examination under Military Service Act:—
 (a) Place..... Quebec (b) Date..... 3-4-18 (c) Category..... E

DECLARATION OF RECRUIT

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

Ewen Donald Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... mths.
 Height..... 5 ft 5 1/2 ins.
 Chest measurement } fully expanded..... 24 ins.
 } range of expansion..... 2 ins.
 Complexion..... Medium
 Eyes..... Blue
 Hair..... Black

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

nil

Chapman
 O. C. 1st Depot Btln.
2nd Regt.

Place..... Quebec Date..... April 3 1918

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1917

(Class)

1. Name of recruit

2. Age

3. Height

4. Complexion

5. Eyes

6. Hair

7. Education

8. Trade or profession

9. Date of birth

10. Date of enlistment

11. Date of discharge

12. Name of commanding officer

13. Name of recruiting officer

14. Name of medical officer

15. Name of medical officer in charge of hospital

16. Name of medical officer in charge of dispensary

17. Name of medical officer in charge of ambulance

18. Name of medical officer in charge of ambulance

19. Name of medical officer in charge of ambulance

20. Name of medical officer in charge of ambulance

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Eyes	Hair	Build	Strength	Endurance	Agility	Speed	Stamina	Resistance to fatigue	Resistance to cold	Resistance to heat	Resistance to wet	Resistance to dry	Resistance to dust	Resistance to noise	Resistance to vibration	Resistance to shock	Resistance to concussion	Resistance to explosion	Resistance to fire	Resistance to gas	Resistance to poison	Resistance to disease	Resistance to injury	Resistance to death

Signature of Recruiting Officer

Signature of Medical Officer

Signature of Commanding Officer

REGIMENTAL DOCUMENTS

NAME **MORRISON E WEN. Donald** REGT. NO. **3280084** UNIT **1st Depo Bn 2nd Inf Regt** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

3
/ 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)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 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)

1 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)

DEATH

Category

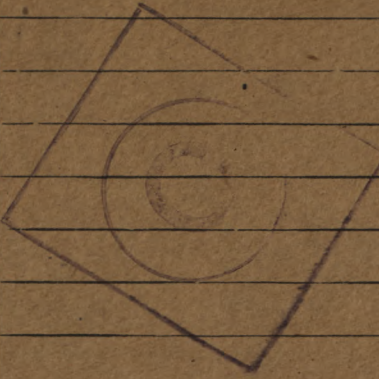
DISCHARGE

Category

Demolish

34040

DESERTION





SURNAME.

Morrison

CHRISTIAN NAMES

Ewen Donald

REGL. No.

3280024

RANK

Plt.

UNIT

2nd Que. Regt. 1st Dps. Bu.

FORMER CORPS

5

CARD NO.

FOLL.

T. O. S. *April 3 1918*

D. O. Part II No *93*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Donald

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Marsboro, Compton, P.Q.

COUNTRY OF BIRTH

Canada, Marsboro, P.Q.

DATE

Mar. 28 1897

PLACE OF ATTESTATION

Quebec, P.Q.

DATE

April 3rd 1918

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

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 1st Depot Battalion 2nd Quebec Regiment

Regimental No. 3280084 Rank Private Name Ewen Donald Morrison

C. E. F.

Enlisted (a) 3-4-18 Terms of Service (a) C. E. F. Service reckons from (a) 3-4-18

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				
19-8-18	1 D B 2 Q R.	<p>Demobilization</p> <p>S.O.S. on return to records of Registrar.</p> <p>Part II Orders No. 3614 Date <u>19-8-18</u></p> <p>Discharged under authority of P.C. 3051, of 11-12-18.</p>	Quebec	1-8-18 2-4-18	No 231

W. Bouteau Major.
M. S. A., D. O., M. D. 5.

(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.

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				

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

not on lists.

3280084

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.

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of April 1918 by the undersigned medical board sitting at Quebec Duff Hall

5. Age as stated 21 Years — Months. 6. Apparent age 21 Years — Months
7. Height 5 Feet 5 1/2 Inches. 8. Weight 116 Pounds.
9. Chest measurement { Minimum 32 Ins. 10. Complexion Medium { Eyes Blue
Maximum 34 Ins. { Hair Black
11. Physical development. fair { Good
Fair
Poor 12. Smallpox marks.....

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 marked knee track. knees result of Paralytic condition
16. Slight defects but not sufficient to cause rejection condition

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 E

17. (a) Vision. R. 20/60 L. 20/60
(b) Hearing. R. OK L. OK

J. Stephen Capt. President.
J. B. Bennett Member.

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

Joined 3rd day of April 1918 at Quebec, P.Q.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>3280084</u>		<u>3-4-18</u>

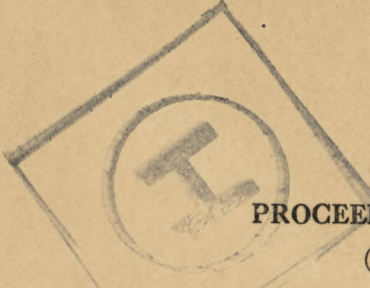
Joined on enlistment
Transferred to.....

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. *Volunteer* - *Regt L No 3280084*

2. Rank *Private*

3. Name *Provision Lewis Howard*

4. Unit *1st Depot, Battalion, 2nd Quebec Regt*

5. Date of Discharge *1. 8. 18. 14* Place *Quebec*

6. Reason for Discharge ~~Demobilization~~
 S.O.S. on return to records of Registrar *1. 8. 18.*
 Part II Orders No. *231* ~~367~~ Date *19-8-18*
 Discharged under authority of P.C. 3051, of 11-12-13.

7. Authority

8. Proposed Residence after Discharge.....

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. ?.....
 Signature of Soldier.

10. CONFIRMATION.
 The discharge of the above named man is hereby confirmed.
 Place.....
 Date.....
 Signature.....
 (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... 2	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form..... 1	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable..... 1	
Medical History Sheet..... 2	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..... 1	Militia Form B. 263
Company Conduct Sheet..... 1	Militia Form B. 263a