

No. 2

M. D.

1st

Depot Battalion

1st C.O.

Regiment

Regtl. No.

3038554

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname..... **M O R R I S O N**

2. Christian name..... **George Herbert**

3. Present address..... **Box 20, Scott, Sask., Canada**

4. Military Service Act letter and number..... **Serial No. 433891 LC**

5. Date of birth..... **September, 29th, 1895**

6. Place of birth..... **Moonstone, Ont., Canada**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Pres.**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **Isabella Morrison**

11. Relationship of next-of-kin..... **Mother**

12. Address of next-of-kin..... **Moonstone, Ontario, Canada**

13. Whether at present a member of the Active Militia **No**

14. Particulars of previous military or naval service, if any..... **No**

15. Medical Examination under Military Service Act:—
(a) Place **Toronto, Ont.** (b) Date **May, 16th, 1918** (c) Category **A2**

DECLARATION OF RECRUIT

I, **George Herbert Morrison**, do solemnly declare that the above particulars refer to me, and are true.

George Herbert Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: **22** yrs. **7** mths.

Height: **5** ft. **10 $\frac{3}{4}$** ins.

Chest measurement } fully expanded..... **36** ins.
range of expansion..... **4** ins.

Complexion..... **Medium**

Eyes..... **Blue**

Hair..... **Brown**

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
left varicocele large

W. J. ... Major
for O. C. 1st Depot Bn., 1st C. O. B.
O. C. 1st Depot Bn.

1st Central Ontario Regt.

Place..... **Toronto, Canada** Date..... **May, 16th, 1918**

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class No.

M O N I T O R

1. Christian name George Herbert

2. Post or address Box 20, Scott, Sask., Canada

3. Military Service Act number

4. Date of birth September, 29th, 1898

5. Place of birth London, Ont., Canada

6. Married, widower or single Single

7. Trade or calling Printer

8. Name of next-of-kin Isabella Morrison

9. Relationship of next-of-kin Sister

10. Address of next-of-kin London, Ontario, Canada

11. Whether applicant is a member of the Active Militia No

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

13. Medical Examination under Military Service Act

Place Toronto, Ont. Date 10th, 1918 Category AB

DECLARATION OF RECRUIT

I, George Herbert Morrison, do solemnly declare that the above particulars are true and are true to the best of my knowledge.

Signature of Recruit

DESCRIPTION ON CALLING UP

Apparatus	22	inches	7	inches	10	inches	30	inches	4	inches
Height	5	feet	10	inches	10	inches	30	inches	4	inches
Chest	30	inches	30	inches	30	inches	30	inches	4	inches
Measurement	30	inches	30	inches	30	inches	30	inches	4	inches
Complexion										
Eyes	Blue									
Hair	Brown									

Place Toronto, Canada Date 10th, 1918

Signature of Recruit

Signature of Recruiting Officer

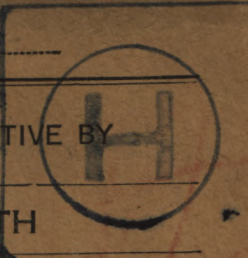
BIRMINGHAM AND GILGIES

REGIMENTAL DOCUMENTS

NAME MORRISON GEORGE HERBERT REGT. NO. 3038554 UNIT 1 CORP. H. Q. FILE NO. _____

28
12/19/17

PIE



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

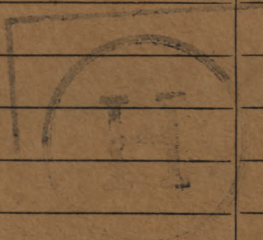
DISCHARGE

Category

Demob

34126

DESERTION



57-24
25-24
4-24

2

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 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)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT, DISCHARGE CERTIFICATE (M.F.W. 39A)

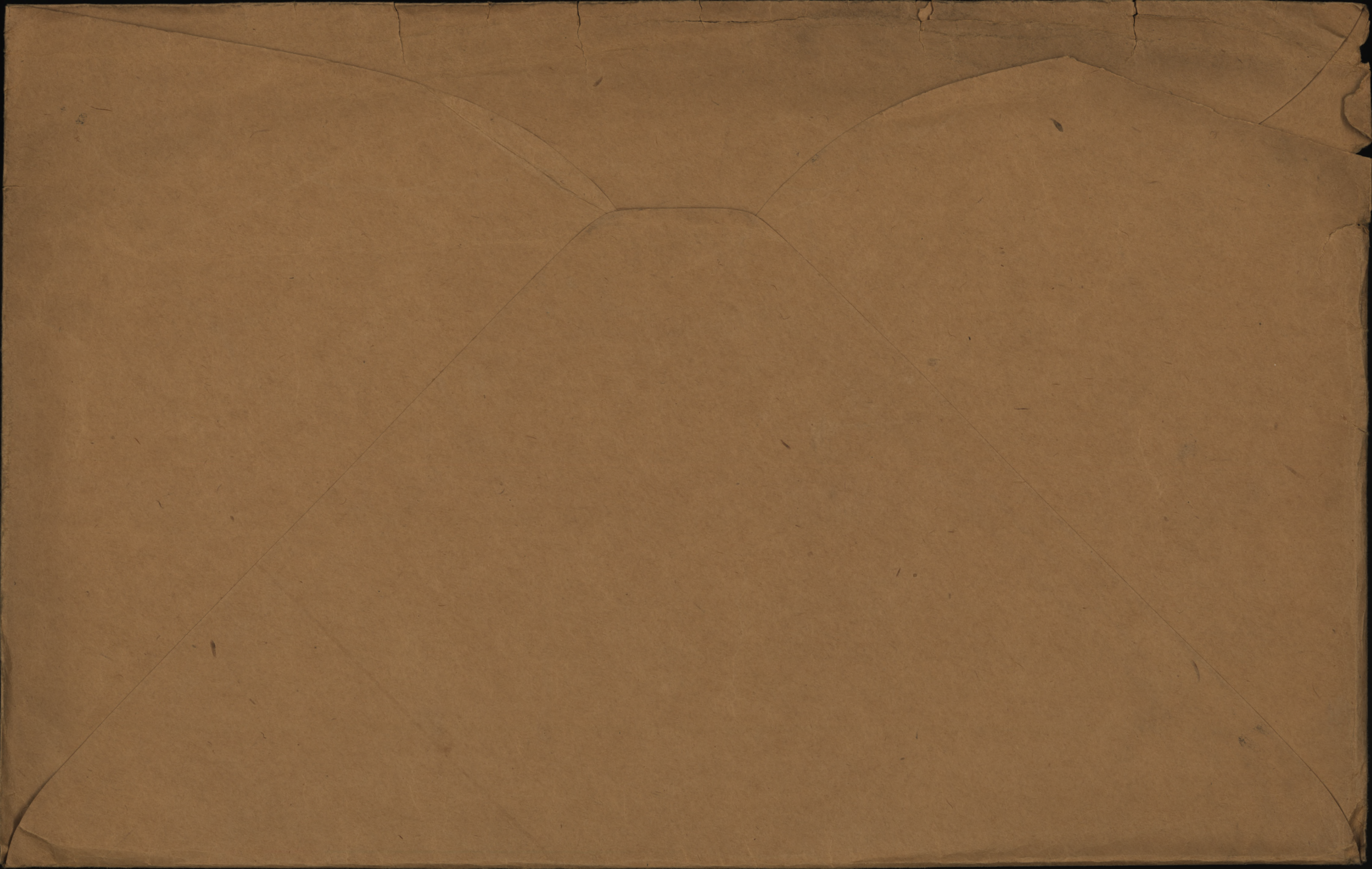
2 misc

1 a & d

1 a & d

2 misc

1 misc





No 12 Ban Jm HOSPITAL.

Sanambott

AT - 9657

A. & D. No. PL. OF ACTION.

RANK. 1st REG. NO. 3038554 UNIT. 3rd Ban Res - SICK OR WOUNDED

NAME. Morrison, G. AGE. 23 RELIGION. Pres.

PLACE IN HOSPITAL. 18th annex

DIAGNOSIS. Influenza

ADMITTED. 23-10-18 FROM.

DISCHARGED. DEC. 6 1918 To. Paris

TRANSFERRED.

SERVICE AT HOME. 6/2 IN FIELD.

RESULTS.

(See Document Card for M.H. Sheet and other Documents.)

NAME

Morrison G J

REGT'L. No. *3038554*

RANK AND CORPS

Pte 3 R 1st

H. Q. FILE NO 649

CABLE

FOLLOWS
No.

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 305

Mid. Hosp. Aldershot 26-8-18 mumps.

C 321

Discharged 14-9-18 mumps.

NAME

Morrison G W

REGT. No.

3038554

RANK AND UNIT

Pte

3.R.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 356
C 393

12 Can Gen. Bramshott
discharged

24-10-18
6-12-18

Influenza
-

under review

P/11. B

Number. 3038554 Rank. :

Surname. MARRISON

Christian Name. George Herbert

Units ~~1st~~ C.O.R. Theatre of War. *Eng*

Date of Service. 8.8.18

Remarks.

Latest Address. Scott. P.O. Sask

Roll No. *A Page 1017*

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Morrison. G.H.

3038554.

RANK

UNIT

Co.

TROOP

BATTY.

Pfc
HOSPITAL

1 Co. 3R.

DATE OF ADMISSION

1. Mil. Ispl. Aldershot.
12.6.18 G. B. Shott.

26.8.18
HOSP. 24.10.18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Mumps R.
Influenza. R

1.

2.

3.

DISPOSITION

Disch. 14.9.18 DATE

REMARKS

Dis. 6.12.18.

Ch. 29.8.18. C305.
17.9.18 C 321
28.10.18. C 356
10.12.18 6 393.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

M. S. A.

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

Casualty Form—Active Service.

1st DEPOT BATTALION

75th Dragoon
 Unit, Regiment or Corps 1st C.O.R.
 Regimental No. **3038554** Rank Pte. Name **MORRISON, George Herbert**
 C. E. F.
 Enlisted (a) **16-5-18** Terms of Service (a) *2 1/2 Y* Service reckons from (a) **16th May 1918**.
 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) **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				
		Embarked Canada.	<i>Montreal</i>	<i>19/7/18</i>	<i>N M J</i>
		Arrived England.	<i>London</i>	<i>8/8/18</i>	<i>Corsican</i>
<i>20/8/18</i>	<i>O.C. 2nd Res. Bn.</i>	<i>J.O.S. from Canada</i>	<i>Witley</i>	<i>8/8/18</i>	<i>pt. II 4.0251.</i>
1-4-19	3rd. Res.	S.O.S. to 2nd. R.D. Ripon Att to J. Wing.	Witley	1-4-19	D.O. 90
22-4-19	J. Wing.	T.O.S. from 2nd. R.D. Ripon	Witley	16-4-19	D.O. 9
	<i>Embark S.S. BELGIC Liverpool 13.8.19</i>	<i>S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada</i>		<i>1919, D.O. No. 37</i>	<i>for Officer commanding</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, Shocing Smith, etc. etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				
2-9-19 Q.R.	T. O. S. No. 6 D. D. from	16-8-19			
2-9-19	SCS - Gen Deschamps			31-8-19	Dispt the B. H. H. 23-8-19 No. 2145 245 Lieut. Officer 1/2 Records No. 6 D. D.

Rank **78th Dfl 1ST BN 1ST CO R** Name *George Morrison* *Herbert* Reg'l No. *3038554*
 Unit **1ST BN 1ST CO R** If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Toronto May 16-18* Place of Birth *Moonstone Ont.*
 Name and Address, Next-of-Kin *Mrs Isabella Morrison*
Moonstone Ontario Relationship *Mother*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

N/E. R.B. No. *590*
 File R.L. *Can RR*
 Category

Misc

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.				
MISCELLANEOUS	EOUS				<i>Arrived in England. 8 8 18 S S. CORSICAN.</i>
20-8 18	3rd Res	T.O.S. from Canada	Witley	8.8.18	DO-232
6-4-19	1 Colld	To 3rd Com J Wing 466.	Pte Ripon	1-4-19	Pt 75
		Witley (Blus Pt 90 d/31-3-19)			
8-5-19	1 Colld	Sec as on Com & S.O.S to J Wing 466 Witley		16-4-19	Pt 100 (J Wing 409) 27.4.19
		102-D-8. Sailing		16.8.19	
16.8.19	JW 666	S.O.S to Canada		16.8.19	D.O. 39

1 Colld

FORM OF WILL

I, Morrison George Herbert (Name in full) **"B" Co.**
 Regimental Number 3038554 serving in 1st Depot Bn., 1st C O R.
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and
 declare this to be my last Will.

M.S.A.

I devise all my real estate unto

.....

 Name and Address
 of person or
 persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to Mother
Isabella Morrison
Moosivon Ont.
Canada
 Name and Address
 of person or
 persons to receive
 personal estate*
 (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF. this 16th day of May A.D. 1918
George Morrison Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness..... W. B. Bourdoh
 Address of Witness..... **"B" Co. 1st Depot Bn., 1st C.O.R.**

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness..... soldier
 Signature of Second Witness..... W. A. Smyth
 Address of Witness..... **"B" Co. 1st Depot Bn., 1st C.O.R.**
 Occupation of Witness..... Soldier

FORM OF WILL

M.S.A.

THE STATE OF MISSISSIPPI

IN SENATE, January 10, 1900.

JOHN J. BROWN, of the County of ... State of Mississippi, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears in the records of the Secretary of State of this State.

W. W. ...

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

OVERSEAS
CANADA

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. 3038554 Rank Pt Surname Morrison
(Given name in full) George Herbert
Unit or Corps 1st Coy Birthplace Mossburn

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

I. GENERAL DESCRIPTION:

Physique Good Weight 150 Est lbs. Height 5 ft 10 1/2 in. Colour of Eyes Blue
Nutrition Good
Pulse 72 regular
Condition of arteries soft
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
mole 1" above and 1" to right of umbilicus

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System Yes
Disturbance of Mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition Yes

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.

Influenza. Oct. 23, 1918

103 } not available
MHS }

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley.....(Overseas)
Date 6.7.19..... Signed E. Huggan M.O.
Keatame

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 W. Morrison.....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
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 a Medical Board.)

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

Carl D. a. G. 14.1.48
13.6.19

J. Hdg.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

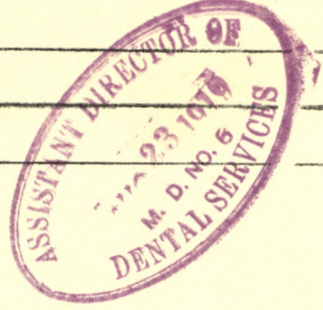
NAME OF SOLDIER (Block Letters) MORRISON George Herbert
REGIMENT 1st CORN RANK pte No. 2038554
Date of Examination in England 6/7/49 Date of Examination in France _____

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

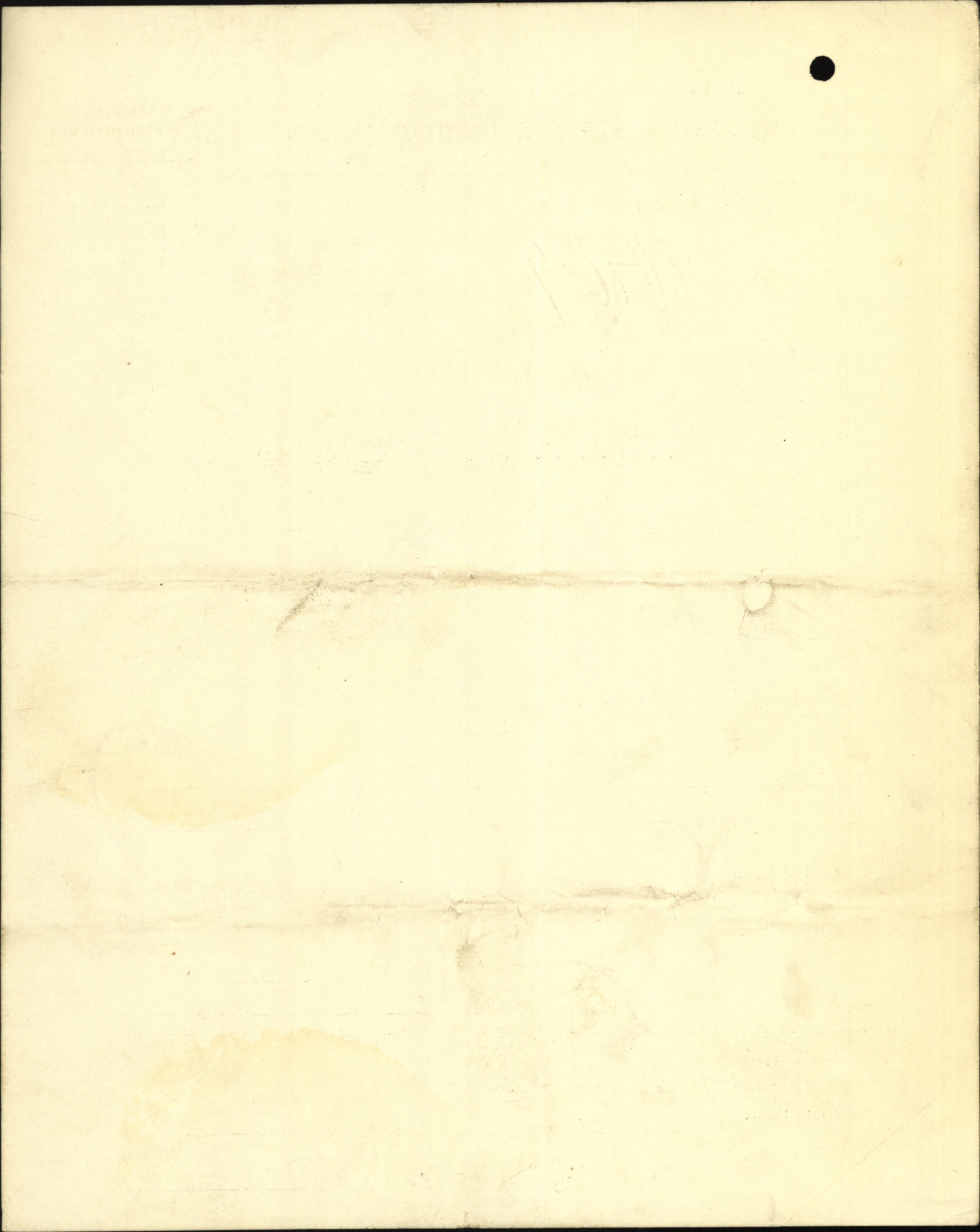
1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? No

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 Yes
(c) In France

Signature of Dental Officer J. Ross Cap



THE UNIVERSITY OF CHICAGO
LIBRARY

PHYSICS DEPARTMENT
5712 S. UNIVERSITY AVE.

PHYSICS DEPARTMENT

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Morrison Christian name George Herbert
- 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)..... Box 20, Scott, Sask., Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of May, 1918 1917, by the undersigned medical board sitting at Toronto

- 5. Age as stated 22 Years 7 Months. 6. Apparent age 22 Years 7 Months
- 7. Height 5 Feet 10 3/4 Inches. 8. Weight 130 1/2 Pounds.

- 9. Chest measurement { Minimum 32 Ins. 10. Complexion Medium { Eyes Blue
- { Maximum 36 Ins. { Hair Brown

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

- 13. Number of vaccination marks { Right arm nil 14. When vaccinated last.....
- { Left arm nil

- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Hearing O.K.
- R.D. 80 L.D. 60 Nose and throat O.K. Upper plate Varicocele left.

- 16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
- (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

A2

Chair Capt President.
A. Mullen Member. W. Robertson Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/7/18</u>	<u>Good</u>	<u>Shellies Co</u> M.O.	<u>25/6/18</u>		<u>Shellies Co</u> M.O.
		M.O.	<u>30/7/18</u>		
		M.O.	<u>8/7/18</u>		

Joined 16th day of May, 1918 at Toronto, Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>			
Transferred to.....	<u>1st C.O.R.</u>	<u>3038554</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Maguogake</u>	<u>June 29/18</u>		<u>A2 w/Post Capt. Res. S.M.S.</u>

M. S. A. Morrison George Herbert Morrison Signature of Man

78th

Christian Name

Surname

STATION.	Date of Arrival at the Station.	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				
MILITARY ISOLATION HOSPITAL, ALDERSHOT.		25	8	18	14	9	18	Mumps	21	Left parotid. No complications.	<i>R. A. M. C.</i> Capt. R.A.M.C.
No 12 CAN. GENERAL HOSPITAL		23	10	18	6	12	18	Influenza	45	On Adm. I.P.R. 104-120-38. Diffuse choreiform. Temp subsided 5th day. No Ho. been getting treatment for discharge. A.P. R. A. M. C. No subsided. Lungs clear. R. A. M. C. line. Recommended for 7 days excused duty.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 3rd. Res.

No. 3038554

Rank and Name Pte. Morrison, S.

Age 23

Military Hospital No 12 Can. Gen.

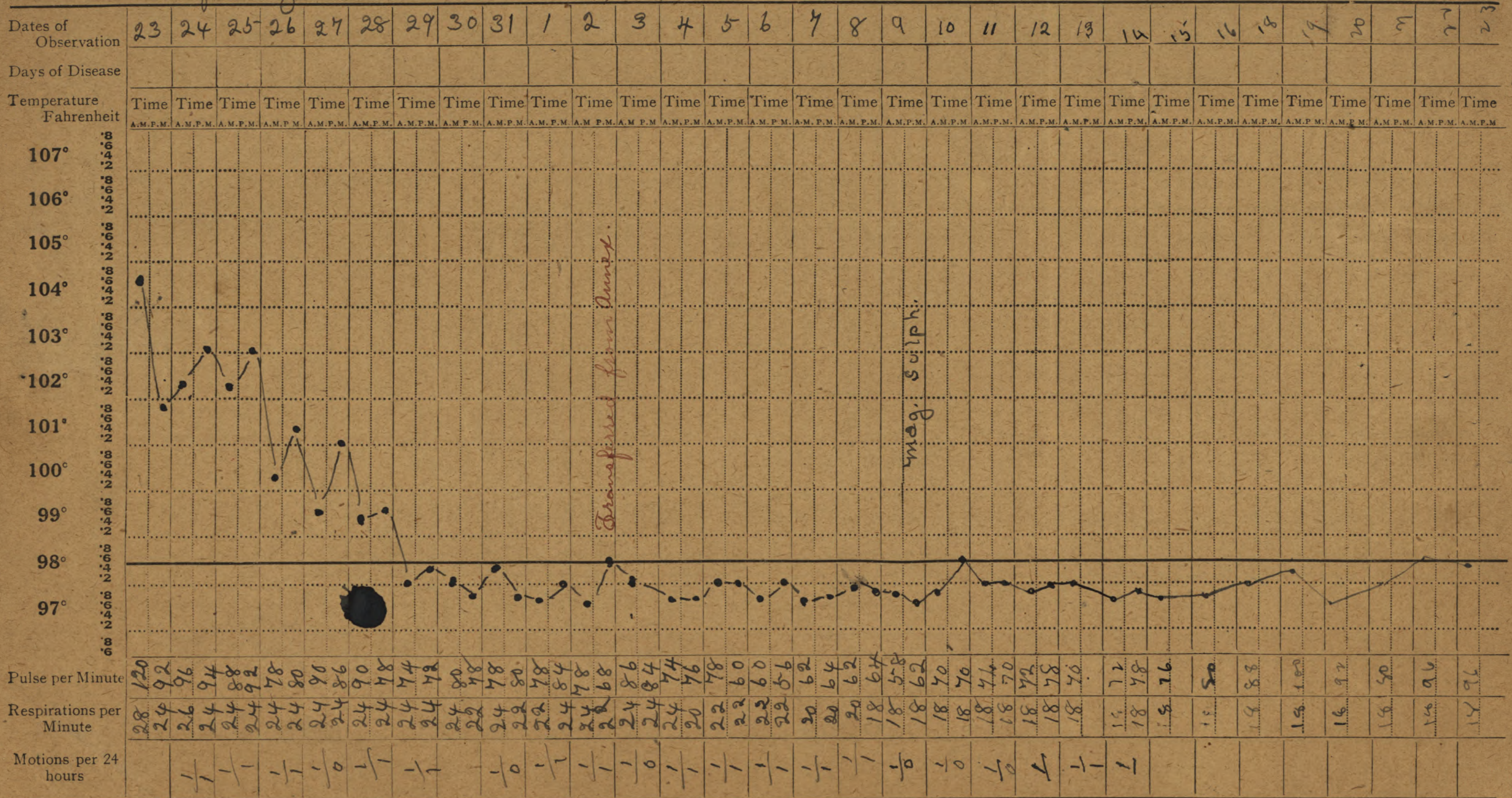
Service 5/12

Disease Influenza

Date of admission 23/10/18

Date of discharge _____

Result _____



Transferred from Annex.

Hydrius. Berin.

CLINICAL CHART.
(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____ Rank and Name P. G. Morrison

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	24							26							28							30							1							2							3						
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time								
Temperature Fahrenheit	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.											
107°																																																	
106°																																																	
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99°																																																	
98°																																																	
97°																																																	
Pulse per Minute	48								92							54								92								50						101						96					
Respirations per Minute	20								20							20								20								20						20						20					
Motions per 24 hours																																																	

Signature W. H. Lintgen, Capt. In charge of case.

27

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B, 181.

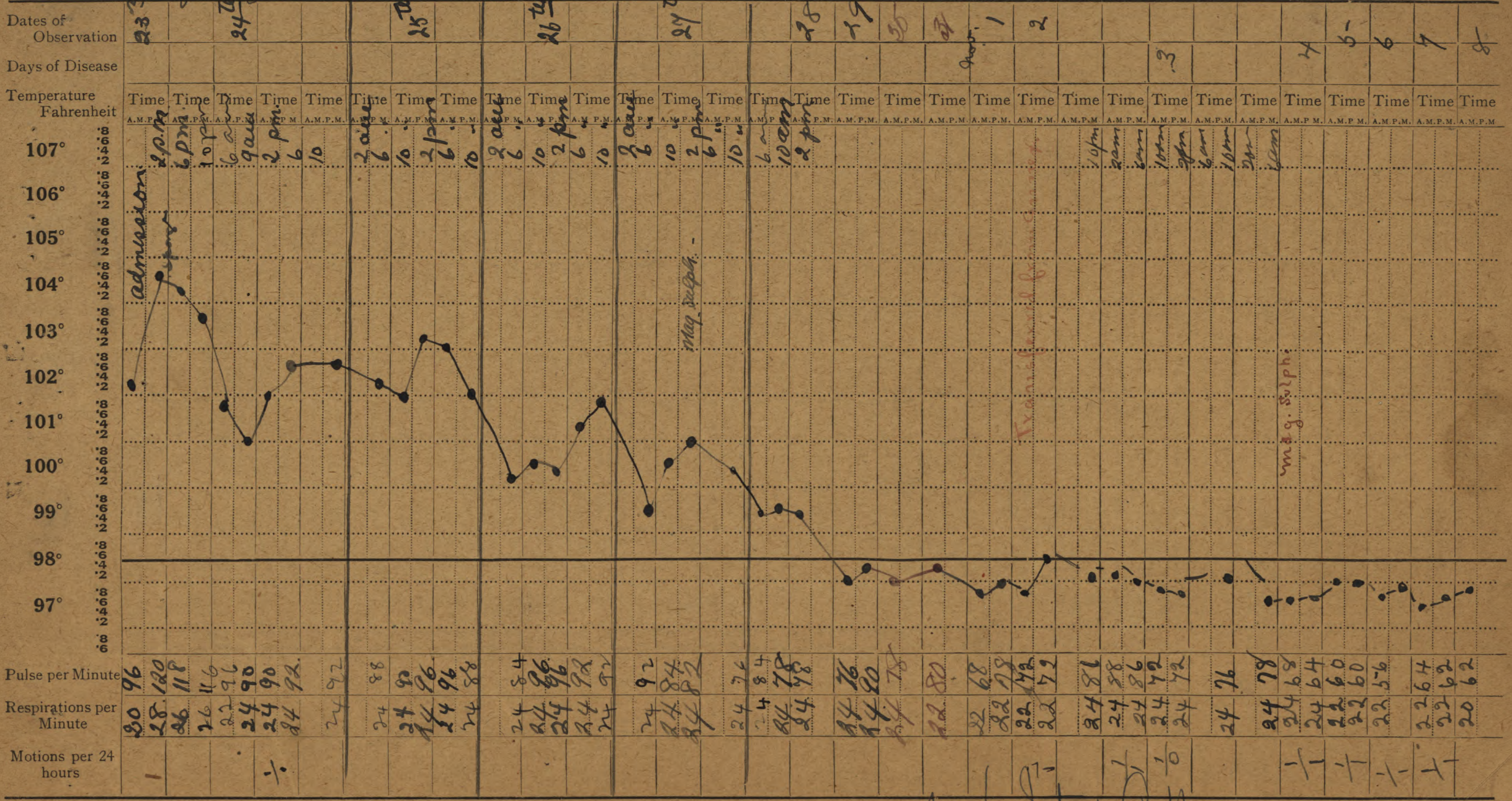
Corps 3rd. Reserve.
No. 3038554

Rank and Name Pte Morrison G

Age 23

Military Hospital No. 12. Can. Gen. Hosp.
Service 5/12

Disease Influenza Date of admission 23.10.18 Date of discharge _____ Result _____



Signature W. H. ...

In charge of case.

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	
107°	·8	·6	·4	·2																										
106°	·8	·6	·4	·2																										
105°	·8	·6	·4	·2																										
104°	·8	·6	·4	·2																										
103°	·8	·6	·4	·2																										
102°	·8	·6	·4	·2																										
101°	·8	·6	·4	·2																										
100°	·8	·6	·4	·2																										
99°	·8	·6	·4	·2																										
98°	·8	·6	·4	·2																										
97°	·8	·6	·4	·2																										
96°	·8	·6	·4	·2																										
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature _____ In charge of case.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3038554 (Rank) Pte
 Name (in full) MORRISON George Herbert enlisted in
 the 1st Dep Bn 1st C. Regt
 CANADIAN EXPEDITIONARY FORCE at Toronto on the 16th
 day of May 1918
 HE served in 3rd Res. Bn (England)
Canada Demobilization.
 and is now discharged from the service by reason of ~~Medical Unfitness.~~

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

Age 24 years 0 mths
 Height 5ft. 10 3/4 in
 Complexion medium
 Eyes Blue
 Hair Brown

Marks or Scars.....

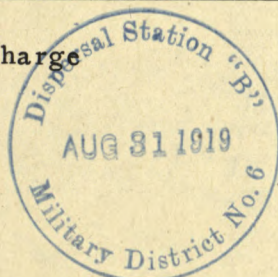
nil

G Morrison
 Signature of Soldier.

[Signature]
 O. C. Dispersal Station "B" Major

Issuing Officer.

Date of Discharge



Rank

HALIFAX, N.S. AUG 23 1919

Date..... 19.....

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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a uniform.

* Strike out whichever inapplicable.

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

NAME: *MORRISON, Geo*

EFFECTIVE DATE:- EFFECTIVE DATE:-

NUMBER: *3038554*

AMOUNT:- AMOUNT:-

PARTICULARS OF RANK OR

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE

UNIT AND TRANSF

ORIGINAL UNIT:- *78th Dpt 1st Dep*
DATE ACCOUNT FIRST OPENED:-

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
<i>5142</i>	<i>285</i>	<i>J. Wang</i>	<i>2.10.0</i>	<i>12/14</i>			
<i>9161</i>	<i>76</i>	<i>2.0.0</i>	<i>9/23</i>				
<i>10811</i>	<i>269</i>	<i>1.50.0</i>	<i>73.00</i>				
			<i>94.00</i>				

31/7/18.

31/7/18.

31/7/18.

L.P.C. from Canada

L.P.C. from Canada

DAILY RATES OF PAY AND

31/7/18.

MONTH	PARTICULARS	Cr. 1	Cr. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
<i>1918</i>								
<i>31/7/18</i>	<i>Bal. from Canada</i>							
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>AR 3485 15/8</i>	<i>3 Res</i>	<i>4 87</i>		
<i>Sep</i>	<i>"</i>	<i>33</i>		<i>AR 1944 20/9</i>	<i>3 Res</i>	<i>4 87</i>		
<i>Oct</i>	<i>"</i>	<i>33</i>		<i>1992 26/9</i>	<i>do</i>	<i>4 87</i>		
<i>Nov</i>	<i>"</i>	<i>34 10</i>		<i>AR 2731 11/10</i>	<i>3 Res.</i>	<i>4 87</i>		
<i>Dec</i>	<i>"</i>	<i>34 10</i>		<i>AR 2958 6/12</i>	<i>"</i>	<i>4 87</i>		
<i>Jan</i>	<i>"</i>	<i>34 10</i>		<i>" 3074 17/12</i>	<i>"</i>	<i>4 87</i>		
<i>Feb</i>	<i>"</i>	<i>10 20</i>				<i>53 54</i>		
<i>Mar</i>	<i>"</i>	<i>64 90</i>		<i>AR. 3402 10/1</i>	<i>3 Res.</i>	<i>4 87</i>		
<i>Apr</i>	<i>"</i>			<i>4704 13/2</i>	<i>"</i>	<i>4 87</i>		
<i>May</i>	<i>"</i>			<i>4501 26/2</i>	<i>"</i>	<i>12 17</i>		
<i>June</i>	<i>"</i>			<i>4774 12/3</i>	<i>"</i>	<i>4 87</i>		
<i>July</i>	<i>"</i>	<i>64 90</i>		<i>5061 26/3</i>	<i>"</i>	<i>12 17</i>		
<i>Aug</i>	<i>"</i>	<i>67 10</i>		<i>187 9/4</i>	<i>J. Wang</i>	<i>4 87</i>		
<i>Sept</i>	<i>"</i>	<i>67 10</i>		<i>AR 1498 26/4</i>	<i>J. Wang</i>	<i>12 17</i>		
<i>Oct</i>	<i>"</i>	<i>33</i>		<i>✓ ✓ 4657 13/5</i>	<i>✓</i>	<i>4 87</i>		
<i>Nov</i>	<i>"</i>	<i>412</i>		<i>✓ ✓ 5142 27/5</i>	<i>✓</i>	<i>12 17</i>		
<i>Dec</i>	<i>"</i>	<i>37 12</i>				<i>29 21</i>		
				<i>Snad. 10811-11.19</i>	<i>✓ 11</i>	<i>73</i>		
				<i>✓ ✓ 9191-11.19</i>	<i>✓ 15</i>	<i>973</i>		
						<i>8273</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *17/19 Annrs 24/19 17/19 17/19*

MONTH	PARTICULARS	Cr. 1	Cr. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
<i>1918</i>								
<i>31/7/18</i>	<i>Bal. from Canada</i>							
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>AR 3485 15/8</i>	<i>3 Res</i>	<i>4 87</i>		
<i>Sep</i>	<i>"</i>	<i>33</i>		<i>AR 1944 20/9</i>	<i>3 Res</i>	<i>4 87</i>		
<i>Oct</i>	<i>"</i>	<i>33</i>		<i>1992 26/9</i>	<i>do</i>	<i>4 87</i>		
<i>Nov</i>	<i>"</i>	<i>34 10</i>		<i>AR 2731 11/10</i>	<i>3 Res.</i>	<i>4 87</i>		
<i>Dec</i>	<i>"</i>	<i>34 10</i>		<i>AR 2958 6/12</i>	<i>"</i>	<i>4 87</i>		
<i>Jan</i>	<i>"</i>	<i>34 10</i>		<i>" 3074 17/12</i>	<i>"</i>	<i>4 87</i>		
<i>Feb</i>	<i>"</i>	<i>10 20</i>				<i>53 54</i>		
<i>Mar</i>	<i>"</i>	<i>64 90</i>		<i>AR. 3402 10/1</i>	<i>3 Res.</i>	<i>4 87</i>		
<i>Apr</i>	<i>"</i>			<i>4704 13/2</i>	<i>"</i>	<i>4 87</i>		
<i>May</i>	<i>"</i>			<i>4501 26/2</i>	<i>"</i>	<i>12 17</i>		
<i>June</i>	<i>"</i>			<i>4774 12/3</i>	<i>"</i>	<i>4 87</i>		
<i>July</i>	<i>"</i>	<i>64 90</i>		<i>5061 26/3</i>	<i>"</i>	<i>12 17</i>		
<i>Aug</i>	<i>"</i>	<i>67 10</i>		<i>187 9/4</i>	<i>J. Wang</i>	<i>4 87</i>		
<i>Sept</i>	<i>"</i>	<i>67 10</i>		<i>AR 1498 26/4</i>	<i>J. Wang</i>	<i>12 17</i>		
<i>Oct</i>	<i>"</i>	<i>33</i>		<i>✓ ✓ 4657 13/5</i>	<i>✓</i>	<i>4 87</i>		
<i>Nov</i>	<i>"</i>	<i>412</i>		<i>✓ ✓ 5142 27/5</i>	<i>✓</i>	<i>12 17</i>		
<i>Dec</i>	<i>"</i>	<i>37 12</i>				<i>29 21</i>		
				<i>Snad. 10811-11.19</i>	<i>✓ 11</i>	<i>73</i>		
				<i>✓ ✓ 9191-11.19</i>	<i>✓ 15</i>	<i>973</i>		
						<i>8273</i>		

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *MORRISON, George Herbert*

NUMBER:- *3038554*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P.C. from Canada</i>	<i>31/7/18.</i>	<i>86</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *78th Dpt 1st Dep, 1st CoR*

DATE ACCOUNT FIRST OPENED:- *1/8/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
		<i>3rd Res</i>	<i>1st Co. R. D.</i>

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
<i>5/1/18</i>	<i>285</i>	<i>J. Wang</i>	<i>12.10.0</i>				
<i>9/1/18</i>	<i>316</i>		<i>2.0.0</i>				<i>9.93</i>
<i>10/1/18</i>	<i>249</i>		<i>150.0</i>				<i>73.00</i>
							<i>94.90</i>

L.P.C. Cor Bal 176.09

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>L.P.C. from Canada</i>	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *1/7/19 Amv 3 24/4/19 m g r r P o h e a t o w a d e y*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31/7/18</i>	<i>Bal. from Canada</i>								<i>33.35</i>		
<i>Aug</i>	<i>P Pay</i>	<i>34.10</i>		<i>AR 3485 15/8 3rd Res</i>	<i>4.87</i>				<i>62.58</i>	<i>15</i>	
<i>Sep</i>		<i>33</i>		<i>AR 1944 20/9 3 Res</i>	<i>4.87</i>				<i>85.86</i>	<i>30</i>	
				<i>1992 26/9 do</i>	<i>4.87</i>						
<i>Oct</i>		<i>34.10</i>		<i>AR 2731 11/10 3 Res.</i>	<i>4.87</i>				<i>115.07</i>		
<i>Nov</i>		<i>33</i>		<i>AR 2958 6/11 "</i>	<i>4.87</i>						
<i>Dec</i>		<i>34.10</i>		<i>" 3074 17/12 "</i>	<i>4.87</i>				<i>162.73</i>	<i>90</i>	
<i>Jan</i>		<i>34.10</i>									
		<i>101.20</i>									
<i>Feb</i>		<i>64.90</i>		<i>AR. 3402 10/1 3 Res.</i>	<i>4.87</i>						
				<i>4204 13/2 "</i>	<i>4.87</i>						
				<i>4521 26/2 "</i>	<i>12.17</i>						
				<i>4774 12/3 "</i>	<i>4.87</i>				<i>200.85</i>	<i>20</i>	
		<i>64.90</i>			<i>26.78</i>						
<i>Apr</i>				<i>5061 26/3 "</i>	<i>12.17</i>						
<i>May</i>		<i>67.10</i>		<i>187 9/4 J. Wang</i>	<i>4.87</i>				<i>250.91</i>	<i>150</i>	
		<i>67.10</i>			<i>17.64</i>						
<i>June</i>	<i>P Pay</i>	<i>33</i>		<i>AR 1498 24 June</i>	<i>12.17</i>						
	<i>Int on P Pay.</i>		<i>4.12</i>	<i>✓ ✓ 4657 13/5 ✓</i>	<i>4.87</i>						<i>165</i>
				<i>✓ ✓ 5142 27/5 ✓</i>	<i>12.17</i>				<i>258.82</i>		
		<i>37.12</i>			<i>29.21</i>				<i>210.99</i>		
				<i>Snal. 10811 - A.L. 19.</i>	<i>11 73</i>				<i>185.82</i>		
				<i>✓ ✓ 9191 - A.L. 19 ✓</i>	<i>15 9.73</i>				<i>176.09</i>		
					<i>8.73</i>						

NUMBER 3038554 RANK PR

NAME Morrison G.A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									176 09		
Sep.				RR 12846 - July 29-7-19 (Ed)	9 73						
				✓ 11433 ✓ 18-7-19 ✓	4 87						
				✓ 115 ✓ 2-8-19 ✓	48 67						
				✓ 806 ✓ 11-8-19 ✓	9 73				103 09		
					73 00						
				Soc Sec 16-8-19							
				Lf. 102 - m. 6							

3038554 RANK *PK*

NAME *Monison G.H.*

PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
								176 09		
			<i>MR 12846 - July 29.7.19 (Ed)</i>	<i>9 73</i>						
			<i>✓ 11433 ✓ 18.7.19 ✓</i>	<i>4 87</i>						
			<i>✓ 115 ✓ 2.8.19 ✓</i>	<i>48 67</i>						
			<i>✓ 806 ✓ 11.8.19 ✓</i>	<i>9 73</i>				103 09		
				<i>73 00</i>						
			<i>Sp. Can 16.8.19.</i>							
			<i>Lf. 102 - m. 1. 6</i>							

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

O. C. - 1
D. A. - B

1. No. 3038554	
2 Rank. Pte	
3. Name. MORRISON George Herbert.	
4. Unit. 1st C. O. R. D. Halifax N.S.	
5 Date of Discharge 31 8 19	Place Saskatoon Sask.
6 Reason for Discharge Demobilization	
7. Authority. R.O. 1420	
8. Proposed Residence after Discharge. Scott P.O. Sask.	
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.?	
..... G Morrison Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... HALIFAX, N.S. AUG 23 1919 Date..... Signature..... Major (O. C. Discharging Unit.)	

0-7-1
2-0-0-8

PROCEEDINGS ON DISCHARGE

Demobilization

1. No. 2008824

2. Rank PFC

3. Name MORRISON

4. Unit 42 C 8 RD

5. Date of Discharge

6. Reason for Discharge

[Signature]

P.O. MSG

7. Proposed Discharge Status

[Signature]

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undersigned place and date I received my discharge Certificate

At F. W. I.

[Signature]
Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

[Signature]
O. F. Thompson (Act)

Signature

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Thibault	Medical Form W. 23
or Particulars of Record	Medical Form W. 133
Field Conduct Sheet	Medical Form W. 134 or A. P. 134
Casualty Form	Medical Form W. 135
Last Pay Certificate	Medical Form W. 136
Certificate that missing documents are unobtainable	Medical Form W. 137 or A. P. 137
Medical History Sheet	Medical Form W. 138 or A. P. 138
Proceedings of Medical Board	Medical Form W. 139 or A. P. 139
Dental History Sheet	Medical Form B. 140
Medical Report	Medical Form W. 141 or G. M. S. 141
Regimental Conduct Sheet	Medical Form B. 142
Company Conduct Sheet	Medical Form B. 143

THE GOVERNMENT

Department of the Army
The Adjutant General's Office
Washington, D. C.

1918
1919
1920
1921
1922

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (J.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2), *Group*
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 11

Tom

Date 4 AUG 1919

next of kin - mother -
 Mrs. J. Morrison -
 Moonstone, Ont. Canada
 Army Form I. 1237.

Forms
 I. 1237
 12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	9038554	Pte	Morrison	G.
Year	Unit.	Age.	Service.	
Station and Date.	Disease			
23/10/18	Coryza			
	Head aching - chest, for 2 days, cough one wk.			
	Family history			
	Cory			
	Personal History			
	Served since 1915 - since then has been quite healthy. Joined army May 1915 arrived in England Aug 1915			
	Present illness			
	Has had cough for a week.			
	22/10/18 on duty had headache, vomited & vomiting after coughing. Reported sick during the evening & sent to S.D.H.			
	Present condition			
	T.P.R. 104.6/120/28 Flushed & dull tongue coated breath good.			
	Respiratory System			
	no impairment of voice, breath sounds harsh some rhonchi heard			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (6365) W2944/P438 2,950,000 1/18 MCA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Corrected entry after my

Station
and Date.

26.10.18

Considerable paroxysmal
cough. Progressed further
but was not.

29.10.18

Some improvement. LPR

99.5. 78. 24

But at blowing water left 10th
interosseal chest sect.

Considerable cough and
persistent expectoration.

23/11/18

is receiving treatment for R ear

Ear Condition Subside
Ready for discharge

3-12-18

Chest clear. Feeling pretty well.

6-12-18

Retd to lines

W. S. L. type
Capt

Belgic 23-8-19.
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. *3038554* RANK *Pte* NAME (IN FULL) *Morrison, J. H.*
 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS		<i>ms</i>	<i>16.8.19</i>	<i>120 245</i>					
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS					ADDRESS				
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE			
					DISCHARGED	PLACE DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
						<i>31</i>	<i>Halifax, S. 19 Demob.</i>	<i>120 245</i>	

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		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.	\$	C.	\$	C.					\$	C.	
<i>30-6-19</i>				<i>176 09</i>																<i>Belgic br. clothing allow. adv. by Capt. 1, 2 + 3 on board Belgic # 146659</i>
<i>31-8-19</i>	<i>62</i>	<i>110</i>	<i>68 20</i>		<i>35 00</i>	<i>70 00</i>	<i>349 29</i>				<i>4 87 5 00</i>	<i>266 42</i>					<i>73 00</i>	<i>349 29</i>	<i>W</i>	
				<i>280 -</i>		<i>280 -</i>														<i>1st Payment of W.S.G.</i>
														<i>70 00</i>				<i>140 -</i>		<i>9/10/19 # 1504878</i>
														<i>70 00</i>				<i>70 00</i>		<i>25-10-19 # 1542085</i>
														<i>70 -</i>				<i>nil</i>		<i>24/11/19 # 1779018</i>
				<i>280</i>		<i>280</i>								<i>280</i>				<i>280</i>		
<i>All payments made</i>																				

Scott P.O. 8/10/19 Lask

S.P.C. Adj. 18.

1972

BALANCE FROM PREVIOUS ACCOUNT

WAR SERVICE GRATUITY, W.S.G. S. A.

Certified that all payments due on this acct. have been paid.

Allen CAPT.
 For Senior Officer Pay Services, M. D. 6

OCT 1 1919

