

ATTESTATION PAPER.

No.

Folio.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *J.C.M.* Morrison
- 1a. What are your Christian names? Frederick James Cook
- 1b. What is your present address? 33. Keele Street Toronto Canada
- 2. In what Town, Township or Parish, and in what Country were you born? Brampton, Ontario.
- 3. What is the name of your next-of-kin? James Morrison
- 4. What is the address of your next-of-kin? Qyen P.O. Alberta Canada
- 4a. What is the relationship of your next-of-kin? Father (address complete)
- 5. What is the date of your birth? 10th December 1889.
- 6. What is your Trade or Calling? Druggist
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Frederick James Cook 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.

Date **15th November** 191 **5**

Fred. J. C. Morrison (Signature of Recruit)
W. M. ... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Frederick James Cook 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.

Date **15th November** 191 **5**

Fred. J. C. Morrison (Signature of Recruit)
W. M. ... (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 **Toronto Canada** this **15th** day of **November** 191 **5**

W. M. ... (Signature of Justice)



Description of Frederick James Cook Morrison on Enlistment.

Apparent Age. **26** years. **10** 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. **10 $\frac{1}{4}$** ins.

Chest measurement. { Girth when fully expanded..... **38** ins.
Range of expansion..... **3 $\frac{1}{2}$** ins.

Scar right side of right eye

Split Finger nail. Appendix scar

Large scar side of right knee

Complexion..... **Med Blue**

Eyes.....

Hair..... **Brown.**

Religious denominations

Church of England.....

Presbyterian.....

Methodist..... **Meth.**

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 declares that he is not subject to fits of any description.

I consider him* **Fit** for the **Canadian Over-Seas Expeditionary Force.**

Date..... **15th November** 191 **5**

Place..... **Toronto, Canada.**

Geo. W. Barton
Capt. 11. Fld. Co. C.E.
Toronto Recruiting Depot 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.

Frederick James Cook 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.

G. B. Stewart (Signature of Officer)

Date..... **Nov. 15th** 191 **5**

COMMANDING CYCLIST DEPOT

Pt. Morrison, Frederick James Cook #540525 *Dis. Cyc. 10/19*

S

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- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
- UNIT INDEX CARD (M. F. W. 71 or 192)

M

O. H. M. S.

Med. unfit.

46

RS 1030001 78 25 2/21

part 13 to U
part 41 to U

H

34083

H

a. y W39971
G. S. C. Form 132. 1

Ready
misc — 1

R122-1

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

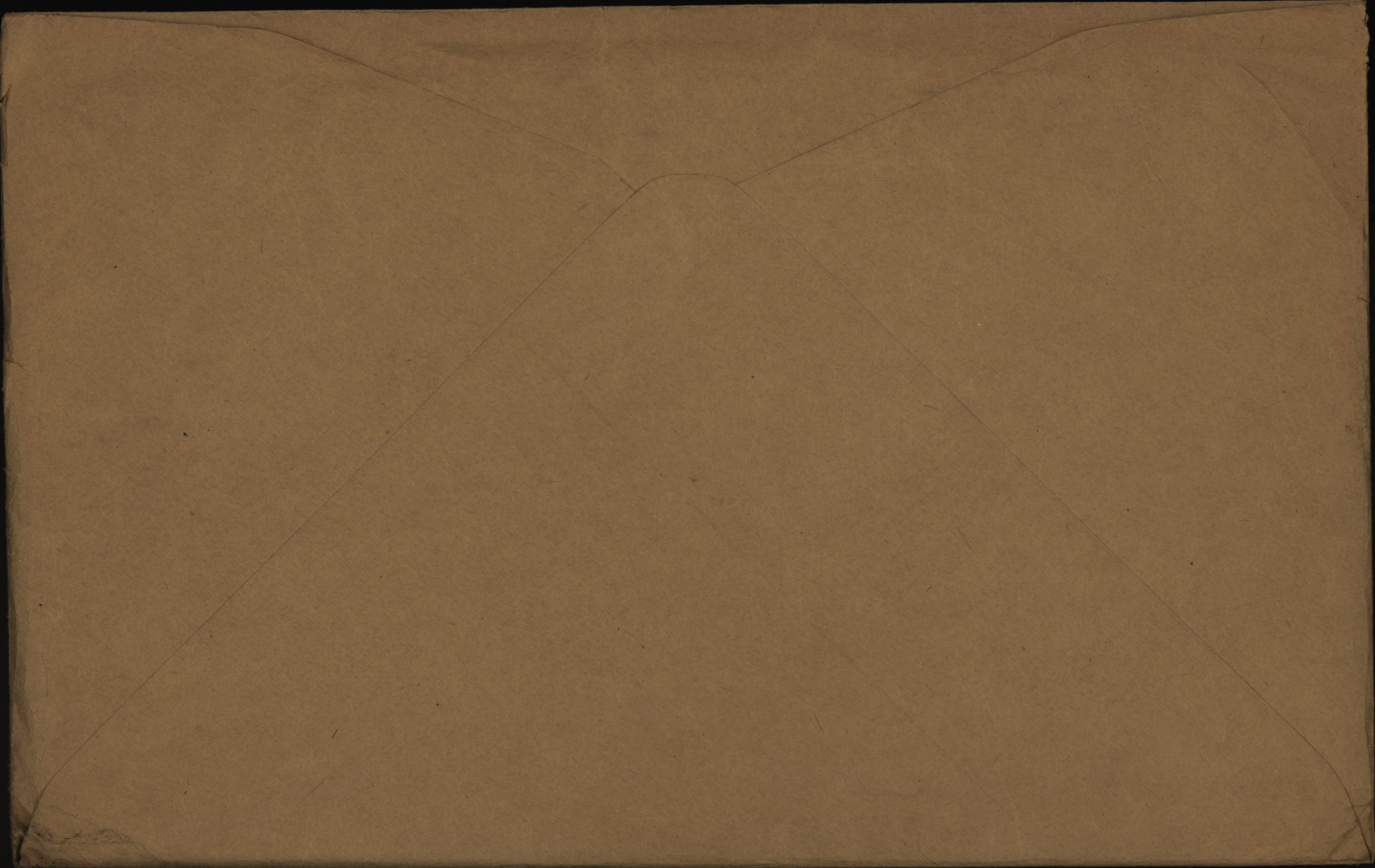
H. F. B. 270
19 card

480134

RECEIVED
MAY 19 1967
DISCHARGE

58-24.
18-24
3-24

1.



NAME

Morrison, Frederick James Cook

*m.m. 202 Hco. 3-3-1921
g.g. 31338-14-5-1920. 5-9-28. 2.2.D. 28-2.19*

RANK & No.

Pte.

5-40525.

CORPS

3rd Div. Cyclists.

ENLISTMENT, PLACE

Toronto

DATE

Nov. 15th, 1915, S.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada, Brampton, Ont.

NEXT OF KIN

Morrison, James (Father)

ADDRESS OF NEXT OF KIN

Oyen P.O. Alberta.

DISCHARGE, PLACE

DATE

*o/s. 22-1-16 3/19
6*



1169-2-19 263/38 Pte.

M. F. W. 22. 100 m. - 9.15.

H. Q. 1772-39-839.

REMARKS:

No. 540,525

RANK

Plt

NAME

Morrison F J C

T. O. S.

UNIT

Div. Cyclist Depot

Trans. from 10th Platoon.
15/11/15 D.O. 71 of 27/11/15

M. D. 2

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

1915 1915

Nov. 15 Nov. 30

Dec.

1916 1916

Jan. 1 Jan. 18

✓

✓

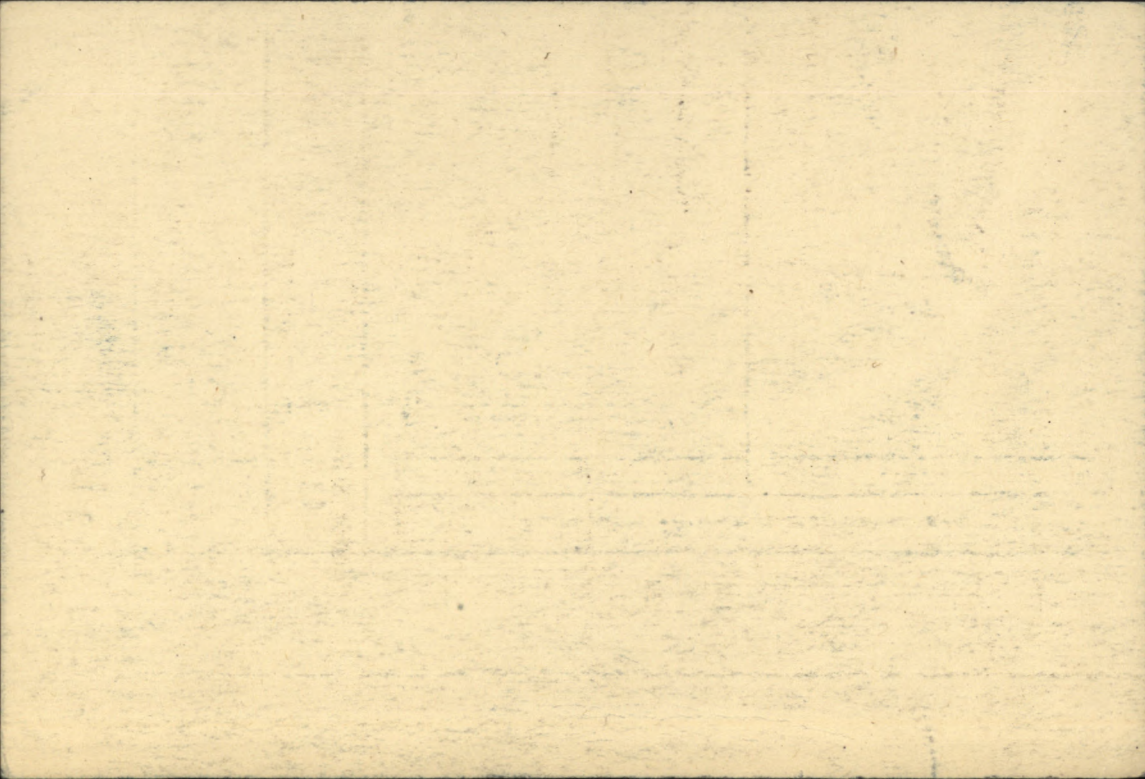
✓

Overseas. Jan 18/16

D.O. 16 of 20/1/16

UNIT SAILED

JAN 18 1915



Number.....540525.....Rank Pte.

Surname.....MORRISON.....

Christian Name.....Frederick James Cook.....

Units.....46th Bn. Can. Inf. Theatre of War France.....

Date of Service.....29-12-16.....

Remarks.....Carbon.....

Latest Address.....~~G. P. O.~~ Alta.....

Roll No. *B. Page 6176.*

15W

REGT'L. No. 540525

NAME

Morrison Frederick James Cook

H. Q. FILE NO 649

RANK AND CORPS

Pte 46th Bn former Div Cyclists

FOLLOWS

No.



CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

N.K.

Morrison James. (father)
Oyen. P.O. Alta.

51368. 5-10-18

Adm 18 Gen. St. Dannes Camiers.

A334⁴⁵⁹ 3-10-18

Sept 28th 1918. GSW Back

wsm 252 28 12-18
7-1.

Disch from hospital.

W.S.M. 6437 9-11-18

Eng. James Morrison
Oyen. Alta.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
13338	Mil Eastbourne	3-10-18	Ylw Back,
13384	Mil Eastbourne	3-10-18	Ylw Back,
13384	Mil Com Epsom.	28-11-18	Ylw Back
13391 ⁽³⁾	Disch.	6-12-18	" "



Name L. MORRISON Fred James Cook Rank Pte. Regtl. No. 540525X

Original unit Present unit 5th Res. M. or S. Age 29 Religion Meth Fyle Depot 24-110-388 Ref. H.Q.

Port, ship and date of arrival Carmania Halifax 8-2-19

Next of kin Father James Morrison Oyen P.O. Alta.

Address on leave same

Address on discharge same

Transportation issued No Date Character on discharge

Previous occupation Druggist Date and place of enlistment Toronto Nov. 15-15

Diagnosis Def. Hearing. Date of Medical Boards 25-2-19.

Date.	Remarks.	Pt. 2 Order No.
TOS 1-2-19	posted to Cas ^o ExCamp 8-2-19	
	leave with subs from 13-2-19 to 27-2-19	45
3-3-19	SOS DISCHARGED "MED.UNFIT" entitled to 183 days WSG	59

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2  No.

M. F. W. 192

150m.—5-18

1772-39-1243

NEW

Surname

Christian Name or Names

Reg. No.

MORRISON

F. J. G.

540525



Rank

Unit

Pte.

Sask. 46

Cas. List.

3-10-18 A334-4	18 Gnl. Camiers	28-9-18.
	GS ^W Back	
8.10.18 B338 ^①	Phil H Eastbourne	3.10.18.
30.11.18 B338 ^①	Same as B338 ^①	
" ^②	Woodcote St Epsom	28.11.18
9.12.18 B391 ^③	Rise - - - -	6.12.18.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

Cas. List.

Rank **Cpl.** Name **MORRISON, Frederick James Cook** Reg'l No. **540525** P-56
 Unit **Dft Div. Cyclists.** If in perm. Corps, }
 What Unit? } **Single**
 Married or Single
 Place and Date of Enlistment **Toronto, 15th Nov. 1915.** Place of Birth **Brampton, Ont. Can.**
 Name and Address, Next-of-Kin **James Morrison, Oyan P.O. Alberta Canada**
 Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance Payable to Relationship

Discharge, Date and Place Reason Character

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
19-1-16	31-1-16	13	1.10	14 30	13	.10	1 30	10					25 60	10 ⁰⁰ Credit.	
1-2-16	29-2-16	29	1.10	31 90	29	.10	2 90			4 87			4 87	55 53	
1-3-16	31-3-16	31	1.10	34 10	31	.10	3 10			3 40 6			3 40 6	58 67	Turn Pay bye 9-3-16

CANADIAN *sub*
 ASSIGNED PAY AUDITED
W Black
 AUDIT CLERK
 DATE *18-6-19*

Checked *J.G.*

BALANCE TRANSFERRED TO NEW LEDGER.

8030

~~7~~ 10 9760

3893

3893

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 540825 (Rank) Pte.

Name (in full) MORRISON, FREDERICK JAMES COOK, enlisted in
the Div. Cyclist Depot.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 15th
day of Nov. 1918.

HE served in England and France.
and is now discharged from the service by reason of

"MEDICALLY UNFIT."

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

Age 28

Height 5'10 1/2"

Complexion medium

Eyes Brown

Hair Brown

F. J. Morrison
Signature of Soldier

Marks or Scars

Vacc. Scars on left arm.

G.S.W. Back, 27-9-18.

Issuing Officer

W. J. East
For Rank
O.C. No. 2 District Depot.
Appointment

Date of Discharge Mar. 3rd, 1919.

Signed at Toronto, Ont. this 3rd day of Mar. 1919

in Military District No. No. 2

File Reference No. 3 1919

No. 2
DISTRICT DEPOT

LVO.

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

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform is not to be worn after
expiration of one month from
date of discharge, except by special
permission of G. O. C. district.

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
piled

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MOR

NAME OF SOLDIER (Block Letters) MORRISON F
 REGIMENT 46th Bath RANK Pte No. 540525
 Date of Examination in England 13/1/19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 16.4.
2. EXTRACTIONS 31.32.
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England NO
- (c) In France _____



Signature of Dental Officer H. W. Reid
 Capt.

10/10
10/10

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()

HEAVY
HEAVY

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()
()
()

4
3
3
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0.1

1/1/18

1/1/18

VICKBISON E

1000000

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DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
APR 30 1962
Referred to _____
Charged to _____

Ottawa Ont

Date April 27/62

To Copy for H.O. FILE

Attention of

NAME MORRISON, Frederick J.

SERVICE M-40750 ACT C.P.C. No. 127792
NUMBER 540525 WW1 W.V.A. No.

GPC 807969

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. Edmonton, Alta. April 26/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 24/62
Cause of Death
Place of Death Veterans Pavilion, Edmonton.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DO~~
H.O.

Destroy form if advice of death already received.

for *m fwyell*
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS
Date of issue: APR 20 1953

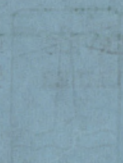
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MADE IN CANADA
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ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 5240575 Rank Pte Name McGowan J J
(Surname first)
Unit who was*
On 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... to 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		14 25
Regimental Pay..... 3 days at \$..... c. 110.....		3 30
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		
Clothing Allowance.....		35
Post Discharge Pay.....		30
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No. @ 179124	172 55	
Total		225 20

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee
(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.

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

REMARKS:—

State (1) date of enlistment..... married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date
Place TORONTO, ONT.

McGowan

Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

1E1



Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Morrison, F. Surname.....
 Unit or Corps Cyclist Corps. 15th Res. (If a soldier) Regtl. No. 5740523
 Born at Brampton Cent. on, date Dec 10th 1889.
 Signature (for identification) F. C. Morrison

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness?. If so, describe.

Weight 150 lbs.
 Height 5 ft. 11 ins.

Weight slightly adherent
no disability

2. NUTRITION AND DIATHESIS ?

good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? 1022 Reaction? ac Albumen? 0 Sugar? 0

9. SKIN, MIDDLE EAR, EYE
or any other part?

right ear defective - not sufficient
to sound category

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

good

Examined at Kenner Park Signed H.P. 6 M.D. Capt. M.O.
 Date 11/1/19. Signed W. B. ... M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

11/10/11

10/25

10/25

10/25

leaf

10/25

10/25

1EN

W.B. Rank *Cpl.* Name MORRISON, Frederick James Cook Reg'l No. 540525
 Unit Dft Div. Cyclists. If in perm. Corps, }
 What Unit? Married or Single Single
 Place and Date of Enlistment Toronto, 15th Nov. 1915. Place of Birth Brampton, Ont. Can
 Name and Address, Next-of-Kin James Morrison, Owen P.O. Alberta Canada
 Relationship Father.

Assigned Pay Monthly \$ *46* Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason

Character

N/E. R.B. No. *9619*
 File R.L. *O.R. Cat*
 Category

pc Rank written on 12 2135-1 196

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<i>Arrived in England</i>		<i>31 JAN 1916</i>	<i>p. p. messanabie</i>
<i>20.6.16</i>	<i>Res. Cye.</i>	<i>S.O.S. on trans to 4th Div. Cye</i>	<i>Chiseldon</i>	<i>18.5.16</i>	<i>Pt II D.O. 130</i>
<i>18.5.16</i>	<i>4th Div Cye</i>	<i>T.O.S. from Res Cye.</i>	<i>Chiseldon</i>	<i>18.5.16</i>	<i>Pt II D.O. 139</i>
<i>9.6.16</i>	<i>do</i>	<i>S.O.S. on trans to 74th Bn</i>	<i>Bramshott</i>	<i>9.6.16</i>	<i>Pt II D.O. 23</i>
<i>15.6.16</i>	<i>74th Bn.</i>	<i>T.O.S. from 4th Div. Cye.</i>			<i>127</i>
<i>25.7.16</i>	<i>"</i>	<i>S.O.S. on trans. to Can. Ord. Corps.</i>	<i>Liphook</i>	<i>20.7.16</i>	<i>162</i>
<i>24.7.16</i>	<i>"</i>	<i>(Above amended to read "attached")</i>	<i>"</i>	<i>20.7.16</i>	<i>166</i>
<i>22.9.16.</i>	<i>51st Bn.</i>	<i>S.O.S. from 74th Bn.</i>	<i>Bramshott.</i>	<i>22.9.16.</i>	<i>Pt II D.O. 210.</i>
<i>21.9.16</i>	<i>74th Bn</i>	<i>S.O.S. tpd to 51st Bn</i>	<i>"</i>	<i>22.9.16</i>	<i>" 212</i>
<i>22.9.16</i>	<i>"</i>	<i>Cases to be att to COC Liphook</i>	<i>"</i>	<i>21.9.16</i>	<i>" 213</i>
<i>27.10.16.</i>	<i>51st Bn.</i>	<i>S.O.S. on trans to Prov. Bn.</i>	<i>"</i>	<i>27.10.16</i>	<i>" 240.</i>

A.F.B. 103 CHECKED
8 JAN 1917

540525

540525, Morrison: J. J. L.



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
27.10.16	Prov. Bn.	T.O.S. on trans from 51 st Bn.	Bramshott.	27.10.16	Pt 120 58.
16.11.16	Prov. Bn.	While on A.S. absent from 5.20. amv. Musketry Parade. (Reverted to his Per. Grade)	Bramshott.	16.11.16	Pt 120 75.
28.12.16	-	S.O.S. on trans to 46 th Bn.	-	28.12.16	- 111
4.1.17	46 th Bn	T.O.S. from Prov. Bn	Pte Bidd	29.12.16	- 11 - 2
4.2.18	-	Awarded 1 G.C.B	-	15.11.18	Pt 120
3 10 18	S.R	wounded	-	28 9 18	BX 9334
11.10.18	S.R.T	T.O.S. from 46 th Bn	Pte Bidd	3.10.18	Pt 261 46 Bn Pt 111/12.10.18
10.12.18	"	S.O.S. to 15 th Res Bn	Pte "	6.12.18	" 313 920345 d/ 11.12.18 15 th Res
		MM			
16.1.19	15 th Res	On leave to Kin Pk for Ret to Canada. 12.1.19	-	10.1.19	Do. 10 + Do 179/21.1.19 Kin Pk.
20 2 19	15 th Res	Leave on com K Park Khyf via So S to Canada	Pte Ripon	1.2.19	Do 51
6.2.19	No 2 Res	Leave on com K Park Khyf via So S to Canada	Pte Khyf	1.2.19	No. 31
14-8-19	46 th Bn	awarded Mil. Medal.	-	-	AO 4. L.G. 31338 a 14-5-19.

A.F.B. 103 CHECKED
 8 JAN 1917
 13 MAR 1917
 GJ.
 AW. W.

15N

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

M. F. W. 54. (A. F. B. 103:)

500M.—9-16

H. Q. 1772-39-920.



Casualty Form—Active Service.

Unit, Regiment or Corps *4th Div Coynlists*Regimental No. *540525* Rank *Pte* Name *Morrison Frederick James Cook*

C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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				
<i>14-8 19</i>	<i>46th Bn</i>	<i>awarded Mil Medal.</i>			<i>072931338d 14-5-19</i> <i>A. Morrison</i> <i>Lieut.</i> <i>for D.O.F.C.</i>

(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.]

1EN Sheet II

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 540525
 *Substantive Rank _____ Surname Morrison Christian Names J. J. C.
 *Acting Rank _____
 (* To be entered in pencil to facilitate alteration.)



To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
11.10.18	S.R.C.	261	T.O. from H6 th B ³	Bshott	3.10.18	
1 DEC 1918	O.C. 15th RES. BN.	345	TAKEN ON STRENGTH FROM <u>S.R.C.</u> from Hospital.	BRAMSHOTT.	6 DEC 1918	FOR LT: COL: I/C RECORDS, C.O.M. E. <u>L. G. Lundy</u>
10 JAN 1919	O.C. 15th RES. BN.		<u>in Comm. by Cause from Annual Part. R.C.</u>	BRAMSHOTT.	10 JAN 1919	PART II. DAILY ORD. <u>10</u>
<p>Attached C.C.C.K. P. 11-1-19 Part 2 Orders pending transfer to C. E. F. Canada. <u>2</u></p> <p>Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders..... <u>31.3.19</u> 6.7/2/19 <u>Redagh</u> for O.C.'s wing.</p> <p>Embarked S.S Carmania Liverpool Feb 1 1919</p>						



(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

FEB 1 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 45

[Handwritten signature]

Lieut.
For O. C. No. 2 District Depot

3/3/19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 59

[Handwritten signature]
Capt

O. C. Discharge Sections,
No. 2 District Depot

Nothing to be written in this margin.

1EN
 Fill in Only.—Unit, Number, Rank and Name.

14
 M. F. W. 54.
 150M. 10-15.
 H.Q. 1772-39-920.

Casualty Form—Active Service.

4th DIVISIONAL CYCLISTS, C. E. F.

Unit, Regiment or Corps

Regimental No. 540523 Rank ~~Sgt~~ Pte Name Morrison Frederick James

Enlisted (a) Nov 15/15 Terms of Service (a) Duration of war Service reckons from (a) Nov 15/15

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) Druggist

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
------	---------------------------	--	-------	------	--

9.6.16.	4th Div Cycl.	S.O.S. on trans.	Embarked Canada Halifax	Jan 22/16.	S. Miss anahil
			Disembarked England Plymouth	Jan 31/16	
			Transferred to 74th Bn.	Bramshott June 9/16	G. S. Schwarztopf Lt Col 23.

22.9.16.	74th Bn	H.Q. C.T.D. Letter 19/9/16 S.O.S.	Transferred to Pradeaux Corps	Wramhampton	22.9.16. P.O. # 212.
			Transferred to 51st Bn.	Bramshott	22.9.16. P.O. # 212.
			Pradeaux		J. M. Nord Capt. Adj.
					74th O. S. BATTALION, C. E. F.

Trans: 40	76th Bn	6/10/16	Cuth H.Q. C.T.D 5/2506/57	Geo R. Bellin	Captain & Adj.
Trans: 40	76th Bn	27/10/16	Cuth H.Q. C.T.D 5/2506/57	Geo R. Bellin	51st Bn Canadian I.
27/10/16	Prov. Bn.	I.O.S. of 46th Bn	Ben D. Hails Bramshott	27/10/16	51st Bn Canadian I.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

SHOSZS, Pte Morrison. J. J. L.



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				
28/12/16	Prov Bn.	PROCEEDED OVERSEAS FOR SVCE. WITH	Bramshott		CAPT. & ADJT. PROVISIONAL BATTN. C.I.
20.6.16.	Res. Byc.	S.O.S. on trans to 4 th Div by	Chiseldon	18.5.16.	Pt II O. # 130. ✓
18.5.16.	4 th Div byc.	T.O.S. from Res. Byc.	Chiseldon	18.5.16.	Pt IV O. # 139. ✓
22.9.16.	51 st Bn.	T.O.S. from 74 Bn.	Bramshott	22.9.16.	Pt IV O. # 210. ✓
27.10.16.	Prov Bn.	T.O.S. on trans from 51 st Bn	Bramshott	27.10.16.	Pt IV O. # 58. ✓
16.11.16.	Prov Bn.	(while on AS. absent from 8.30 to 16.00. Reverts to perm. grade.)	Bramshott.	16.11.16.	Pt IV O. # 75. ✓
29/12/16	able Bn	Taken on strength 46 th Bn.		29/12/16	N.R. P.2.0.2. dt. 4/1/17.
10/2/17.	0646 th	joined.		9/2/17.	R2.19. 119. 19/2/17
24.11.17	do	Granted 14 days leave to Eng		23.11.17	B213 Pt II 152.
15.12.17	do	Rejoined for leave		9.12.17	B213
26.1.18	do	Awarded One Good Conduct Badge		15.11.17	B213/Pt II On 8
28.9.18	18. hnd	Cow back alt	Adm	28.9.18	K4431
30=9=18.	Unit.	Wounded.	Field.	27=9=18.	K.I. 17/1459.
27.9.18	16 b s	do	Adm sk 115	27.9.18	K 5127
3.10.18	2 Y file	Invalided, wounded & posted to Cash Regt Dept	B. shott	3.10.18	W 3083/6152 Pt II III
	de Liege				J. Anderson Lieut for Lt Col H. G. Lansest

CERTIFIED CORRECT.
 15 MAR 1917
 CAN. RECORDS DIVISION.

J. Morrison
 Lieut. for Officer i/c Records, COM. 7.

EFFECTIVE DATE		AUTHORITY	
16/11/16		Boys	16-11-16

REG'L No. 540525 RANK *Plt* *Corp* NAME *Morrison, Fredk James Cook*

IF IN PERMT. CORPS } UNIT *Plt Div Cycle Co.* TRANSFERRED TO *Res Coy* DATE *1-4-16* AUTHORITY *BO. 58.*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *H. Coy* DATE *6.6.16* AUTHORITY *BO. 130/20.6.16*

PLACE OF ATTESTATION *Toronto Ont* TRANSFERRED TO *74th Bn* DATE *1-7-16* AUTHORITY *BO. 23 9-6-16*

DATE OF ATTESTATION *15-11-15* TRANSFERRED TO *51st Bn* DATE *11-10-16* AUTHORITY *BO 212*

TRANSFERRED TO *Prov. Bn* DATE *21/11/16* AUTH. *31/11/16*

" *46th Bn* *11-1-17* " *BO 111/28/17*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

HOSPITAL, &c.

NAME OF HOSPITAL	

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)		EFFECTIVE	REASON

DISCHARGE DATE AND PLACE		REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)	

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)	

QUITTANCE ROLLS

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
	3893					3893	5867				as at 31.3.16.
43	29.4.16	973	973			1946	7521				
51	19/5/16		973			973	10268				
							10868				
							13868				
40	17.7.16		973			973	16615				
45	15.8.16	1460	1217			2677	17658				
08	20.6.16		487			487	20771				
							21971				
							5110	19380			BO 212 21/9/16 up to 51st Bn
		730			1446						
					1460						
					974						
		974						974	20807		transf to Prov Bn up 21/11/16 such muster 31/11/16
56	14/11	486	973		50	50	21857		17090		Debit 5 days 16 to 24/11 - 50 ⁰⁰
56	14/11	486	973			59			18590		
		8516	5596	4380		50	18542	23808			

540525. Pte Morrison

F.g.e.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	
			\$	c.			\$	c.			\$	c.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
1917																											
Jan	1-10	10	11	37870										10	42350	507	14/12	554	19/12				8516	5596	4380		
	11-31	21	10	42450											2310												
Feb	1-28	28		3080											3080										436		
Mar	1-31	31		3410											3410	1449	20/17	1578	21/17	1514	10/17	11373	12-17	C.B.R.R.	262	261	436
Apr	30			33											33										262		
May	31			3410											3410										262		
June	30			33											33	306	19/5	143	5/5						268		
July	31			3410											3410	329	16-6	277	7-6						268		
Aug	31			3410											3410	386	4/7								535		
Sept	30			33											33	463	18/7	588	4/8	649	26/8				268		
				71360											72380											13615	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SLIP. ALLOC. ENG.
-------	-------------	------	------	-------------	------	------	------	------	---------	------------	-------------------

	Bal Fwd								463 17	320 ²⁸	
Oct.	P.P.T.A.	3410		A.R. 46 th Btu-7/18. 13 th 7		268			49459	335 ²⁸	
Nov.	P.P.T.A.	3410		A.R. 896. 15 th 77. 46 th Bt.		357					
				A.R. 835. 8 th 77		446					
				A.R. 773 18 th 77		267					
				C.P. 14098 22/11/17		8960					
				C.P. 16097. 27 th 77		4867					
1918	Dec R.P.T.A.	3410		A.R. 11. 31 st 16 eoc. Lupton		1947			39525	365 ²⁸	
Jan		67 10		A.R. 954. 6 th 77. 46 th Bt.		446					
		3410		V 1020 24 th 77		1249					
				V 1145 16 th 77		357			40883	380 ²⁸	
Feb.		3410		V 1205. 4 th 18.	20.52	2052					
		3080		V 1260 21 st 78.		357					
				V 1316 27/18	803	446			42714	395 ²⁸	
Mar.		3080		A.R. 1356. 21 st 78	1249	1249			3410		
		3410		V 1413 7 th 18		446			46124		
				V 1504 17 th 18	1160	357			44964	410 ²⁸	
		3410				1160					

2.6.

H PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
96	43 80		50	185 42	238 08				
					224 14				
			62	24 91	247 24				Q4005 131 26-12/16 Trans to H6 #Bn 11/17 Boin 28/12/16
					247 24		200 28	46 96	
	436								
	436			872	269 22		215 28		
61									
61	436			1220	291 22				
62									
				262	321 60				
				262	353 08				
				536	380 72		275 28	10 ⁵ / _H 44	
				536	409 46				
				535	438 21		305 28		
68									
48	56 88			804	463 17		320 28		
				112	260 63				

CANADIAN *nil*
 ASSIGNED PAY AUDITED
Arslan
 AUDIT CLERK
 DATE 18-6-19

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- MORRISON

EFFECTIVE DATE:- EFFECTIVE DATE:-

NUMBER:- 540525.

AMOUNT:- AMOUNT:-

PARTICULARS OF RANK OR

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANS

ORIGINAL UNIT:- Dft. Div., Cy

DATE ACCOUNT FIRST OPENED:-

AUTHORITY DATE EFFECTIVE DATE LOG SHEET T'S

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
29/1/18	3127	15 Res. Bu	21.90			Lt. C. Balance	596.71
9/1/18	3432	4 Feb	9.75			H.	621.05
			316.3				
			559.9				

DAILY RATES OF PAY AND

AUTHORITY PAY

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 21/1/19. M.R. F. 1745. No. 4

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
Mar 31	Bal fwd							
Apr.	P.P. & A.	33		A.R. 28 4/4/18. 46 ¹ / ₂ Bu	4.46			
				✓ 96 24/4/18. ✓	3.57			
		33			8.03			
May	✓	34	10	✓ 154. 7/5/18. ✓	4.46			
				✓ 214 18/5/18 ✓	3.57			
		34	10		8.03			
June	✓	33		✓ 280 2/6/18 ✓	4.46			
				✓ 366 16/6/18 ✓	3.57			
		33			8.03			
July	✓	34	10	A.R. 431. 1/7/18 ✓	4.46			
				✓ 499. 16/7/18 ✓	3.57			
		34	10		8.03			
Aug	✓	34	10	✓ 573. 1/8/18. ✓	3.57			
				✓ 649 25/8/18 ✓	3.57			
		34	10		7.14			
Sept	✓	33		✓ 712. 6/9/18. ✓	3.57			
				✓ 986 13/9/18 ✓	3.57			
		33			7.14			
Oct	✓	34	10					
		34	10					
Nov	✓	33	00	S.R. 51776. 11/12/18. Miss S. Roberts	73.00			
Dec	✓	34	10	A.R. 463. 3.12.18. Epsom	9.73			
	Sick Leave 6 ¹² / ₁₈ to 18 ¹² / ₁₈ 12 days	8	76	✓ 1198. 6.12.18 ✓	48.67			
	P.O. 245. 11.12.18. 15 Res:			A.F. 1823. 26.10.18. Easttown	1.70			
Jan	pp	34	60					
	Sub on def. 1/4/16 - 31/1/19.	37	18					
		147	14					

NUMBER 540525

RANK *Pte*

NAME MORRISON

F. J. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Feb</i>	<i>Mal fwd</i>								<i>652 68</i>	<i>260 28</i>	
				<i>AR. 3242 10.1.19 15 Res.</i>	<i>9 73</i>				<i>44 77</i>		
				<i>✓ 2127 31.12.18 ✓</i>	<i>21 90</i>						
				<i>a-f 1822A 28.11.18 6' Borne</i>	<i>3 41</i>						
				<i>Central Mill Hqs. adv: 3.2.19.</i>							
				<i>AR. 2154 7.2.19 46 Borne</i>	<i>9 73</i>				<i>607 91</i>		
					<i>35 04</i>						
					<i>44 77</i>						
				<i>S.O.S. 1.2.19.</i>							
				<i>Sailing List. 13. 15 Res.</i>							

CANADIAN *with*
 ASSIGNED PAY AUDITED

W. Black
 AUDIT CLERK

DATE *18-6-19*

540525

RANK

Pte

NAME

MORRISON

F.J.C.

ARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Mal fwd</i>								<i>652 68</i>	<i>560 28</i>	
			<i>CR. 3242 10.1.19 15 Res.</i>	<i>9 73</i>				<i>44 77</i>		
			<i>✓ 3127 31.12.18 ✓</i>	<i>21 90</i>						
			<i>a.F. 1822A 28.11.18 E' Bourne</i>	<i>3 111</i>						
			<i>Central Mill 1403: adv: 3.2.19.</i>							
			<i>CR. 2154 7.2.19 46 Res.</i>	<i>9 73</i>				<i>607 91</i>		
				<i>35.04</i>						
				<i>44.77</i>						
				<i>44.77</i>						
			<i>S.O.S. 1.2.19.</i>							
			<i>Sailing List 13. 15 Res.</i>							

CANADIAN *with*
 ASSIGNED PAY AUDITED

W. Blaes
 AUDIT CLERK
 DATE *15-6-19*

1EW
24-11-37

War Service Badge
Class 2
No. 53853 issued

Copied for VB

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.)

EVC.

B.

No. 540525.	H
Rank Pte.	
Surname MORRISON, FREDERICK JAMES COOK.	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) Div. Cyclist Depot.	(#2 D.D.)
Date of discharge Mar. 3rd, 1919.	
Place of discharge	

TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28. years months.	Descriptive marks Vaccs. Scars on left arm. G.S.W. Back.-----27-9-18. I hereby acknowledge that I received all my Pay Allowance during and all just demands to the present date, subject to the restoration of the claims noted on this certificate have received my permanent discharge certificate
Height 5 feet 10 1/4 inches.	
Complexion Medium.	
Eyes Brown.	
Hair Brown.	
Trade Druggist.	
Intended place of residence Dyen, Albert. Can. (To be given as fully as practicable.)	

2. A named man is discharged in consequence of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE

Authority for discharge #2 D.D. D.O.Pt. II. #59.

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

4. The conduct and character while in the service have been, according to the records, etc.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the certificate and initial them.

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.
200M.—5-18.
H. Q. 1772-39-113.

K. G. V.
2-6-47

(OVER)

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, and that I have received my permanent discharge certificate.

(Place)..... TORONTO, ONT.

Led James Cook Morrison (Signature of Soldier.)

(Date)..... Mar. 3rd, 1919.

[Signature] (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, ONT.

(Date)..... Mar. 3rd, 1919.

(Signature)..... *H. Jurgens* Capt
O.C. No. 2 District Depot

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.)

List of Discharge Documents.

Reg. Conduct Sheet	Minutes form B. 305	Attestation Paper	Minutes form W. 32
Squadron Battery Company	Conduct Sheet	Particulars of Record	W. 105
			B. 112
Field Conduct Sheet	W. 118	Proceedings on Discharge	B. 112
Copies of Convictions by C. T.	in MS.	In the case of discharges who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet	Minutes form B. 311		
Casualty Form	W. 54		
Medical Report for Invalidity	B. 325	(a) Proceedings on Discharge	
Dental History Sheet	B. 405		
Last Pay Certificate	W. 41	(b) Attestation	
Duplicate Discharge Certificate	W. 304		
Form of Will	W. 82	(c) Medical History Sheet	

Document not accompanying this form should be crossed out

I hereby certify that the following documents are unobtainable

Officer Commanding

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.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet,	or Particulars of Recruit	" W. 133
	" B. 263a	Proceedings on Discharge	" B. 218
or Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313	(a) Proceedings on Discharge	
Casualty Form	" W. 54	(b) Attestation.	
Medical Report for Invalid§	" B. 227	(c) Medical History Sheet.	
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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

M. OR S. _____ REGT. No. 540525 RANK P.E. NAME (IN FULL) MORRISON, F. I. G.

ORIGINAL UNIT C.E.F. 46 Bn. IF IN P.F. WHAT UNIT? Open Alberta Canada

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION 15/11/15 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 PLACE TORONTO, ONT. DATE MAR 3 1919 REASON TU AUTHORITY 8059 IF ENTITLED TO POST DISCHARGE PAY YES

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	
8-1-12-18	110	1.10		621 05													
				621 05	2154	2279				9 73							
										487							
										30 00							
										5 00							
1-2-19	28	110	30 80	120	571 45		61425	54668		600				4960		571 45	0.5.1.7... D.O. 45 W.S.G. M.F. W.S.G.
Mar-15	5	110	330 55		1425				2129145		12255			600		1425	W.S. 13/2.10 7/2.10 0.10
					70									12255			35-Chart
183dys			w-s.g. 420		420					Date Mar 3	w-s.g. 70			70	350		1st W.S.G. Paid by #2 D.D.
										Apr 1 260 937	70 00			140	280		M 2.4.19
										May 3 269 344	70 00			210 00	210 00		3.5.19
										May 30		3 41		213 41	206 59		P. 21822 d. 28/1.18 Con. mil. G. Hestbourne Ph 25 ml 672. 13.5.19
										June 695 648	66 59			280 00	1140		24.6.19
										Jul 2 708 481 AR 77	70			350	170		
										Jul 28 1012 066 AR 98	70			420	0		
											70 00	3 41		420 00	0		W.S.G. PAID IN FULL CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

12N

THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID



INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Exhibition Camp, Toronto DATE Feb. 25/19

1. 1 (a) Unit 2. D.S. (b) Regimental No. 540525 (c) Rank Pte.
 (d) Surname MORRISON (e) Christian name Fred. James.
 (f) Home address 33 Keele St., Toronto
 (g) Next of Kin Mr. George Morrison (h) Relationship Brother
 (i) Address of Next of Kin Oyen, Alberta.

2. Age last birthday 28 Date of birth Dec. 10/1889

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Nov. 15/16

4. Personal description:
 (a) Height 5' 10 1/2" (b) Weight 176 (c) Complexion Medium
 (d) Colour of hair Brown (e) Colour of eyes (f) Identification marks, Scars, etc. Vacc-1

Appendix scar- operative

5. Former trade or occupation Druggist.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>103</u>

	PERIODS	
	From	To
14 th Div. C.Y.C.		
Canada	<u>Nov. 15 1915</u>	<u>Jan 29 1916</u>
England	<u>Jan 29 1916</u>	<u>Dec. 28 1916</u>
France or other theatres of War	<u>Dec. 28 1916</u> <u>Oct. 5 1918</u>	<u>Oct. 5 1918</u> <u>to date.</u>

7. Original disease, or injury 1. Shrapnel wound left Sacrae Region.
2. Defective Hearing.

(a) Date of origin 1. Sept 1918 2. Jan/19 (b) Place of origin 1. France. 2. England
 (c) Cause 1. Shrapnel. 2. Shell- explosions



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

- 1. Partial loss function or right Sacro -Iliac structures.
- 2. " " " of ears.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Objective- scar 4" long running diagonally across right Sacro/Iliac articulation- somewhat depressed at its centre and very tender to pressure. All movements of hip and back normal- no limitation of pain on any movement. If he walks a couple of miles has pain in region of scar.

Subjective Symptoms- has pain in region of scar and back . if he walks a couple of miles or does any work which necessitates stooping of lifting. *as splitting wood or carrying scuttle of coal*

2. Objective- see special Report.
Subjective Symptoms - complains of slight deafness - worse at times.
see also special report.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System..... no Cardio-Vascular System..... no Genito-Urinary System..... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... no Respiratory System..... no Integumentary System..... no
- Disturbances of Mentality..... no Digestive System..... no Muscular System..... no
- Osseous and Joint Systems..... no Any other general condition..... no

No ~~Albumen~~ Albumen or sugar.

No Hernia, Haemorrhoids- Varicose Veins, Varicocele, Goitre.

10. (a) History (of the condition referred to in Section 9 (a).)

1. Wounded Sept 27 1918. In Hospital about 2 1/2 months . Wound discharged for 6 weeks. On leaving Hospital wound practically healed. Has had no trouble since except as stated in (9) a.

2. About Jan 1919 - became slightly deaf. This has remained since being worse sometimes than others.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Appendix operation— 1904— in bed 6 weeks— good recovery.
Scarlet Fever 1909— Hospital— 2 months— good recovery.

(c) (Here give a description of wounds, scars and deformities.)

Appendix operation scar— 1 face left arm. Nail crushed 2nd right finger

11.—(a) Did the disabling condition have its origin before enlistment? 1. no 2. no.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. and 2. Not Applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. and 2. (a and B) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1- 6 months. 2. see Special report.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

1. In Hospital 2 1/2 months.
2. None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

1. and 2. no.

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why)

17. Recommendations
B. 11

G. L. Caldwell Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, F. J. Morrison, Pte. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of curb

F. J. Morrison Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

Copied for VB

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

N.B. - according to ear specialist- there is no ear disability.

Otherwise we concur.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Returned to duty Cat. B. 2.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Exhibition Camp, Toronto

PLACE

26-2-19

DATE

Handwritten signatures and names: President, J. J. Callahan Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President. PLACE..... Members DATE.....

APPROVED BY

APPROVED BY

APPROVED Assistant Director of Medical Services. FEB. 27 1919. R. Richardson CAPT. FOR A. D. M. S. M. D. 2

Director-General of Medical Services.

DATE

DATE

Original

MEDICAL HISTORY SHEET.



Surname Morrison Christian Name Fred James

Examined { on 15th day of November 1915
at Toronto Canada

Approved by Jas. W. Barton

Birthplace { City or Town Brampton
County Ontario.

Toronto Recruiting Depot 117d. Co. C. C. M.O.

Apparent age 26 years 10 months

EXAMINED FOR RE-ENGAGEMENT 6 OCT. 1918

Trade or occupation Druggist

Date 28/11/18 Fit or Unfit A M.O.

Height 5 Feet 10 1/4 Inches. M.O.

Weight 172 Lbs. M.O.

Chest measurement { Minimum 38 inches. M.O.

{ Maximum expansion 41 1/2 inches. M.O.

Physical development Good. M.O.

Small-Pox Marks Nil M.O.

Vaccination Marks { Arm Right Left
Number

ANTI-TYPHOID INOCULATIONS, ETC.

When Vaccinated last Did not take

Date Dec 6 Result R R M Blewden M.O.

(a) Marks indicating congenital peculiarities or previous disease Nil M.O.

(b) Slight defects but not sufficient to cause rejection Nil M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

Date Dec 8 Result R R M Blewden M.O.

" 10 Result R R M Blewden M.O.

" 14 Result R R M Blewden M.O.

14.16 TAB good M.O.

Enlisted on 15th day of November 1915 at Toronto Canada

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Div. Cyclists Corps</u>	<u>540-525</u>		<u>15 NOV. 1915</u>
Transferred to.....	<u>46th Gen. Serv. Inf.</u>		<u>good</u>	<u>Jan 9 1916</u>
	<u>46th Gen. Serv. Inf.</u>			<u>20/7/16</u>
	<u>46th Gen. Serv. Inf.</u>			<u>22/9/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. 6 DEC 1918

STATION.	DATE.	DISEASE.	RESULT.
<u>Kinnel Pk</u>	<u>13-1-19</u>	<u>A</u>	<u>W.P.B. M.D. Capt.</u>
<u>Et Camp Toronto</u>	<u>26/2/19</u>	<u>G.S.W. Pt. Sacro-iliac Region</u>	<u>B2 W.P. M.D. Capt.</u>

CANADIAN

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.



Fred James

Christian Name

Worson

Surname

STATION.	Date of Arrival at the Station. 1915	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Toronto	Nov 25										
URMSTON V. A. D. HOSPITAL,		3	10	18	27	11	18	93 W back.	55	Quite healed.	<i>H. Sturcell</i>
EASTBOURNE.											
<i>W. C. Epsom</i>		27	11	18	6	12	18	no	10	Wounds healed. heart & lungs has no evidence of disability A.	<i>Geo. W. Lang</i>