

ORIGINAL

ATTESTATION PAPER.

No. 3181011

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Morrison
1a. What are your Christian names? Harold
1b. What is your present address? Boularderie Island, C.B.
2. In what Town, Township or Parish, and in what Country were you born? St. Ann's, C. B.
3. What is the name of your next-of kin? Sadie J. Morrison (Mrs.)
4. What is the address of your next-of-kin? Boularderie Island, C. B.
4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? 23rd January, 1900.
6. What is your Trade or Calling? Hardware Clerk.
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.
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
14. If so, what was the nature of the disability? Not Applicable.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? Yes.
16. If so, what was the reason? Underage.

Sufficient Address

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harold 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.

Harold Morrison (Signature of Recruit)

Date Halifax, N.S. 27/2/1918 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold 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.

Harold Morrison (Signature of Recruit)

Date Halifax, N.S. 27/2/1918 (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 Halifax, N.S. this 27th day of February 1918.

(Signature of Justice)

Description of Harold Morrison on Enlistment.

Apparent Age... 18 years 1 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 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Fresh.

Eyes Brown

Hair Dark.

Religious denominations. { Church of England
 Presbyterian Yes.
 Methodist
 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 he declares that he is not subject to fits of any description.

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

Date..... March 3rd 1918

Place..... Stamps

W. J. [Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

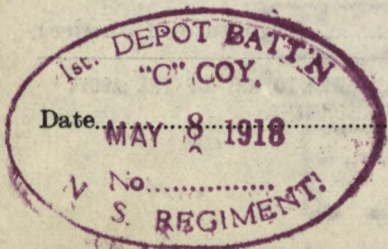
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harold 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.

(Signature of Officer)

[Signature]
 MAJOR
 Q.C. "C" Coy. 1st Depot B'n N. S. Regiment.



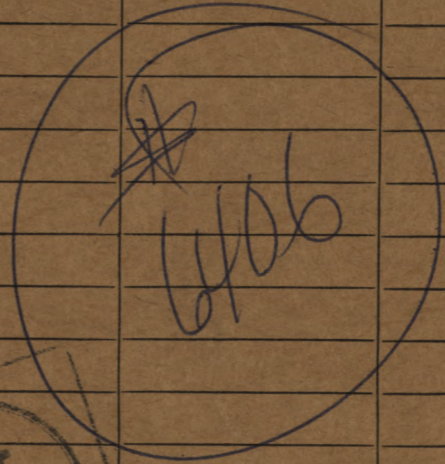
REGIMENTAL DOCUMENTS

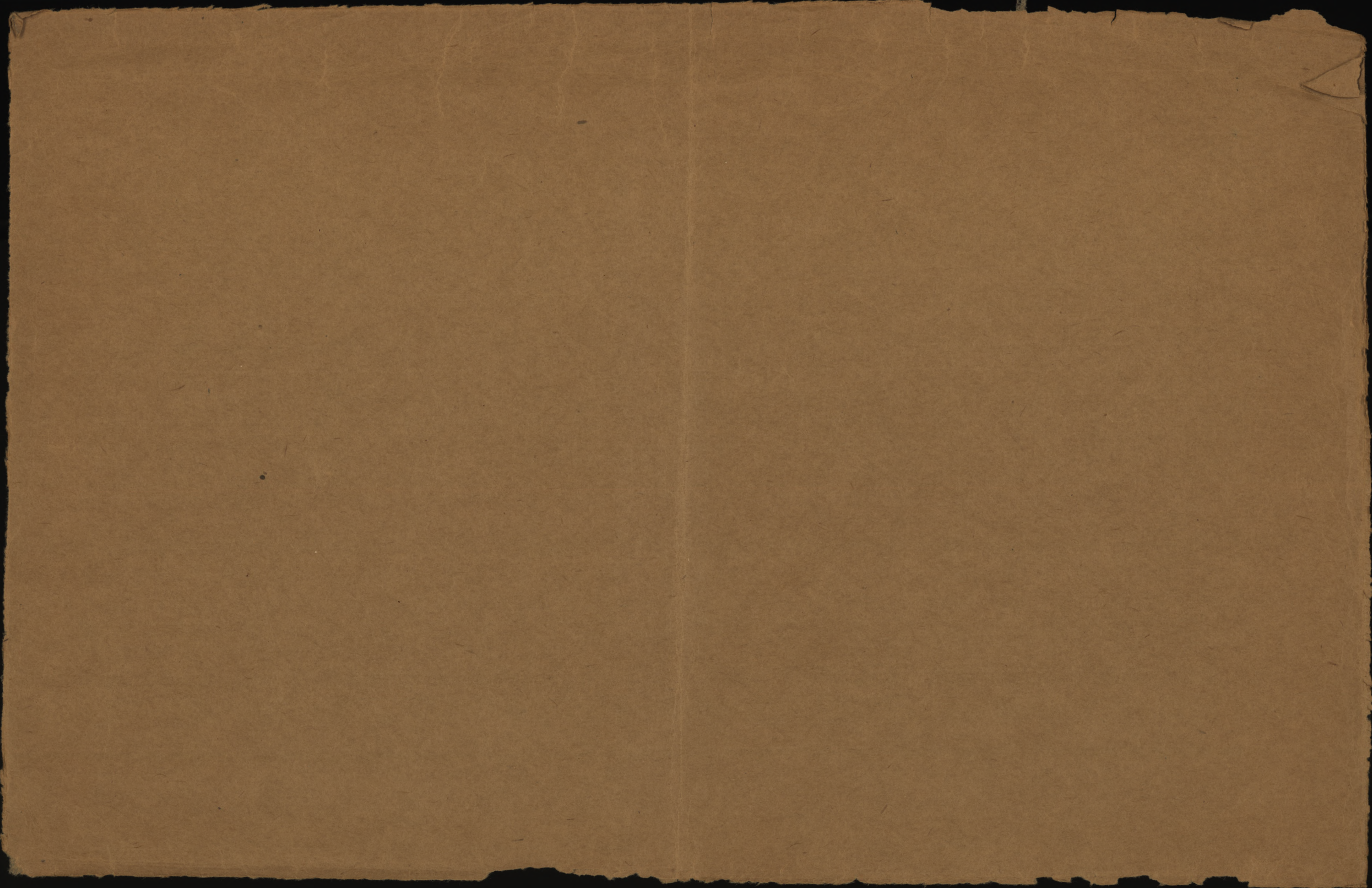
22-719 Pte MORRISON, HAROLD

REGT. NO. 3181011

UNIT 17 Res Bn H. Q. FILE NO.

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div> CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			<i>REC 2/17/20</i>		DEATH
/ TRAINING HISTORY SHEET (M.F.W. 113)					Category
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Demob</i>
/ MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
/ MEDICAL EXAMINATION (M.F.W. 129)					
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				34149	
/ PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
/ DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
/ PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>misc</i>					
<i>copy</i>					
<i>copy</i>					





3181011
I.D. number
No. d'identification

MORRISON
Surname
Nom de famille

HAROLD
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 6406

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »

W.S.B.
COM

~~B~~

Number . . . 3181011 . . . Rank . . . PTE

Surname . . . MORRISON . . .

Christian Name . . . Harold . . .

Units . . . N.S. Regt . . . Theatre of War . . . Europe

Date of Service . . . 15-8-18 . . .

Remarks . . .

Latest Address . . . Hillside Boulevard N.S. . . .

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
<p>DESP MAR 13 1922 REGN. NO. 4/1892</p>				

SURNAME. *Morrison*

CHRISTIAN NAMES *Harold*

REGL. NO. *3181011*

RANK *Pte.*

UNIT *N.S. Regt. 1st. Depo. Bn.*

FORMER CORPS *nil*

B6

CARD NO.

805 Dis/3-7-19
Remob #6 per
Do. 1908 9-7-19

T. O. S. *Mar. 3. 1918*

D.O. Part II No. *60*

NEXT OF KIN

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Sadie J.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Boulevardarie Del. C.B. G.S.

COUNTRY OF BIRTH

Canada, Ste Ann's C.B. G.S.

DATE

Jan 23rd 1900

PLACE OF ATTESTATION

Halifax, N.S.

DATE

Feb 27th 1918

O.S. 3-8-18 - 1363
4

R/C 3/7/19
364
132 Pte

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of birth Jan 25, 1900 Attains 19 yrs Jan 23 1919 Not to be sent off until 19 yrs old Auth 42030 3212 Maxwell

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st. Depot. Bt'n.

Unit, Regiment or Corps..... *N. S. Regt.*

Regimental No. *3181011* Rank *Pte* Name *Morrison Harold*
C. E. F.

Enlisted (a) *27/2/18* Terms of Service (a) *WAR and 6 Mos.* Service reckons from (a) *27/2/18*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b) *Nil* (*Hardware Clerk*)

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>Embarked, Halifax, N.S. 2/8/18</i>			<i>MAJOR</i> <i>O.C. "C" Coy 1st Depot B'n N.S. Regiment.</i>
		<i>Disembarked.</i>	<i>Liverpool.</i>	<i>16-8-18.</i>	
<i>22-8-18.</i>	<i>O.C. 17th.</i>	<i>TOS. on arrival from Canada and shown on cmd. to Bourley Reg. Camp. Aldershot.</i>	<i>Bramshott.</i>	<i>16-8-18.</i>	<i>Pt. 11.0. 198.</i>
<i>16 SEP 1918</i>	<i>O.C. 17th.</i>	<i>Reported off command.</i>	<i>Bramshott.</i>	<i>16 SEP 1918</i>	<i>Pt. 11.0. 219</i>
<i>28-6-19</i>	<i>17 Res. Bn.</i>	<i>S.O.S.-O.M.F.C.-on Trans. To C.E.F.</i>			<i>D. C. 148</i>
		HMT MAURETANIA			
		SAILING 94			
		ARRIVED SUTTON 28-6-19			
			<i>Lt. Lockhart</i>		
			<i>Lieut., Asst. Adj. Gen.</i>		
			<i>17th Canadian Res. Batt.</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.)

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. 6. 19	T. O. S. No. 6 D. D. from	<i>Overseas</i>			D. O. 190 } D. O. 190 }
13. 7. 19	<i>S. O. Low Discharge</i>and posted	<i>Ship Sta. B. Alpx.</i>		
					<i>A. M. Ferguson</i> Officer $\frac{1}{c}$ Records No. 6 D. D.

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

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. 3181011 Rank Pte. Surname MORRISON
(Given name in full)
Harold
 Unit or Corps 17th Res. Birthplace St Ann's C. B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 4 ft. in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
None
Appendectomy

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 No
 Disturbance of Mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Appendectomy 1916 operation

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS---

Examined at Japan (Overseas)

Date 3/25/40 Signed H. Morrison 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 H. 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.)

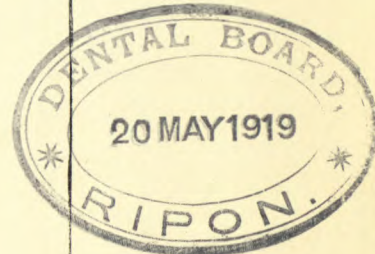
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON, H
 REGIMENT 15th RANK Pl No. 3181011
 Date of Examination in England 20-519 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 3-8-9-14-18-19-30-31-
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 No
- (b) In England No
- (c) In France _____

Signature of Dental Officer [Handwritten Signature]

THE UNIVERSITY OF CHICAGO
LIBRARY



Handwritten signature or initials in the bottom left corner.

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 Harold.
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) Bouaderie Island, C.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of Feb., 1918. 1917, by the undersigned medical board sitting at Halifax, N.S.

- 5. Age as stated 18 Years Months. 6. Apparent age 18 Years Months
7. Height 5 Feet 5 Inches. 8. Weight 132 Pounds.
9. Chest measurement { Minimum 33 Ins. Maximum 37 Ins.
10. Complexion Fresh. { Eyes Brk. Hair Drk.
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 for appendix Operation.

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 "A4" V, R, D30. L, D, 30. H/Normal.

Signed, J. C. MacDonald Capt., AMG, President. A. C. Hawkins Capt., AMG, Member. R. F. O'Brien GP. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 6/3/18 and 17/3/18.

Joined 27th day of Feb 1917 at Halifax NS

Table with columns: 1st Depot, CORPS, Bt'n, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 1st Depot, S. Reg't, 17th Res Bn, 3/18/01, 16.8.18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: Category A4.

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.

Harold Morrison
Signature of Man

INSTRUCTIONS

On examination the condition of patient's mouth to be marked on
this part in red ink.

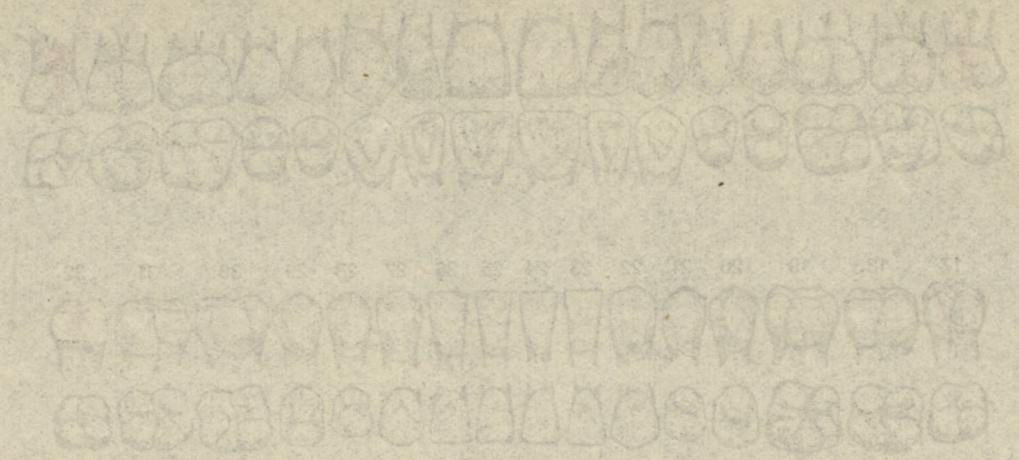
General line of report completed same as the work in red ink.

Only such contacts be made as the dentist will find.

1. Condition on examination in red ink.

2. Condition on leaving Canada.

3. Condition on returning.



BENTLEY FAST LINDGREN

MADE IN CANADA

DENTAL HISTORY SHEET

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Morrison Harry Edward*
Surname Christian Name

Regimental Number *1810* Rank *Pte*

Address (in full)

Unit
 Original Unit
 District where paid
 Date of Discharge
 P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53061—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 36 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks: *Reference only*

File No. 013135-H-41

WAR SERVICE GRATUITY.

Register No. M 777

Reg. No. 1810 P16

Name H. E. Morrison

Address 30 Grafton St
Halifax
N. S

Dependent _____

Address _____

Pay Soldier \$

C. S. Raymond
G. A. Sylvani 18/9/19

Clerk J. W. Barou

Pay Dependent \$ _____

Days 31 Rate 70 Due 70⁰⁰

*R. 20.134
24.10.19.*

Less P.D.P. credited _____

Less further Dr. Bal. _____
or overpayment.

Net 70⁰⁰

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>26.9/19</u>	<u>aco</u> <u>26538</u>	<u>526414</u>	<u>70⁰⁰</u>		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date 22-9-19

CANADIAN EXPEDITIONARY FORCE
War Service Badge Issued,
Class No.
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3181011 (Rank) Plt.
Name (in full) Harold Morrison enlisted in
the 1st Depot Bn. N.S. Regt.
CANADIAN EXPEDITIONARY FORCE Halifax N.S. on the 27th
day of April 1918
HE served in 17. Res Bn England + Can
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:

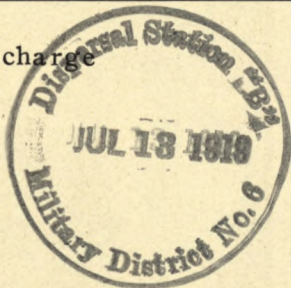
Age 19-1
Height 5-5
Complexion Fresh
Eyes Brown
Hair Dark

Marks or Scars.....
Nil

H. Morrison
Signature of Soldier.

J. C. Bellman
C. Dispersal Station "B"
Issuing Officer.

Date of Discharge



Rank

HALIFAX, N.S. JUL 4 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 unit.

Rank _____ Name *MORRISON HAROLD* Reg'l No. *3181011*
 Unit *102nd D ft, 1st Bn M S* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Salifax, N.S. Feb. 27th 1918* Place of Birth *St. Andrews, C.B.*
 Name and Address, Next-of-Kin *Radie J. Morrison Mrs.*
Boulevard Island, C.B. Relationship *Mother.*

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to *PK*

Relationship _____
 N/E. R.B. No. *12102*
 File R.L. _____
 Relationship _____
 Category **OR CAN**

Discharge, Date and Place _____ Reason _____ Character _____

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. 15 8 18 S S IX1CN</i>
<i>22 8 18</i>	<i>17 Res,</i>	<i>lack in Strength</i>	<i>B/sho t</i>	<i>16-8-18</i>	<i>D-O 198</i>
<i>28-6-19</i>	<i>-</i>	<i>SOS to Canada</i>	<i>Refer Ste</i>	<i>28-6-19</i>	<i>-148</i>
					<i>94-B-141 d/ 28.6.19</i>

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

NAME: MORRISON Harold

EFFECTIVE DATE: 18-18 EFFECTIVE DATE:

NUMBER: 3181011

AMOUNT: 20- AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Sadie Morrison mother
Bonlandias Islands
C.B.

Lt Col. leave 1/8/18 Pte

Stopped 1-7-19

UNIT AND TRANSFERS

M.P.C.

ORIGINAL UNIT: Dpt. 102 26 B Rept
DATE ACCOUNT FIRST OPENED: 1/8/18

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO
17 Res.

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
28/5/18	1084		1217				
2/6/18	1235		1460				
			2677				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1		10	

PARTICULARS OF RENDERING NON-EFFECTIVE: 1/8/18 Canada 1-7-19 810224 Dupin 2/6/19

Redy Bal 46.03
L.P.B. Bal 19.26

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
21/7/14	Bal from leave								8.30		
Aug	PP	34.10		leave				20	92.40		
				AR 10 20/8 8.6	4.87			20	17.53		
					4.87						
Sept		33		cap.				20			
				A.R. 938 B.C 4/9	4.87						
				2435 14/9 17R	4.87				20.79		att. agreed
				Ba P	9.74			20	34.15		
									54.89		
Oct		34.10		AR 2802 3/10 17R	14.60				37.03		
				3297 28/10	2.43				17.86		
				cap	17.03			20	10.20		
Nov & Dec		67.10		3736 19/11	2.43				119.06		
									54.49		
				4005 K 25 4/11	2.59						
				AR 3798 26/11	12.17			20			
Jan		34.10		4207 19/12	7.30			20	34.57		
				4513 10/1/19	7.30			60	64.90		
Feb & Mch		64.90		4792 29/1/19	7.30			20	99.47		
				5146 13/2	4.87			20	78.94		
				5306 27/2	4.87						
				5805 15/3	14.60				20.53		
									20.53		
					38.94			40	49.65		
Apr		33		cap				20			
May		34.10		AR 275 Dupin 1/4	7.30						
				1605 25/4	7.30						
				cap	14.60			20	33.03		
					14.60			40			
June		33		cap				20	46.03		

COMPILED BY: M. McNeill
CHECKED BY: [Signature]

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
						33									
								108 d 30/5 17 Rs	12/17				20	33 03	
								1735 2/6	14/18					46 03	
						33			26/19			20	19 26		
								leslan 28/6/19							
								le 94 ash							

International Group No. ^B ₃

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

HMT MAURETANIA

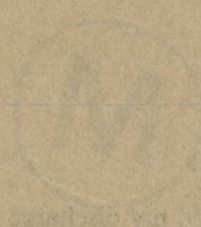
1. No.	3181011		SAILING 94
2. Rank.	Pte		AILED SO'ON 28-0-1
3. Name.	Morrison, Harold		
4. Unit.	17 Rec Bn WSR.		
5. Date of Discharge	13/7/19	Place	Halifax H
6. Reason for Discharge	Demob M of Kin. Mother Relig. Push		
7. Authority.	R.O. 142		
8. Proposed Residence after Discharge	(C.B.) Hillside Boulevard N.S.		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. M		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate			
M. F. W. ?			
H. Morrison Signature of Soldier.			
10.	CONFIRMATION.		
The discharge of the above named man is hereby confirmed.			
HALIFAX, N.S. JUL 4 1919			
Place.....			
Date.....			
Signature <i>R. Bellman</i> O. C. Discharge Station "B" (O. C. Discharging Unit.)			

E. R. J.

RIGHT TO LIFE
PROTECTION ON DISCHARGE
(Department)

UNITED STATES

DEPARTMENT OF JUSTICE



UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20530

Attorney General

CONFIDENTIAL

This document contains information that is exempt from disclosure under the Freedom of Information Act, 5 U.S.C. 552, because its disclosure would be likely to result in the identification of a confidential source of information.

UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20530

LIST OF DISCHARGE DOCUMENTS

1. Discharge Summary
2. Progress Notes
3. Laboratory Reports
4. Radiology Reports
5. Medication List
6. Referral Letters
7. Consultation Reports
8. Discharge Instructions
9. Patient History
10. Physical Examination
11. Social History
12. Family History
13. Review of Systems
14. Assessment
15. Plan
16. Nursing Care Plan
17. Diet Orders
18. Activity Orders
19. Wound Care Orders
20. Pain Management Orders
21. Patient Education
22. Care Coordination
23. Referral to Primary Care
24. Referral to Specialist
25. Referral to Support Services
26. Referral to Home Health
27. Referral to Rehabilitation
28. Referral to Palliative Care
29. Referral to Hospice
30. Referral to Long-Term Care

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

Group *Co*

Checked by No. *124*

..... *19 11 11*

Date..... *19 11 11*

Date of Enlistment 27.2.18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 26542 1 Aug 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20 ⁰⁰			
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9211 M 24

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	no 1. Depot Bn. N.S. Regt. Draft 102			
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	(mother) MRD 63226 12/2/19
1	SADIE J. MORRISON, Hillside P.O.
2	BOULARDARIE ISLAND, Boulardarie Island CB
3	C.B. 20 TWENTY DOLLARS
4	% 3181011 PTE HAROLD B. MORRISON Eux Feb Ch Boulardarie Island CB NS MRD. 63264 20/2/19

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					013135-H-23
Aug	Y 38396		20	20	✓
Sept	U 42852		20	20	✓
Oct	X 54097		20	20	✓
Nov	Z 57296		20	20	✓
Dec 1918	X 67608		20	20	✓
Jan 1919	X 72601		20	20	✓
Feb	W 76893		20	20	✓
Mar	M 86135		20	20	✓
Apr	P 3758		20	20	✓
May	B 8237		20	20	✓
June	H 11360		20	20	✓
July	G 11579		20	20	✓

240 - 240 -

Atc Closed 31.7.19
 Ret'd per Mauritania
 Date 4.7.19 M.E.W. 187
 Clerk B. J. S. 8.7.19

MRD 115414 - 18.7.19 BJS

M. F. W. 128.
 400M. 5-17-1772 99-1141
 L. L. 25220-M. & D. 7883.

ACTUALLY FOR NEW ACC'T. } N.R. MW 6 B 3
 } G. Styles
 } 29.8.18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

No.	Rank	Promoted	Reverted	Discharge	
	Soldier's Name				
	Battalion				
	Beneficiary				
	Relationship				
	Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
	Change of Address
	1
	2
	3
	4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400m-17-1772 39-1141
L. L. 23320-M. & D. 7493.

Mauritania 4.7.19

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

REGT. No. 3181011

RANK *Pte.*

NAME (IN FULL) *Morrison, A.*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>Mrs</i>	<i>28-6-19</i>	<i>Leo. 190</i>	<i>17 Res.</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$ <i>2000</i>	DATE EFFECTIVE <i>118.19</i>	
					PAYABLE TO <i>Sadie J. Morrison</i>	RELATIONSHIP <i>mother</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Hillsides P.O.</i>		
						<i>Boulardarie Island, CA</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Ref</i>	DATE <i>JUL 13 1919</i>	REASON <i>Remot</i> AUTHORITY <i>Leo. 190</i>

MONTH	NO. OF DAYS	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
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3									DEBIT	CREDIT			
<i>30.6.19</i>				<i>19.26</i>																				<i>1449</i>
<i>13.7.19</i>	<i>13</i>	<i>110</i>	<i>14</i>	<i>30</i>	<i>35.00</i>	<i>70.00</i>	<i>128.56</i>				<i>487.50</i>	<i>108.69</i>	<i>20.00</i>							<i>128.56</i>			<i>1449</i>	<i>in Bal. of acct</i>
					<i>W.S.G. S.A.</i>																			<i>100 Put W.S.G.</i>
<i>12.2.19</i>					<i>280.00</i>		<i>280.00</i>							<i>70.00</i>							<i>140-</i>			<i>6/18/19 # 897347</i>
														<i>70.00</i>							<i>70-</i>			<i>5/9/19 # 1134451</i>
														<i>70-</i>							<i>nil</i>			<i>8/10/19 # 1504772</i>
					<i>270</i>		<i>270</i>							<i>270</i>							<i>270</i>			
														<i>Completed</i>							<i>28000</i>			

all payments made

Certified that all payments due on this acct have been paid.
[Signature]
 CAPT.
 For Senior Officer Pay Services M. D. S.

AUG 2 1919

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1911 1 11

