

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison
 2. Christian name Gordon Everett
 3. Present address Chattanooga P.S.
 4. Military Service Act letter and number B.R. 510025
 5. Date of birth 1893
 6. Place of birth Frederickton Lot 21 P.E.I.
(town, township or county and country)
 7. Married, widower or single Single
 8. Religion Presby
 9. Trade or calling Farmer
 10. Name of next-of-kin William Morrison
 11. Relationship of next-of-kin Father
 12. Address of next-of-kin Frederickton Lot 21 P.E.I.
 13. Whether at present a member of the Active Militia No.
 14. Particulars of previous military or naval service, if any nil.
 15. Medical Examination under Military Service Act:
 (a) Place Ch. Leves P.S. (b) Date July 2/18 (c) Category E

DECLARATION OF RECRUIT

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

Gordon Everett Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>24</u> yrs.	<u>7</u> mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<u>5</u> ft.	<u>7 1/2</u> ins.	
Chest measurement	fully expanded	<u>34</u> ins.	
	range of expansion	<u>4</u> ins.	
Complexion	<u>Ruddy</u>		
Eyes	<u>Hazel</u>		
Hair	<u>Black</u>		

J. Hawley
 O. C. Depot Btln.
 O.C. "E" COY. 1st DEPOT BN R.S. REGT.

Place Chattanooga P.S. Date July 2/18

DEPARTMENT OF THE ARMY
PARTICULARS OF RECRUIT

Class: *Infantry*

1. Surname: *W. J. ...*
2. Christian name: *William James*
3. Present address: *...*
4. Military service, duration and number: *...*
5. Date of birth: *...*
6. Place of birth: *...*
7. Height, weight, or angle: *...*
8. Religion: *...*
9. Trade or calling: *...*
10. Name of next of kin: *...*
11. Relationship of next of kin: *...*
12. Address of next of kin: *...*
13. Whether a parent a member of the Armed Forces: *...*
14. Particulars of previous military or naval service: *...*
15. Medical Examination under Military Service Act: *...*
(a) Place: *...*
(b) Date: *...*

DECLARATION OF RECRUIT

I, *W. J. ...*, do solemnly declare that the above particulars relate to me, and that I am a fit and healthy man for military service.

DESCRIPTION ON CALLING UP

Particulars	Remarks
Appearance and height	<i>...</i>
Hair	<i>...</i>
Complexion	<i>...</i>
Build	<i>...</i>
Weight	<i>...</i>
Strength	<i>...</i>
Endurance	<i>...</i>
Speed	<i>...</i>
Agility	<i>...</i>
Stamina	<i>...</i>
Health	<i>...</i>
Character	<i>...</i>
Intelligence	<i>...</i>
Education	<i>...</i>
Occupation	<i>...</i>
Family	<i>...</i>
Property	<i>...</i>
Other	<i>...</i>

ORIGINAL

NS W. Coy. Regt. No. 3204213

M. D. Depot Battalion Regiment

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison
2. Christian name Gordon Everett
3. Present address Fredericton P.E.I. Lot 21
4. Military Service Act letter and number BRD 700 95
5. Date of birth 1893
6. Place of birth Fredericton Lot. 21 P.E.I.
7. Married, widower or single Single
8. Religion Presby
9. Trade or calling Farmer
10. Name of next-of-kin William Morrison
11. Relationship of next-of-kin Father
12. Address of next-of-kin Fredericton Lot. 21 P.E.I.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act: (a) Place Fredericton P.E.I. (b) Date 7th March 1918 (c) Category "E"

DECLARATION OF RECRUIT

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

Gordon Everett Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs 2 mths.
Height 5 ft 7 1/2 ins.
Chest measurement fully expanded 38 ins.
range of expansion ins.
Complexion Ruddy
Eyes Hazel
Hair Black
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Low from step under eye on low



O.C. Major J. H. ... Depot Btl. Regt. O.C. 'H' COY. 1st. DEPOT B'N N.S. REGT

Place Date

Serial No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname
2. Christian name
3. Present address
4. Military Service Certificate number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next of kin
11. Relationship of next of kin
12. Address of next of kin
13. Whether in possession of the Active Medal
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act

(a) Place (b) Date (c) Category

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height
Chest
Chest (military posture)
Chest (range of expansion)
Chest (range of expansion)
Complexion
Eyes
Hair

Distinctive marks, and marks indicating congenital peculiarities or organic disease

Date

Place

At the residence of the Recruit

21-9-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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

Name MORRISON GORDON EVERETT
 3204213
 Regt. No. _____ Rank Pte
 Corps H. Co. 1st Depot Bn. A.S. Regt.
Med. Unit

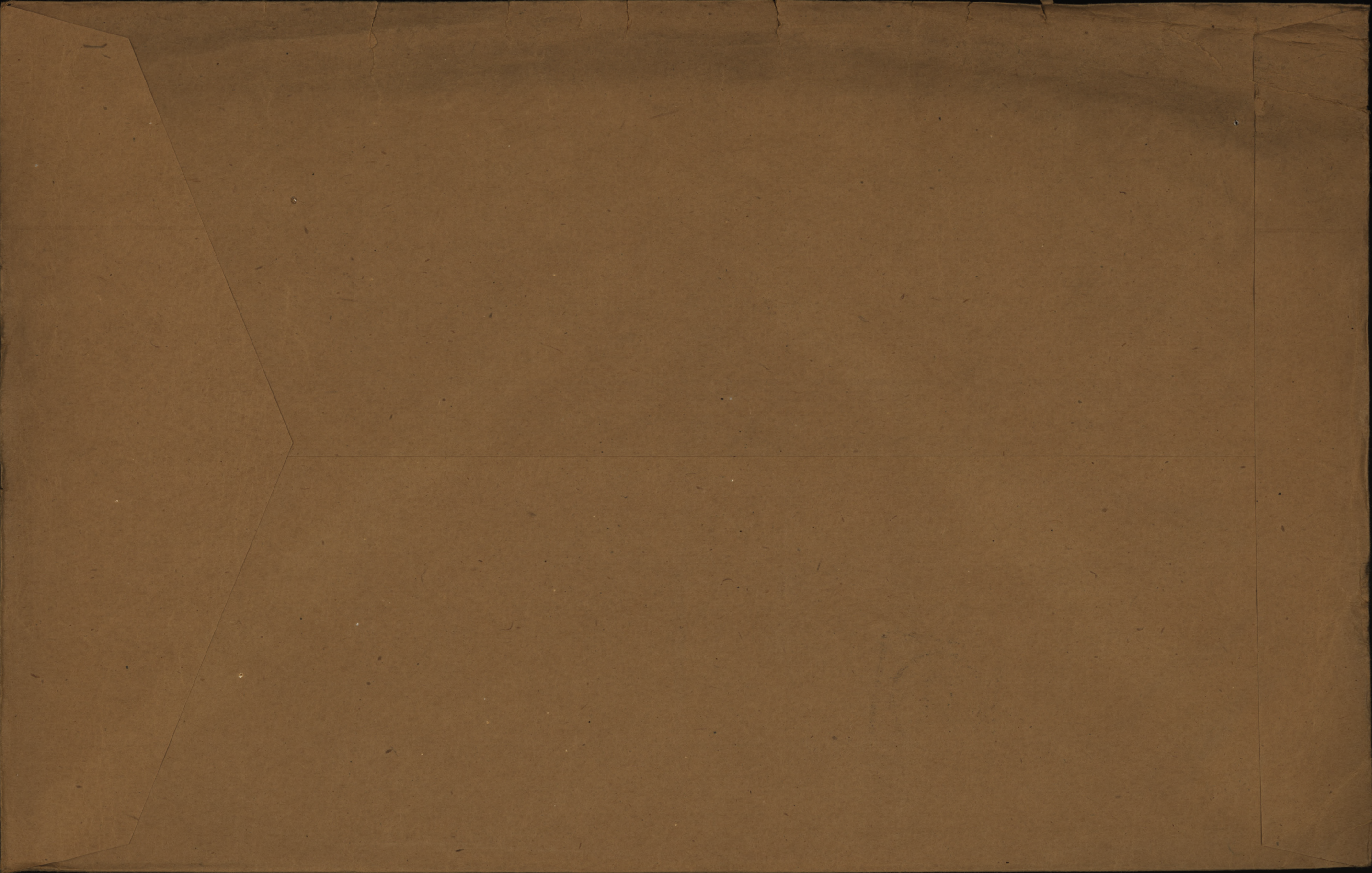


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34140



Handwritten note: 1 pay card



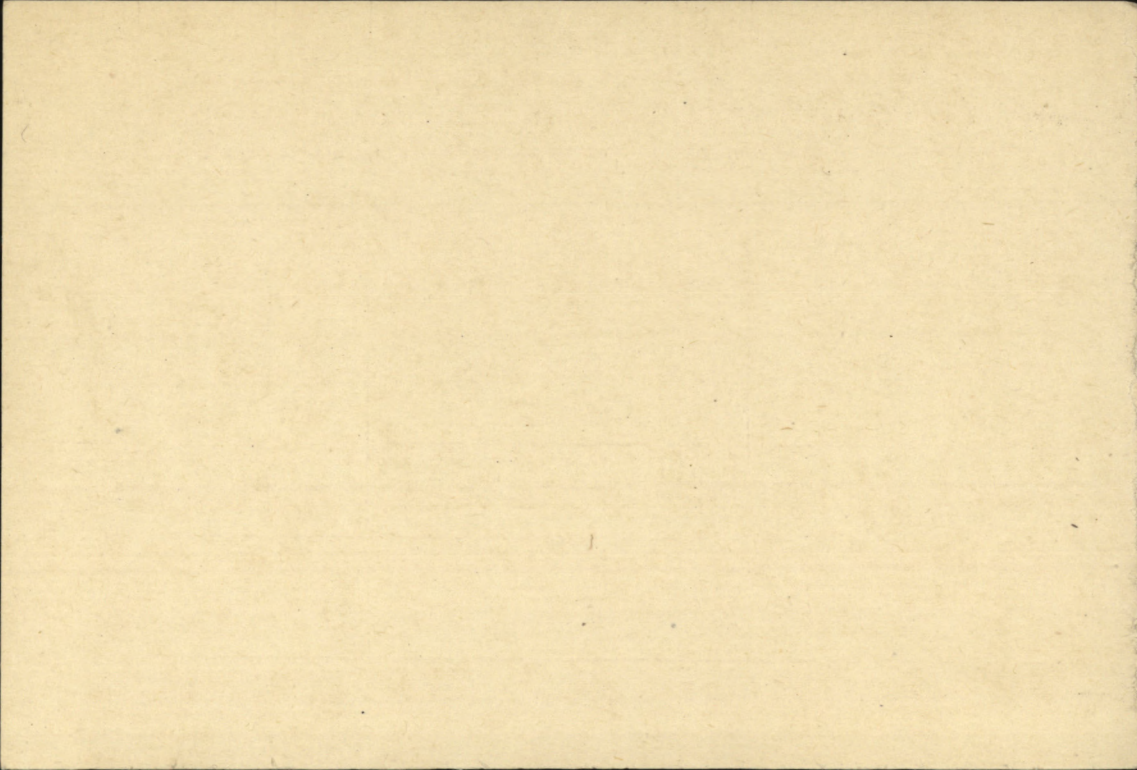
No. 3204213, RANK *Plt*

NAME *Morrison E. E.*

T. O. S. [#] 1-18 (2059) ^{UNIT} *Artillery Infantry Depot*
"H" Coy. Depot. Br. N. S.

M. D. 6,

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918.</i>	<i>1918.</i>			
<i>Jan 5.</i>	<i>Feb 28.</i>	<i>u.</i>	<i>S. O. S. Granted leave of absence without pay.</i>	<i># (2067) 8-3-18.</i>
<i>Mar 1.</i>	<i>Mar 5.</i>	<i>u.</i>		



MILITARY SERVICE ACT, 1917.

ORIGINAL

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 Gordon E
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule BR 510075
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Fredericton PEI

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1st day of March 1917, by the undersigned medical board sitting at Charlottetown PEI

- 5. Age as stated 24 Years 2 Months
6. Apparent age 23 Years
7. Height 5 Feet 7 1/2 Inches
8. Weight 149 Pounds
9. Chest measurement { Minimum 34 Ins. Maximum 38 Ins.
10. Complexion Ruddy { Eyes Hazel Hair Reddish
11. Physical development Good
12. Smallpox marks None

- 13. Number of vaccination marks { Right arm Left arm
14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on back and top of middle finger of hand

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E
Eyesight 20/40 Hearing normal
President.

Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined 27 day of Feb 1918 at Charlottetown PEI

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Row: Joined on enlistment Private 3204213

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Row: Cf Inn PEI, 7/10/18, Chronic arthritis and lumbago, Category E

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man

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 Morris Christian name G.E.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule BR 510025
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Andenit P.S.D.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7 day of March 1918, by the undersigned medical board sitting at Ch. Don P.S.D.

- 5. Age as stated 24 Years 2 Months.
- 6. Apparent age 23 Years _____ Months
- 7. Height 5 Feet 7 1/2 Inches.
- 8. Weight 149 Pounds.
- 9. Chest measurement { Minimum 34 Ins. Maximum 38 Ins.
- 10. Complexion Ruddy { Eyes Hazel Hair Black
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks nil

- 13. Number of vaccination marks { Right arm _____ Left arm _____
- 14. When vaccinated last never.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar of cut and loss of bone tip of middle finger Rt Hand.

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 E

290. J.M. The Capt. and President.
Alton Capt. and Member. Gen. Comptroller. Member.

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

Joined 27 day of Dec 1918 at Ch. Don P.S.D.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>P.B.A.M.S.A.</u>	<u>3204213</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ch. Don P.S.D.</u>	<u>5/3/18</u>	<u>Chronic Arthritis and lumbago</u>	<u>Category E</u>

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3204213 Rank Private Name Morrison, G.E.

Corps "H" Co 1st Depot Bn. N.S. Regt. who was* Discharged

On 5th March 1918 1918, to _____
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st March 1918 1918, to 5th March 1918 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month	5	50	Bal. Cr. from prev. month		
Advances } No. _____			Reg'tl Pay <u>5</u> days at \$ <u>1.00</u> c	5	00
by } No. _____			Field Allow. <u>5</u> days at \$ _____c		10
Cheques } No. _____			Other Allowances*		
Assigned Pay No. _____			Other Credits*		
Other Charges* _____			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. _____					
Balance Cr. (to be paid by the new unit)					
Total	5	50	Total	5	50

*Give Particulars.

A monthly stoppage of \$ _____ (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 1918 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 5-1-18
- (2) if married and if a Separation Allowance Card has been submitted NIL
- (3) cause of discharge and authority Cat E.M.D.6 59-M-1653

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

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

Date 5th March 1918

Place Charlottetown, P.E.I.

Pauls [Signature]
Paymaster, C.E.F. Units. Paymaster

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

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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MILITARY DISTRICT No. 6
 HALIFAX, N. S.
 SEP 2 1918
 59, M-1653
 M. D. No. 6

This space to be for numbers.

Proceedings on Discharge.

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

No. <i>3204213</i>	
Rank <i>Private</i>	
Name <i>Morrison, Gordon Everett.</i> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>1st N. S. N. S. R.</i>	
Date of Discharge <i>March 5 1918.</i>	
Place of Discharge <i>Charlottetown, P.E.I.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>24</i> years <i>2</i> months.	<div style="text-align: center;">T</div> Descriptive Marks <i>Scar of cut and loss of bone tip of middle finger Rt. Hand.</i>
Height <i>5</i> feet <i>7 1/2</i> inches.	
Complexion <i>Ruddy</i>	
Eyes <i>Hazel</i>	
Hair <i>Black</i>	
Trade <i>Farmer</i>	
Intended place of residence } <i>Fredericton P.E.I.</i> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>result of Medical Board Category "E"</i> <i>Authority — 6 D. 59 - M-1653 and P.O. 529-18</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>N.A.</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>

M. F. B. 218.

25m.—11-15.
 H. Q. 1772-39-113.

(OVER)

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

Nil.

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

6. Medals and Decorations.....

Nil.

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) *Ch. Town P. 61*

(Date) *March 5th 1918.*

J. Stanley
MAJOR
G. C. "H" Coy. 1st DEPOT B'N N.S. REG'T
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Ch. Town P. 61* *J. B. Morrison* (Signature of Soldier.)

(Date) *March 5th 1918* *J. Stanley* (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.

N.A. (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) *ALDERSHOT CAMP*

(Date) *5.7.18*

(Signature) *J. Flowers*

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.)

nil

G. E. Morrison

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. ✓	Attestation Paper, Militia Form B. 235. ✓
Squadron } Battery } Conduct Sheet, " B. 263a. ✓ Company }	Proceedings on Discharge " B. 218. ✓
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.
Medical Report for Invalid* " B. 227. ✗	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. ✓	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.