

ATTESTATION PAPER.

Unive of Toronto Training Co.

No. 491050

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **M O R R I S O N**
- 1a. What are your Christian names?..... **Henry Philip**
- 1b. What is your present address?..... **% Great West Life Ins. Co. Winnipeg, Canada**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Aberdeen, Scotland**
- 3. What is the name of your next-of kin?..... **John Morrison**
- 4. What is the address of your next-of-kin?..... **349 North Archibald St.,**
- 4a. What is the relationship of your next-of-kin?..... **Father Fort William Ontario**
- 5. What is the date of your birth?..... **April 28th, 1892**
- 6. What is your Trade or Calling?..... **Acturial Clerk**
- 7. Are you married?..... **Single**
- 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?..... **Yes Territorials 3 yrs. (Pte)**  
If so, state particulars of former Service. **C.O.T.C. 6 weeks (Pte)**
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

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?.....  
 15. Have you ever offered to serve in any branch of His Majesty's Forces and been rejected?..... **No**  
 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Henry Philip 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.

*Henry P. Morrison* (Signature of Recruit)

Date **June, 20th, 1917** *H. Seymour* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Henry Philip 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.

*Henry P. Morrison* (Signature of Recruit)

Date **June, 20th, 1917** *H. Seymour* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Toronto, Canada** this **20th** day of **June, 1917** 191

*[Signature]* (Signature of Justice)

**Description of Henry Philip Morrison on Enlistment.**

Apparent Age.....25 years.....1 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft.....6 1/2 ins.

Chest measurement { Girth when fully expanded.....34 1/2 ins.  
 Range of expansion.....2 ins.

Complexion.....Medium

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....C. of E.  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

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).

Scar R. calf.

Hearing O.K. V-Each eye D. 20  
Nose and throat O.K.

**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.....June, 20th, 1917.....191

Place.....Toronto, Canada

\*Insert here "fit" or "unfit."

Medical Officer.  
**Toronto Mobilization Centre**

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:—

DECLARED FIT BY MEDICAL BOARD  
 TORONTO MOBILIZATION CENTRE  
*Chas. H. Sheard Capt.*  
 PRESIDENT

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....Henry Philip 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.

.....Charles H. Wallace.....(Signature of Officer)  
 Capt.

Date.....June 27, 1917.....**OFFICER COMMANDING, U. OF TORONTO O'S COMPANY**

MORRISON HENRY P.

491050

34171

DEMOB.



C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



No. 491050. RANK Pte

NAME Morrison H. P.

T. O. S. Trans. from UNIT

Toronto Recruiting Dept.  
(50.146 of 20-6-17)

Can. Officers Training Corps. University of Toronto

M. D. 2.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PARTICULARS

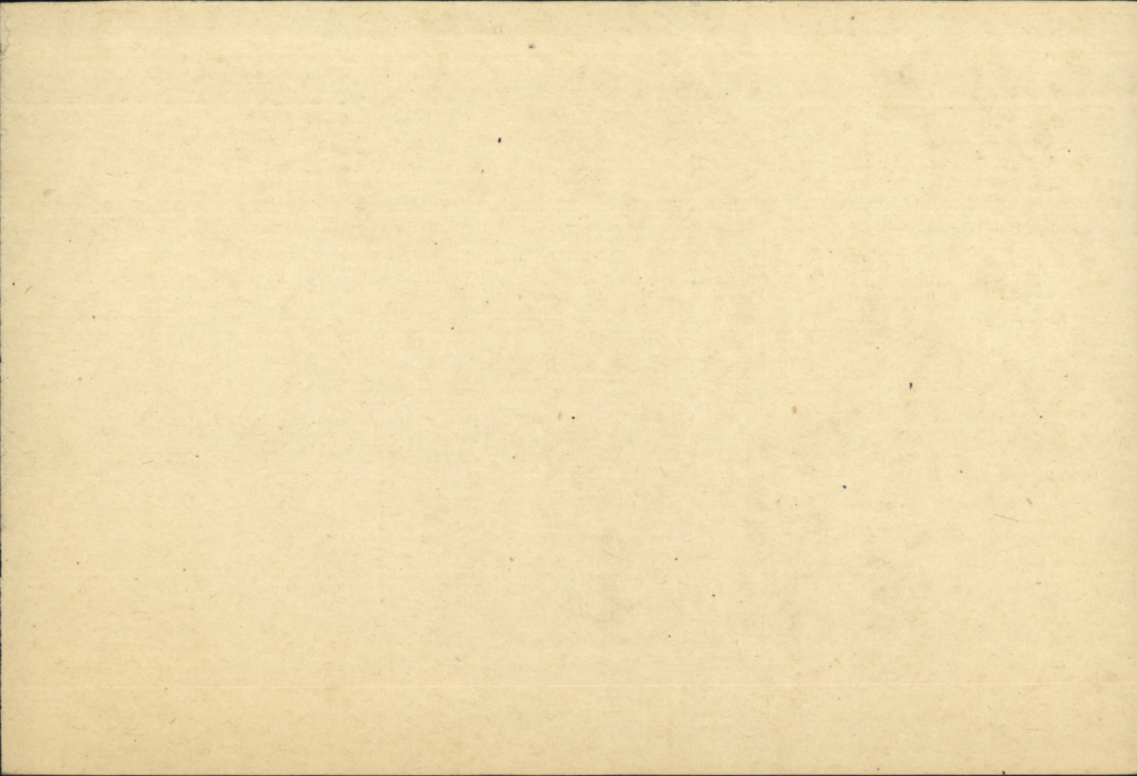
AUTHORITY

1917. June. 21.	1917. June. 30.	✓
July.		✓
Aug.		✓
Sept.		✓
Oct.		✓
Nov.		✓
Dec.		✓
1918. Jan.	1918. Jan.	✓
Feb. 1.	Feb. 16.	✓

Dischd. 16-2-18 to enter  
Imperial Army.

50.33 of 2-2-18.

up closed by Payment. s.



SURNAME.

*Morrison*

CHRISTIAN NAMES

*Henry Philip*

SOS Dis/16-2-18

*2**Coman. Imp*

REGL. NO.

*491050*

RANK

*Pte.*

UNIT

*Univ. of Toronto (4. Coy.)*

FORMER CORPS

*Territorials (3 yrs) C. P. V. C. (6 wks)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison John*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*349 North Archibald St.  
Port William Ont.*

COUNTRY OF BIRTH

*Scotland Aberdeen*

DATE

*Apr. 28<sup>th</sup> 1892*

PLACE OF ATTESTATION

*Toronto Ont.*

DATE

*June 20<sup>th</sup> 1917*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Actuarial Clerk.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25 YEARS

1 MONTHS

HEIGHT

5 FEET

6 1/2 INCHES

CHEST MEASUREMENT

34 1/2 INCHES

EXPANSION

2 INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar R. calf.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

June 20<sup>th</sup> 1914

Present Address

1/8 Great West Life Ins. Co.  
Winnipeg Man.



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Morrison Henry Philip*  
Surname Christian Name

Regimental Number Rank *2<sup>nd</sup> Lt*

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. 53961—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 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-10  
 1772-39-1140

Remarks:

*MFP Gratuity*

File No. 95 013135 - H - 44

**WAR SERVICE GRATUITY.**

Register No. 2M-203

Reg. No. 491050 Leut Dependent \_\_\_\_\_

Name Morrison Henry P Address \_\_\_\_\_

Address 96 Great West-Life  
Assurance Co  
Winnipeg Man

Pay Soldier \$ \_\_\_\_\_ Pay Dependent \$ \_\_\_\_\_

Days \_\_\_\_\_ Rate \_\_\_\_\_ Due \_\_\_\_\_

Less P.D.P. credited \_\_\_\_\_

Clerk \_\_\_\_\_ Less further Dr. Bal. \_\_\_\_\_  
or overpayment.

Net \_\_\_\_\_

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

*Mps Gratuity*

GEN'L AUDITOR
Posting checked by
.....
Date.....

M. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 34

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

Regimental No. 491050 Rank Pte. Name Morrison, H.P.

Corps O.S.T.C. U.O.P.T. C.O.T.C. who was\* Discharged

On Feb. 16, 1918, to enter Imp. Army

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1, 1918, to Feb. 16, 1918, the inclusive date of transfer or discharge.

Table with columns for Dr. and Cr. amounts, subdivided into dollars (\$) and cents (c). Rows include Bal. Dr. from prev. month, Advances by Cheques, Assigned Pay and Sep'n Allce., Other charges, Payment on transfer or discharge No. 5085, Balance Cr. (to be paid by the new unit), and Total.

\* Give particulars.

A monthly stoppage of \$ Nil. (†) has... (‡) been paid on account of Assigned Pay for the month of... and Sep'n Allce. for month of... (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 20/6/17 (2) if married and if a Separation Allowance Card has been submitted No. No. (3) cause of discharge enter Imp. Army authority C.O. 1/2/18 (4) authority for transfer

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

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

Date Feb. 8, 1918

Place TORONTO, ONT.

G. H. Needler, Mj. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The form to be used for R.R. No. 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th

Residence No. \_\_\_\_\_

Company No. \_\_\_\_\_

Rank \_\_\_\_\_

The following is a statement of the amount of the last pay certificate

in the amount of \$ \_\_\_\_\_

to be paid to the holder of this certificate

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

less the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

and the amount of the arrears of pay

to be paid to the holder of this certificate

is \$ \_\_\_\_\_

# MEDICAL HISTORY SHEET

Surname Morrison Christian Name Henry Philip

Examined { on <u>20th</u> day of <u>June</u> , 191 <u>7</u> 191	Approved by	
at <u>Toronto, Canada</u>		
Birthplace { City or Town <u>Aberdeen</u>	Rank <u>Toronto Mobilization Centre</u> M.O.	
County <u>Scotland</u>	EXAMINED FOR RE-ENGAGEMENT	
Apparent age <u>25 yrs</u> <u>1 mos.</u>	DECLARED FIT BY MEDICAL BOARD	
Trade or occupation <u>Actuarial Clerk</u>	TORONTO MOBILIZATION CENTRE M.O.	
Height <u>5</u> feet <u>6½</u> Inches	M.O.	
Weight <u>120½</u> lbs.	M.O.	
Chest measurement { Minimum <u>32½</u> inches	M.O.	
Maximum expansion <u>34½</u> inches	M.O.	
Physical development <u>Fair</u>	M.O.	
Small-pox Marks <u>nil</u>	M.O.	
Vaccination Marks { Arm Right Left <u>2</u>	M.O.	
Number <u>2</u>	M.O.	
When Vaccinated last <u>childhood</u>	M.O.	
(a) Marks indicating congenital peculiarities or previous disease <u>nil</u>	M.O.	
(b) Slight defects but not sufficient to cause rejection	M.O.	
<u>Hearing O.K. V-Each eye D. 20</u>	M.O.	
<u>Nose and throat O.K.</u>	M.O.	

Enlisted on 20th day of June, 1917 191 at Toronto, Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Univ. of Toronto, Training Co.</u>	<u>491050</u>		
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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



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

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

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps

U. OF TORONTO O'S COMPANY

Regimental No. 491050 Rank \_\_\_\_\_ Pte. \_\_\_\_\_ Name Henry Philip Morrison

C. E. F.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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) \_\_\_\_\_

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				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received				

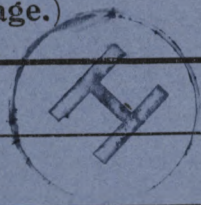


16 m - 472

DEPT. OF MILITARY DEFENCE  
MAR 18 1918  
H.Q. CANADA

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.	491050	
Rank	Pte.	
Name	Henry Philip Morrison	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	U. OF TORONTO O'S COMPANY	
Date of Discharge	Feb. 16, 1918	
Place of Discharge	Zorouli, Bul.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	25 years.....	9 months.
Height.....	5 feet.....	6 1/2 inches.
Complexion	Medium	
Eyes	Blue	
Hair	Brown	
Trade	Actuarial Clerk.	
Intended place of residence	Candidate for an	
(To be given as fully as practicable.)	Imperial commission	
2.	The above-named man is discharged in consequence of having been accepted as a candidate for a commission in the Imperial army.	
<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>		
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3.	Conduct and character while in the service have been, according to the records, etc.
		Swad.
<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.)
		An actuarial clerk.

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

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

6. Medals and Decorations.....


To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Toronto, Ont.

Malcolm Wallace, Capt.

1st Lt. COMMANDING, U. OF TORONTO O'S COMPANY

(Date) Jan. 30, 1918

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto, Ont. Henry J. Morrison (Signature of Soldier.)

(Date) Jan. 30, 1918 Malcolm Wallace (Signature of Witness.)  
Capt

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.

(Signature) Malcolm Wallace, Capt.

1st Lt. COMMANDING, U. OF TORONTO O'S COMPANY

(Date) Jan. 30, 1918

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.)

*no reservations*

*Henry P. Morrison.*

2916

81-3-21  
9889

## 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.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*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.*