TRIPLICATE

M.S.A.

.....No.....M. D.....First.....Depot Battalion.....2nd C.O.R.....Regiment

Regtl. No.....[illegible]

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname.....Morrison
2. Christian name.....Frederick.Edgar
3. Present address.....Creemore.Ont.R.R.#3
4. Military Service Act letter and number.....473805
   (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.....August 7th 1890
6. Place of birth.....Creemore.Ont.
   (town, township or county and country)
7. Married, widower or single.....Single
8. Religion.....Methodist
9. Trade or calling.....Farmer
10. Name of next-of-kin.....Jake Morrison.
11. Relationship of next-of-kin.....Father
12. Address of next-of-kin.....Creemore.Ont.R.R.#3
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..Hamilton.Ont.....(b) Date....Nov.5th 1918....(c) Category.....B2

DECLARATION OF RECRUIT

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

Frederick Edgar Morrison.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....28.....yrs.....2.....mths.

Height.....5.....ft.....9.....ins.

Chest measurement: fully expanded.....33½.....ins.; range of expansion.....36.....ins.

Complexion.....Medium

Eyes.....Blue

Hair.....Brown

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

W. M. Clark Major

for O. C.....1st DEPOT BN., 2nd C. O. R.....Depot Btln.

.....Regt.

Place.....Hamilton.Ont.....Date....November 1st 1918.....

M. F. W. 133.
500M.—5-18.
1772—39—1150

25-1-19 and

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... R3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

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..... 1

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate.....

M7W71 1
M7W129 1
Dental 1
A7B122 1

1 card

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

Name MORRISON FREDERICK. EDGAR.

Regt. No. 3112669 Rank Pte

Corps 2nd Bn. C. M. R.

DEMOB'N

34078

H

40-24

24 24
6 24
1

H. Q. 649-M-44221.

M. D. No. 2

Surname: Morrison

Christian names: Frederick Edgar

Regtl. No. 3112669 Rank: Pte.

Unit: 2nd Can. Ont. Regt, 1st Dpo Bn

T. O. S. Nov. 1st 1918

D. O. Pt. II 306 of 2-11-18

S. O. S. Dis 8-1-1919.

Reason: Demob.

Auth: D.O. 6 of 6.1.19. C.G.R. 2nd Bn.

Next of kin: Morrison Jake

Relationship: Father.

Address: R.R. # 3 Creemore, Ont.

Also notify:

BORN—Place: Canada Creemore, Ont. Date: Aug 7th 1890

ATTESTED—Place: Hamilton Ont. Date: Nov 1st 1918.

O/S:

R/C:

W. 22—100M-7-18. 1772-39-839.

Reg. No. 3112669 Name Morrison Fred

Rank Pte Corps 1st D.B. 2nd Lab R Age 28 Service 4 days

Ledger No. 44423 Serial No. A. 13664.

HOSPITALS	DATE	DIAGNOSIS
Hamilton Mil Hamilton	5-11-18	Influenza
Disch Duty	21-11-18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Farmer Meth

M. F. W. 71—500M.—5-18.
1772—39—961.

NAME Morrison Frederick

REGIMENTAL NO. 3112669 RANK Pte.

ENLISTED AT Hamilton PROMOTIONS, &c. AND DATE

DATE 1.11.18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Jake Morrison RELATIONSHIP Father

ADDRESS OF Creemore, Ontario R.R. #3

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

1st DEPOT BN., 2nd C.O.R.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
	305	9.11.18	Adm Hmsb. 5.11.18
DOS.	157.	2-12-18.	
SOS. 8-1-19.	6	6-1-19	

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. F. 2

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3112669 Rank Pte. Name Morrison J.

Corps 2nd Bn CMSR who was* Discharged

On Jan 8 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1919 to Jan 8 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	
Advances by Cheques No.			Regt'l Pay 8 days at $ 1 c	8	
Advances by Cheques No.			Field Allow. 8 days at $ 10 c		80
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	
Payment on transfer or discharge No. 30209	53	80	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	53	80	Total	53	80

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned

Pay for the month of Nil 191 and Sep'n Allce. for month of Nil 191 (to) Assignee Nil

(Address)

(†) Insert amount to be assigned whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 1-11-18

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge Demobilization authority BDO 6

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Jan 1-1919

Place Toronto Ont.

Paymaster.

Paymaster, 2nd Bn, Canadian Garrison Regt.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

DENTAL HISTORY SHEET

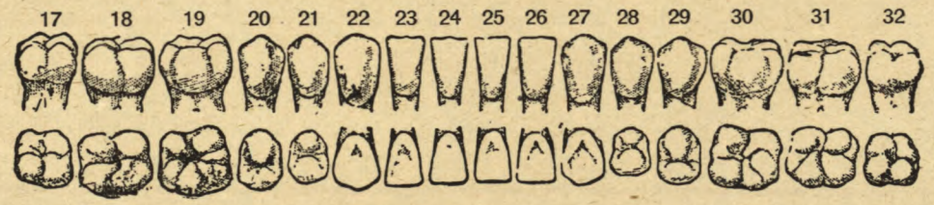
CANADIAN ARMY DENTAL CORPS

District S.A.

Name of Soldier Morrison, Fred'k Edgar

Regiment 1st DEPOT BN. 2nd C.O.R. Rank Pte.

No. 311769



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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Operator	Military District	Remarks
Condition on first Examination																							
DISCHARGE EXAM. EXHIBITION CAMP DATE Dec. 30/18. CERTIFICATE ISSUED FOR																							
Not entitled																							
																					O.W. Canning Capt. L.		

M.F.B. 465.
200m.—6-18.
1772-39-950.

B"

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

M.S.A.

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. 3112669 Rank Cte. Surname MORRISON (Given name in full) Frederick C.

Unit or Corps 2nd C.G.R. Birthplace Greenore, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition Good

Pulse 76 regular good vol.

Condition of arteries Soft

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar left cheek - accident automobile Apr. 15 - 1918.

Opinion as to general health and physical condition Category B"

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 Albuminuria 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.

Flat feet - slight degree - non-rejected type - original enlistment - no service aggravation
No Hernia
No Varicose Veins
No Varicocele
No Haemorrhoids

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

[OVER]

O.K. Gm

EXAMINATIONS

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.)

THIS SECTION FOR USE IN CANADA—

Examined at Exhibition Camp Toronto (Canada)

Date 30/12/18 Signed D J Cochrane Lt. A.M.C. 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 Frederick Edgar Morrison

(If not satisfied, M.F.B. 227 will be completed by a Medical Board). Pte 3112669

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

APPROVED
31/12/18
J R Christian Capt.
For A.D.M.S., M.D. 2

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

M.S.A.

This is to Certify that No. 3112669 (Rank) Private

Name (in full) MORRISON, Frederick Edgar. enlisted in

the 1st Depot Battalion 2nd Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ontario on the 1st

day of November 1918.

HE served in .....CANADA.....

and is now discharged from the service by reason of

"DEMOBILIZATION"

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

Age 28 Years 5 Months.

Height 5 Feet 9 Inches.

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Scar Left Cheek.

Frederick E Morrison
Signature of Soldier

A F Hackney Major
Issuing Officer
O. C. 2nd Bn., Canadian Garrison Regt.
Rank

Date of Discharge January 8th, 1919.

Appointment

Signed at TORONTO this 8th day of January 1919.

in Military District No. 2.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

E.S.A.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. 2nd C.O.R.

Regimental No. 3112669 Rank Private Name Morrison Frederick Edgar

Enlisted (a) Nov. 1st 18 Terms of Service (a) Dur of War & 6 months after C. E. F. Service reckons from (a) Nov. 1st 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) Farmer

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				
		Transferred to C.G.R. From 1st Depot Batt'n, 2nd C.O.R.		2/12/18	
6-1-19	2nd Bn. C.O.R.	S.O.S. On Discharge R.O. # 1328 "DEMOBILIZATION"	Toronto	8-1-19	Part 11 O.D. # 6.

(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

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				

CASE HISTORY SHEET.

Hamilton Military Hospital. Hospital. Hamilton Ontario. Station.

No. 3112669 Rank Pte. Name Morrison Fred. Age 28

Unit 1st D.B. 2nd COR Completed years of service (Where and how long) Canada 4 days

Date of admission 5-11-18 Date of discharge 21/11/18

Diagnosis Influenza Place of origin Hamilton.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Subjective cough, headache, eye ache, joints ache,

Objective All systems normal, Bowels regular, Temp 100.2, P. 84, R. 20 — on admission.

6-11-18 - Tongue moderately coated red moist. Eyes congested slight yellowish tinge. Not coughing chest clear.

10-11-18 Not coughing chest clear. Improving.

11-11-18 feels fine, chest clear, pulse sinkendicf. R.W.P.

15-11-18 feels fine, chest clear, to be transferred to ward 3 R.W.Parks.

17/11/18. Patient feels fine. Lungs clear

19.11.18. up. Feeling fine. Slight cough at night.

20.11.18. Discharge to unit.

FAMILY HISTORY neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Routine & R 5-5-7 3 ii q. 3 h.

(Especially any specific or special form.) caffeine Quinine Kylchoc. W.P. Parks

Hot toddy morning & night

Eastonidyl 3 j t.i.d. P.C.

CONDITION ON DISCHARGE,

(and disposal made of case.) Good recovery. Chest clear on discharge to unit. on 21. 11. '18

Date 21/11/18. Other systems normal. R. Parks

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

2 13664

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st D.B 2nd COR Hospital Station Hamilton Military Hospital.

No. 311 2669 Rank and Name Pte Morrison Fred Age 28 Service

Disease Influenza Date of Admission 5-11-18 Date of Discharge 21/11/18 Result Recovered Case Book Folio

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Pulse per Minute	84 / 100	64 / 70	78 / 60	68 / 52	70 / 68	84 / 52	84 / 66	62 / 64	54 / 60	56 / 56	60 / 60	70 / 70	68 / 68	60 / 72	64 / 72	80 / 80
Respirations per Minute	20 / 24	20 / 22	22 / 20	20 / 20	20 / 20	20 / 18	18 / 20	20 / 20	18 / 18	16 / 18	18 / 18	20 / 20	20 / 20	20 / 20	20 / 20	20 / 20
Motions																

Temperature Fahrenheit: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Sponge to Gelatine

Signature R Gazzard In charge of case.

F. F. B. 288.
M—2-18.
772-39-513.

Second Divisional Overhead 5/11/18 ~~Temporary~~

MILITARY SERVICE ACT, 1917.

Hamilton Military Hospital.

MEDICAL HISTORY SHEET.

#3112669

1. Surname Morrison Christian name Frederick Edgar.

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)

M.S.A.

4. Address (including street and number if any) Greenore, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of November 1918, by the undersigned medical board sitting at Hamilton Ont.

5. Age as stated 28 Years 2 Months. 6. Apparent age Years Month

7. Height 5' Feet 9 Inches. 8. Weight 169 Pounds.

9. Chest measurement { Minimum 33½ Ins. Maximum 36 Ins. 10. Complexion Med. { Eyes Blue. Hair Brown

11. Physical development good. { Good / Fair / Poor 12. Smallpox marks none.

13. Number of vaccination marks { Right arm none Left arm none. 14. When vaccinated last none.

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { ~~Rheumatism,~~ Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(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 B2.

17. (a) Vision. R. 20/30 L. 20/30.

(b) Hearing. R. L.

President.

Member. R. H. Baker Lt. Member.

Signature of Man Frederick Edgar Morrison

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined November the 1st. 1918. 19 at Hamilton Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.	3112669		1/11/18.
Transferred to	2nd C.O.R.			
	C G R.			2/12/18.

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Armoury Hamilton	Nov 26/18	flat feet.	B2 R.H. Baker Lt.
Exhibition Camp Toronto	30/10/18	Flatfeet	B2 & Hochgane Lt Col

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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname Morrison Christian Name Frederick Edgar.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
Hamilton Military Hospital. Hamilton, Ontario.		5	11	18	21	11	18	Influenza	17	Case uncomplicated. Good recovery. Chest clear on discharge to unit on 21. 11. 18.	R. Gash Capt

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. 3112669

Rank Private

Surname MORRISON

Christian Name Frederick EDGAR

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

Date of Discharge January 8th, 1919.

Place of Discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	28 years 5 months.	SCar Left Cheek
Height	5 feet 9 inches.	
Complexion	Medium	
Eyes	Blue	
Hair	Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	RR. 3. Greenore Ont.	

2. The above-named man is discharged in consequence of

"DEMOBILIZATION"

R.O. # 1328

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.

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.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Placed 2/79

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..... { ..... } 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)..... .....

(Date)..... *Commanding* .....

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) TORONTO Frederick E. Morrison ..... (*Signature of Soldier.*)

(Date) January 8th, 1919. L. Allen Lt. (*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.....days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO

(Date) January 8th, 1919.

(*Signature*) C. Lackey Major
O. C. 2nd Bn., Canadian Garrison Regt.

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.)

None.

Frederick E Morrison

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

2nd Det., C.G.R.

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 2112669 RANK Pte. NAME (IN FULL) Morrison J.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 1-11-18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 8-1-19 | REASON Demobilized | AUTHORITY BD06 | IF ENTITLED TO POST DISCHARGE PAY No

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
Jan	8	1.10	8	80	35			10	53	80					30209						53	80									53	80					
			8	80	35	-		10	-	53	80										53	80									53	80					

ACCOUNT CLOSED, NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR
H.Q. CIRCULAR No. 102 (LOCAL 120)

ASST. DIRECTOR PAY SERVICES, M.D. No

60m.-11-18. L. L. 81777. M. & D. 9585.

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.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	