

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... *Hugh Morrison*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St John Bay, N.S.*
- 3. What is the name of your next-of-kin?..... *Mr J. C. Morrison*
- 4. What is the address of your next-of-kin?..... *St John Bay, N.S.*
- 5. What is the date of your birth?..... *29th June 1893*
- 6. What is your Trade or Calling?..... *Mariner*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *and inoculated H.M. 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*

Hugh Morrison (Signature of Man.)
W. J. [unclear] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Hugh Morrison*, do solemnly declare that the above answers made by me to the above questions 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.

..... (Signature of Recruit)
 Date *Dec* 191 *5* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hugh 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.

..... (Signature of Recruit)
 Date *Dec* 191 *5* (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 *St John Bay* this day of *Dec* 191 *5*.

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Description of *Morrison Hugh* on Enlistment.

Apparent Age *22* years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height *5* ft. ins.

Chest measurement { Girth when fully expanded *3* ins.
 Range of expansion ins.

Complexion

Eyes

Hair

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants (Denomination to be stated.).....
 Roman Catholic..... *Yes*
 Jewish.....

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).

Weight 126

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the cause 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 *2-11-* 191 *5*

Place *Halifax, N.S.*

Joseph Hayes
Lieut Col
 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:—

None fit - not injured

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... 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.

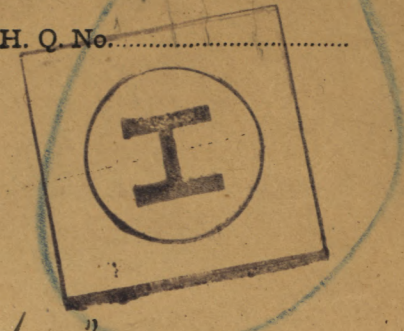
(Signature of Officer)

Date..... 191 .

DISCHARGE DOCUMENTS

R. O. No. X.....

H. Q. No.



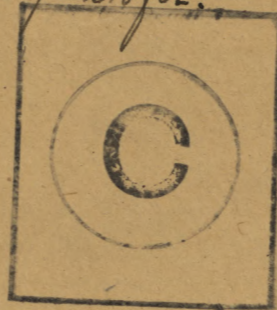
Name Morrison, Hugh,

Regt. No. 223034, Rank Private,

Corps 85th Overseas Battalion, B. E. F.

Medically Unfit,

"Nova Scotia Highlanders,"



34180



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3 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..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



No. 223034 RANK

Pte.

NAME

Morrison H.

T. O. S. 7-10-15

UNIT

85th

Battalion C. & I

(Nov. payroll)

M. D. 6

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

¹⁹¹⁵
Oct. 7¹⁹¹⁵
Nov 1

✓

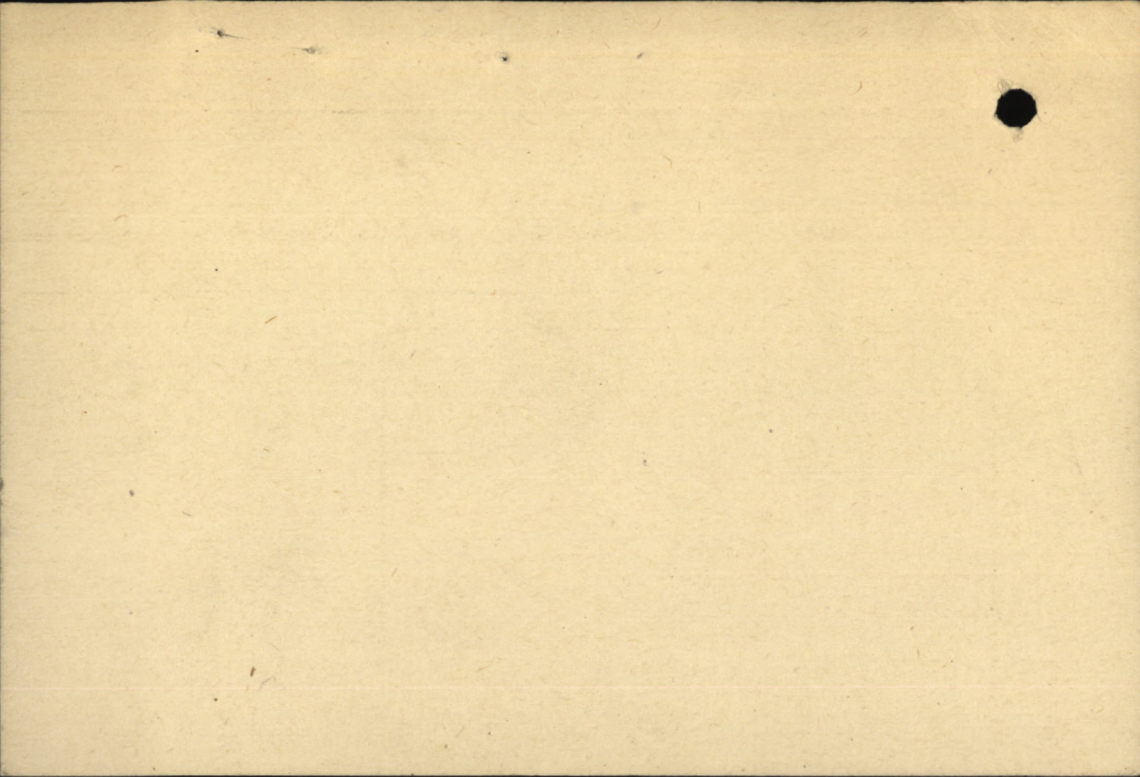
Dischgd 1-11-15 M. U.

Nov. payroll.

a/c closed by payment (e)

UNIT SAILED

OCT 12 1916



MEDICAL HISTORY SHEET.

Surname Morrison Christian Name Hugh

Examined { on 1st day of Nov 1915
 at Halifax
 Birthplace { City or Town Gloucester Bay
 County N.S.

Approved by Joseph Hays
 Rank Lieut Col M.O.

Apparent age 22
 Trade or occupation Miner
 Height 5 Feet 5 1/2 Inches.
 Weight 126 Lbs.
 Chest measurement { Minimum 33 - 2/4 inches.
 { Maximum expansion 35 1/2 inches.
 Physical development
 Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left Ar
 { Number 1
 When Vaccinated last 6 years ago
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

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

Enlisted on day of 191 at

	CORPS	REG'TL NUMBER	HABITS.	DATE.
Joined on enlistment				
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.

ACCOUNT No.

ACCOUNT No.

ACCOUNT No.

ACCOUNT No.

N^o 223034

NAME

NAME MORRISON HUGH

NAME

NAME

ADDRESS

ADDRESS STELLARTON, N.S.

ADDRESS

ADDRESS

REMARKS

Dependent wife -
REMARKS MRS THERESA MORRISON
STELLARTON.

REMARKS

REMARKS

File N^o

649-M-61101

DATE	CHEQUE No.	ABSTRACT No.	PARTICULARS	AMOUNT	DATE	CHEQUE No.	ABSTRACT No.	PARTICULARS	AMOUNT	DATE	CHEQUE No.	ABSTRACT No.	PARTICULARS	AMOUNT	DATE	CHEQUE No.	ABSTRACT No.	PARTICULARS	AMOUNT
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1936			Sept 25 Separation Allowance 7-10-15 to 1-11-15 at \$20 ⁰⁰ per month.	17 ⁰⁰															
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			Voucher N ^o 24 ch. N ^o 18809 dt. 14/36	17 ⁰⁰															
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														Nil					
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																			Auth. J. A. B. ruling 18 ⁹ / ₃₆
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M. F. D. 912
1772-99-1379
L.L. Job. M. & D. Reg. 9564

ACCOUNT No.

ACCOUNT No.

ACCOUNT No.

ACCOUNT No.

NAME MORRISON HUGH

ADDRESS 222034

REMARKS

NAME

ADDRESS

REMARKS

NAME

ADDRESS

REMARKS

NAME

ADDRESS

REMARKS

DATE CHEQUE No. ABSTRACT No. PARTICULARS AMOUNT

DATE CHEQUE No. ABSTRACT No. PARTICULARS AMOUNT

DATE CHEQUE No. ABSTRACT No. PARTICULARS AMOUNT

DATE CHEQUE No. ABSTRACT No. PARTICULARS AMOUNT

Original Not Available.
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103:
 500M.—9-16
 H. Q. 1772-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 85th Battalion

Regimental No. 223034 Rank Pte Name Morrison, Hugh

Enlisted (a) 7.10.15 Terms of Service (a) D of War Service reckons from (a) 7-10-15

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

Extended. Re-engaged. Qualification (b).

Report		Rec'd 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				
1-11-15	85 th Bn.	S.O.S. Med. Amptk-	Halifax N.S.	1-11-15	D.O. #2
29.6.22	"	Pte DO# 2 d/1. 11. 15 amended to read: S.O.S. under KR+Q para 322(2)(a) w/e (Rejected by MO+OC -lnst.)	Issued at Ottawa	1.11.15	After Order # 31.



[Handwritten signature]
 D/R

(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.

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				