

Card  
4-13

DUPLICATE

# ATTESTATION PAPER.

No. 327907

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?..... James.
- 1b. What is your present address?..... 144 Spence Street, Winnipeg.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Glasgow, Scotland.
- 3. What is the name of your next-of kin?..... William Morrison.
- 4. What is the address of your next-of-kin?..... 25 Lower Beachwood Ave, Ranelagh, Dublin, Ireland.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... February 18th, 1885.
- 6. What is your Trade or Calling?..... Cashier.
- 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.  
If so, state particulars of former Service.
- 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.

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James 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.

..... J Morrison (Signature of Recruit)

Date..... March 3rd. 1916. ..... [Signature] (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James 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.

..... J Morrison (Signature of Recruit)

Date..... March 13th. 1916. ..... [Signature] (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..... Winnipeg. this..... 13th. day of..... March. 1916.

..... R J Ricey (Signature of Justice)

Description of James Morrison. on Enlistment.

Apparent Age 31. 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. ft. 6 1/2. ins.

Chest measurement { Girth when fully expanded 39 1/2. ins.  
 Range of expansion 3. ins.

Complexion Fresh.

Eyes Grey.

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. 1916.

Place Winnipeg.

*W.E. Guest*  
*Capt. C.A.M.C.*  
 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.

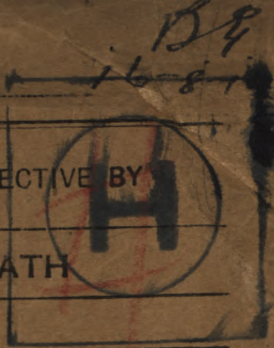
James Morrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date 13<sup>th</sup> March 1916 *[Signature]* (Signature of Officer)

REGIMENTAL DOCUMENTS

G.N.R. NAME **MORRISON, JAMES**

REGT. NO. **327907** UNIT **59 B H Y** H. Q. FILE NO.

*168*  


*9*

*2*

*1*

*1*

*1*

*1*

*r*

*1*

*1*

*1*

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

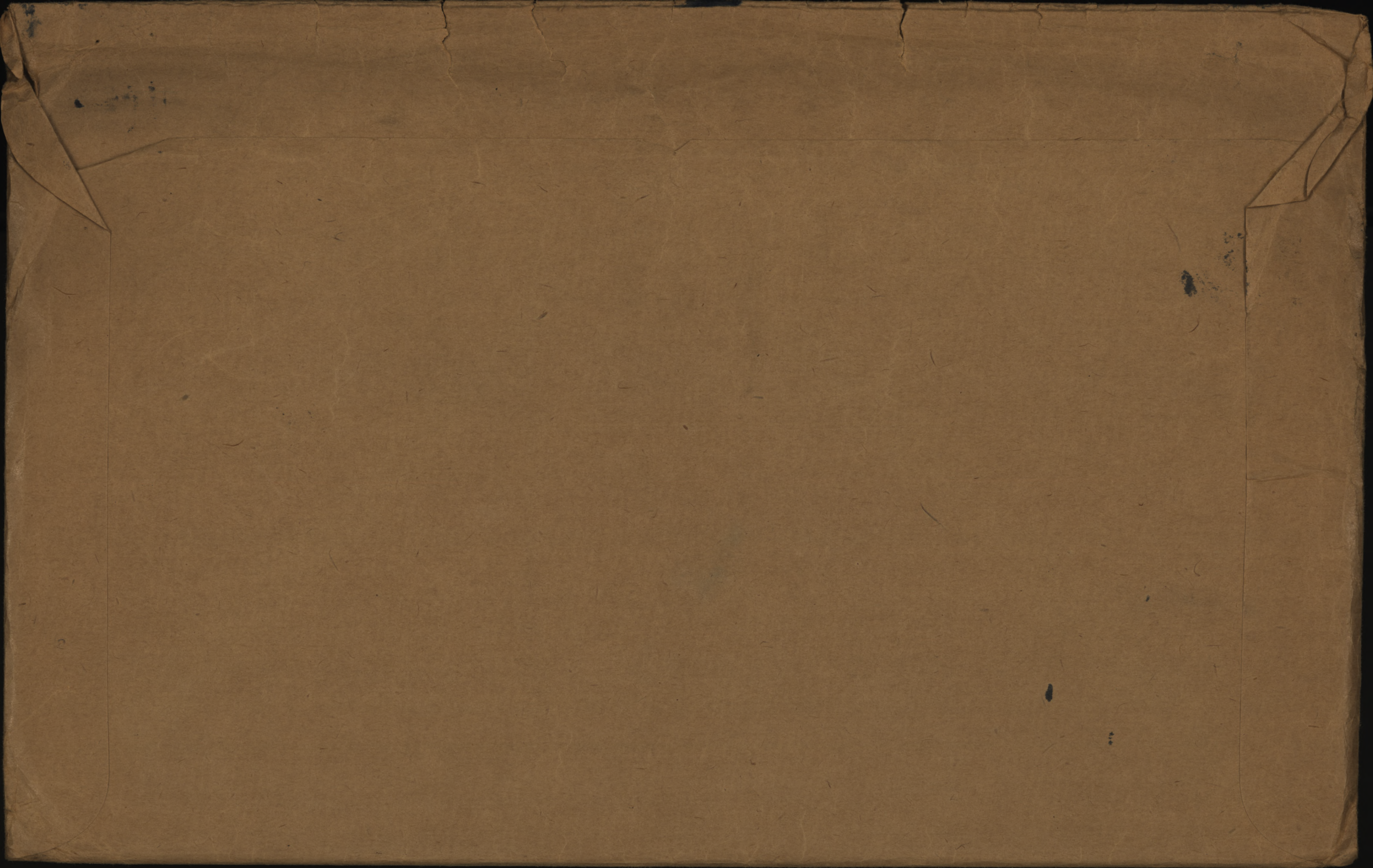
DESERTION

**34208**

*M*



*65-23*  
*17-23*  
*8-23*  
*2*



No. 327907

RANK *Ser.*NAME *Morrison, James.*

T. O. S. 13-3-16

*D.O. of 13-3-16*

UNIT

*59<sup>th</sup> Co. Battery, C.F.A. (15<sup>th</sup> Bde)*

M. D. 10-3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Mar. 13</i>	<i>1916 Mar. 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		









To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

..... 50th OVERSEAS BATTERY C. F. A. 15th O/S Brigade C. F. A. ....

(2) Regimental Number 327907.....

(3) Full Name of Soldier James Morrison.....

(4) Place of Birth Glasgow, Scotland.....

(5) Are you married, or not? No.....

(6) If married, state,  
(a) Full name of your wife..... ✓

.....  
(b) Present Postal Address..... ✓

(7) Are you a widower? No.....

(8) Have you any children? No.....

If so, give number of boys and girls..... ✓

Also their names and ages..... ✓

(9) Is your Father alive? *Yes*

If so, state name and address *Wm Morrison 25 Lower Beachwood Ave, Ranelagh, Dublin, Ireland*

(10) Is your Mother alive? *Yes*

If so, state name and address *Ellen Morrison 25 Lower Beachwood Ave, Ranelagh, Dublin, Ireland*

(11) If your Mother is a widow *no*

Are you her sole support, or not? *no*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *Yes*

If so, in what Company? *Scottish Union & Natl. Insce*

Have you made arrangements for payment of your Insurance premium? *Yes*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*[Signature]*  
Officer Commanding.

Date *4th August, 1916*





*Miss  
C. M.*

Number. . . . . 327907 . . . . . rank. : . . . . . A / Bdr.

Surname. . . . . MORRISON . . . . .

Christian Name. . . . . James . . . . .

Units . . . . . C. 27. 17. . . . . Theatre of war. France

Date of Service. . . . . 21. 8. 17. . . . .

Remarks. . . . .

Latest Address. . . . . 114 Spence St. Winnipeg  
. . . . . Man.

~~B~~  
V

Roll No. "B" Page 7560.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
				RECORDED NO. 41879 DESP OCT 14 1921

SURNAME.

*Morrison*

CARD NO.

*"M." 10.*

*✓*

CHRISTIAN NAMES

*James*

FOLL.

REGL. No. *327907*

RANK

*Gun.*

UNIT *59<sup>th</sup> Bty. I. F. A. (15<sup>th</sup> Bde.)*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison. William*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*25 Lower Beechwood Ave.*

*Ranelagh Rd., Dublin. Ireland.*

COUNTRY OF BIRTH

*Scotland Glasgow*

DATE

*July 18<sup>th</sup> 1885*

PLACE OF ATTESTATION

*Winnipeg, Man.*

DATE

*Mar. 13<sup>th</sup> 1916*

*o/s. 11-9-16.*

*RIC. 22-6-19.  $\frac{950}{57}$  Gun*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Cashier

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

31

YEARS

1

MONTHS

HEIGHT

5

FEET

6' 1/4

INCHES

CHEST MEASUREMENT

39 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fresh

EYES

Gray

HAIR

Dark

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Winnipeg

DATE

Mar 3<sup>rd</sup> 1916

Present Address - 144 Spence St., Winnipeg  
Man.



Surname **Morrison.** Christian Name or Names **J.** Reg. No. **327907.**  
 Rank **A/Bdr. 14th. CFA.** Unit **(14B.) L.** Troop **L.** Batty. **L.**  
 Hospital **Bramshott Mil.** Date of Admission **5-6-17.**  
 Transferred **Hosp.**

*12. Cav. Gen. Bramshott* Hosp. *30.5.19.*  
 Hosp.  
 Hosp.

Diagnosis **Haemorrhoids.**  
 (1) *Alb.*  
 Later Diagnosis (if changed) *Albuminuria*  
 (2)  
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

DISPOSITION	REMARKS
C.L. 13-6-17.	73.
15-6-17	74 Dis. 12-6-17
6.6.19. C567	<i>Disch 6.6.19.</i>
11.6.19. C569	

A.M.D. 2 DEPT.  
 Bch. of D.G.M.S. O.M.E.G. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2440	327907	Bdr	Morrison	James
Year	Unit.		Age.	Service.
1917	14 <sup>th</sup> Brigade C.F.A.		32	14/14
Station and Date.	Disease			
Braunton	Piles.			
June 4/17	Personal History .. Always well			
	History of Present Illness			
	For about three or four years has been bothered with piles of some bleeding & protruding. Have been bad for last three months, bleeding with every movement. Has not noticed any bad effects.			
	Present a slight amount internal piles with a few external tags. Was given suppositories Ichthol. & Tannic acid. & 3i. Puls. Glycyrrhizae daily. Operation deemed inadvisable.			
June 9/17	Very much improved. Recommended continued treatment for some time.			
	A. S. Burns			
	Capt			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



CANADIAN EXPEDITIONARY FORCE

War Service Badge **DISCHARGE CERTIFICATE**

Class A, No. 188325

THIS IS TO CERTIFY that No. 327987 (Rank) Cor

Name (in full) MORRISON: James enlisted in  
the 59th Battery CFA.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 13th  
day of March 1916

HE served in England & France (60th Bty)

and is now discharged from the service by reason of Demobilization Demobilization R.O. 1420  
~~Medical Unfitness.~~

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

Age 33 years

Height 5' 6 1/2"

Complexion Fresh

Eyes Green

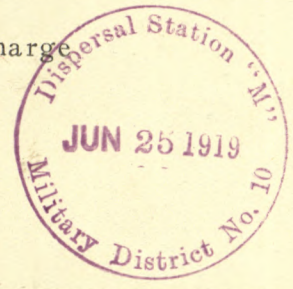
Hair Black

J. Morrison  
Signature of Soldier.

Marks or Scars.....

J. A. Leach  
Issuing Officer.

Date of Discharge



LC  
Rank

Date 25-6-19

NB.- 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.

**4 ORIGINAL**  
**59th OVERSEAS BATTERY C. F. A.**  
**15th O/S Brigade C. F. A.**  
**MEDICAL HISTORY SHEET.**

327907  
**ORIGINAL**

Surname Morrison Christian Name James

Examined { on 3rd day of March 1916  
 at Winipeg  
 Birthplace { City or Town \_\_\_\_\_  
 County \_\_\_\_\_

Approved by W. E. Guest  
 Rank Capt. C.A.M.C. M.O.

Apparent age 31  
 Trade or occupation \_\_\_\_\_  
 Height 5 Feet 6 1/4 Inches.  
 Weight 106 Lbs.  
 Chest measurement { Minimum 36 1/2 inches.  
 Maximum expansion 3 inches.  
 Physical development Normal  
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm Right Left Yes  
 Number 1  
 When Vaccinated last Childhood  
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>14.8.10</u>	<u>+</u>	<u>MM</u>

(b) Slight defects but not sufficient to cause rejection None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u>	<u>Good</u>	<u>Heard</u>
<u>May 2</u>	<u>"</u>	<u>876</u>
<u>May 31 1917</u>	<u>"</u>	<u>927</u>

Enlisted on 13th day of March 1916 at Winipeg

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>59th OVERSEAS BATTERY C. F. A.</u>	<u>327907</u>		<u>13 March 16</u>
<u>14th Brigade C. F. A.</u>			
<u>60th Battery</u>			<u>2/6/17</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Whitley</u>	<u>June 8-19</u>	<u>Pils.</u>	<u>A C.B. Brain Cyst Cure</u>

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.

J. M. C.

Surname *Worrier* Christian Name *James*

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				
<i>Braunschweig</i>		<i>4</i>	<i>6</i>	<i>17</i>	<i>12</i>	<i>6</i>	<i>17</i>	<i>Piles</i>	<i>9</i>	<i>Some bleeding from internal pile. not bad a few external tags. Much improved.</i>	<i>A.S. Burns Capt.</i>
<b>NO 12 CAN. GENERAL HOSPITAL.</b>											
		<i>29</i>	<i>5</i>	<i>19</i>	<i>6</i>	<i>6</i>	<i>19</i>	<i>Albuminuria</i>	<i>9</i>	<i>Admitted with alb +. with occasional pus &amp; epith. cells. soon cleared up with restricted diet &amp; urotropin. Urine now free from alb. No casts found. Has slight external piles. No bleeding nor ulceration.</i>	<i>Disch. clear.</i> <i>W.S.</i>

Duplicate Medical History Sheet posted to here.

*Wor.*





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				
27.12.18	4 Bde CFA	14 Day leave	MK	24.12.18	B 213: Part II 3 d/10.1.19
1.19	"	RETURNED FROM LEAVE	Field	19.1.19	"
		PROCEEDED TO ENGLAND		11 MAR. 1919	
		J <sup>o</sup> Wing			S. G. Purson
		B. O. S. ON PROCEEDING TO CANADA			Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
		11 <sup>th</sup> /6/1910 D.O 27			
		EMBARKED RMS. SOOTYAN, LIVERPL. JUNE, 11, 19			
		<del>T.O.S. Dispersal Station</del>		11-6-19	T.O.S. Dispersal Station 5.0.181-24
		<del>T. O. S. of No. 10 District Depot,</del>		"M" 25-6-19	" 3
		<del>and Dispersal Order No. .... Para .....</del>			
		<del>O. C. No. 10 District Depot.</del>			Eieut. for O. C. 10, District Depot.

J.M.

Rank *gpr* Name **MORRISON, James.** Reg'l No. **327907**  
 Unit **59th Btty. 15th Bde.** If in perm. Corps, }  
 C.F.A. What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Winnipeg. 3rd March 1916.** Place of Birth **Glasgow, Scotland.**  
 Name and Address, Next-of-Kin **William Morrison.**  
**25 Lower Beachwood Ave, Ranelagh, Dublin, Ireland.** Relationship **Father.**  
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. P.B. No. **26858**  
 File P.L.  
 Category *[Signature]*

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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.				
<b>ARRIVED IN ENGLAND S S CAMERONIA 22-9-16</b>					
<i>Jan. 17</i>	<i>I5Bde: SOS. tra'fr, to 60 Bty. New I4 Bde:</i>		<i>Witley,</i>	<i>21-17</i>	<i>Pt. DO 22<sup>a</sup></i>
<i>13 ✓. 17.</i>	<i>I4 Bde: T.O.S:</i>		<i>Witley</i>	<i>21. I. 17</i>	<i>Pt. II O44</i>
<i>17.4.17</i>	<i>" "</i>	<i>Lake A/ Bombr n.o.p.</i>	<i>"</i>	<i>16.4.17</i>	<i>Pt II O 107</i>
<i>4.6.17</i>	<i>" "</i>	<i>to Bramshot Mill Hoop</i>	<i>"</i>	<i>4.6.17</i>	<i>C I " 73 155 Haemoids</i>
<i>12.6.17</i>	<i>" "</i>	<i>Discharged " " "</i>	<i>"</i>	<i>12.6.17</i>	<i>C n - 74 Pt II O 165</i>
<i>20-8-17</i>	<i>14th Bde</i>	<i>CFA Proceeds O'seas.</i>	<i>21-8-17</i>	<i>Pt. II O 232</i>	<i>a/Bomb</i>
<i>25-10-17</i>	<i>14 Bde</i>	<i>Reverts to term grade of Gunner</i>	<i>22.8.17</i>	<i>Pt II O 247</i>	
<i>14-5-19</i>	<i>" "</i>	<i>Proceeds to England 9th Home</i>	<i>11.5-19</i>	<i>-5-1</i>	
<i>1.6-19</i>	<i>Wing Lt</i>	<i>Adm to 12 CSM. Bramshot</i>	<i>"</i>	<i>Whitley 29.1.19</i>	<i>-23</i>

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.				
14-6-19	J. Zwing	S.S. to C.A.R.D.	St. Witley	10-6-19	P.F.D. 11
11-6-19	"	S.O.S. To Canada		80-M-50	12-6-19 - 27

# FORM OF WILL.

I, James Morrison (Name in full)  
Regimental Number 327907 serving in 59th Battery C.F.A.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto my Father

Wm Morrison  
25th Beechwood Ave  
Ranelagh, Dublin, Ireland

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

55093

absolutely, and my personal estate I bequeath to my father

Wm Morrison  
25th Beechwood Ave  
Ranelagh, Dublin, Ireland

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 7th day of September A. D. 1916

J 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.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness Ernest C. Stacey

Address of Witness 483 Rathgoran Ave. Winnipeg

Occupation of Witness G. M. Sgt. 59th Battery C.F.A.

Signature of Second Witness P. L. Purdon

Address of Witness 747 Home St

Occupation of Witness Gunner 59th Battery C.F.A.



37990

MILITIA AND DEFENCE  
ASSIGNED PAY.

*all the  
checked & found  
correct  
J. Morrison*

To whom William Morrison,  
Address 25, Lower Beechwood, Ave.  
Ranelagh,  
Dublin.

By whom assigned Morrison, James,  
Regtl. No. 327907  
Rank Gnr.,  
Corps, &c. 59th Battery, 15th Bde. C.F.A.

Rate \$15.00  
Date to Commence 1st September, 1916.

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.		421781	30.	X	
Nov.	45.00	254347	15.	X	
Dec.		281839	15	X	
Jan.	1917	323941	15	X	
Feb.		368689	15	X	
Mar.		415095	15	X	
April					
May					
June					
July					
Aug.					

# ASSIGNED PAY.

By whom assigned *Morrison Jas.*

Regtl. No. *327907* *59<sup>th</sup> Bty. 15<sup>th</sup> Bde C.F.A.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					







\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA	SEPARATION ALLOWANCE.	ENGLAND OR CANADA
EFFECTIVE DATE:- 1.9.16		EFFECTIVE DATE:-	
AMOUNT:- 1500		AMOUNT:-	

NAME:- MORRISON, James E  
 NUMBER:- 327909

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.

William Morrison, Father,  
 25 Lower Beachwood Ave,  
 Ranelagh, Dublin Ireland.

Stopped 1/7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		1st Lt

UNIT AND TRANSFERS

ORIGINAL UNIT:- 156 FA  
 DATE ACCOUNT FIRST OPENED:- 1.9.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
PJO 22 a1	22.1.17		146 FA.

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
		May Army	30.00				
2-4	23	B'dg.	6.98				
25-4	265	"	6.98				
28-4			6.98				
15-5	4820	giving	48.69				
			99.61				

L.O. Dublin \$20.00

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	100	10		

m D 10

PARTICULARS OF RENDERING NON-EFFECTIVE: Disch Canada 31/5/19 with MC 9252 Bishop & Whitehall 20/5/19

MONTH	PARTICULARS	Cr. 1	Cr. 2	PARTICULARS	Dr. 1	Dr. 2	Dr. 3	Dr. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bleedow.								94.40		
	ap. G.P.	33		A 37961. £3.1.8			15				
				AR 22. 4.4.18 1st Bde	4.46						
				" 102 22.4.18 "	3.57				107.67		
		33			8.03		15		126.77		
May	G.P.	3410		B 1592 £3.1.8			15				
				AR 255. 15.5.18 "	3.57				123.20		
		3410			3.57		15				
June	G.P.	33		B 29690 £3.1.8			15				
				AR 353 6.6.18 "	4.46						
				" 506. 24.6.18 "	3.57				133.17		
		33			8.03		15				
July	G.P.	2410		B 87799 £3.1.8			15				
				AR 521. 6.7.18 "	4.46						
				" 596 15.7.18 "	3.57				144.24		
		3410			8.03		15				
Aug	G.P.	3410		C 41090 £3.1.8			15				
				AR 675. 6/8/18 "	4.46						
				" 771 20/8/18 "	3.57				155.31		
		3410			8.03		15				
Sept	"	33		e 88689 £3.1.8			15		173.31		
				AR 878 10/9/18	3.57						
				" 915 20.9.18 "	3.57				166.17		
		33			7.14		15				
Oct		3410		A 30675 3/1/18			15		185.27		
				996 15/10 14 Bde	7.46				177.81		
		3410			7.46		15				

Agreed

NUMBER 327907

RANK

*Am*

NAME

*Monison J.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<del>Nov</del>	<del>Nov</del>								177 81		<i>Agreed</i>
		33		A 85273 F 3/1/8			15				
Dec		34 10		2-40870 3/1/8			15				
Jan		34 10		7 #1261 3/1/8			15		234 01		
		<i>101 20</i>					<i>45</i>				
Feb				1540 14 Bde. 21/12	19 47						
				788455 3/1/8			15				
				1893746 29/12	87 60						
				Dr ar. LC 1106 24/1	97 33						
				1176 18/11	7 46						
				122 15/2	18 66						
Mar		64 90		G. 6852			15				
				281 24/2	373						
				392 15/3	7 30				27 36		
		<i>64 90</i>			<i>241 55</i>		<i>30</i>				
April		23		A 41053 April 2-1-8			15				
May		32 10		A 81447 May 2-1-8			15		79 46		
				A 81448 June 2-1-8			15				
				A R 1740 28/4 Bmsob	6 98						
				265 25/4 5 DAC	6 98						
				23 8/4 14 Bde	6 98						
				4820 15/5 Jhing	<i>28 94</i>				20 15		
		<i>67 10</i>			<i>69 61</i>		<i>45</i>				

*S.O.S S/L 80 12/1/19*

*Final copy written*

A 14

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp Surrey DATE 14.5.19.

1. 1 (a) Unit 14 CFA J Wing (b) Regimental No. 327907 (c) Rank Gnr  
 (d) Surname MORRISON (e) Christian name James  
 (f) Home address 144 Spence St Winnipeg Man  
 (g) Next of Kin Mr Wm Morrison (h) Relationship Father  
 (i) Address of Next of Kin 25 Lower Beechwood Ave Ranelagh Dublin Ireland

2. Age last birthday 34 Date of birth Feb 18 - 1885  
 3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 13.3.16.

4. Personal description;  
 (a) Height 5' 6 1/2" ht (b) Weight 150 lb (stripped) (c) Complexion medium  
 (d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. Brown mole on L. Shoulder.

5. Former trade or occupation Cashier

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3	60

	PERIODS	
	From	To
Canada	13.3.16. 22.9.16.	11.9.16. 20.8.17.
England		
France or other theatres of War	20.8.17.	14.5.19.

7. Original disease, or injury PILES

(a) Date of origin Preva (b) Place of origin Canada  
 (c) Cause unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function haemorrhoidal  
veins (fleshy)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj - One medium sized tag protruding  
from anus otherwise nil

Subj - Piles bleed occasionally - No itching  
No discomfort.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?  
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no  
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no  
Osseous and Joint Systems.....no..... Any other general condition.....no

None - normal

10. (a) History (of the condition referred to in Section 9 (a).)

Pile prostates to enlistment -  
Condition aggravated in army - so that  
fleshy commenced to protrude  
No protrusion before enlistment.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

*Albuminuria - 29-5-19-- 6-6-19. No disability  
now.*

(c) (Here give a description of wounds, scars and deformities.)

*nil*

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

*Yes (see 10(a))*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *@ no (b) no*

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *6-12 months*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

*Barnshott Hosp. - 4-6-17 to 12-6-17.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *yes*

(If the answer is "yes" state nature of treatment required and probable duration)

*Operative - 3 weeks*

16. Can the former trade or occupation be resumed? *yes*

(If not, briefly state why)

17. Recommendations

*W. Christie Capt*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *J. Morrison Gnr.* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*J. Morrison* Rank. *Gnr.*  
Signature of invalid examined.

*EGM*

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

*Concurs.*

19. Is the invalid fit for

- |                                                |              |              |              |
|------------------------------------------------|--------------|--------------|--------------|
| (a) General service,                           | (Category A) | (Yes or No.) | <i>yes A</i> |
| (b) Service abroad, not general service,       | ( " B)       | (Yes or No.) |              |
| (c) Home service (Canada only),                | ( " C)       | (Yes or No.) |              |
| (d) Temporarily unfit.                         | ( " D)       | (Yes or No.) |              |
| (e) Unfit for service in Categories A, B and C | ( " E)       | (Yes or No.) |              |

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

*Operation for cure - 3 weeks long*

- (b) ~~Does not require treatment.~~  
 (c) ~~Should pass under his own control.~~  
 (d) ~~Should not pass under his own control.~~  
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*R.T.C with a 8 Feb. 1918*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Witley*

*[Signature]* President.

DATE *June 8/19*

*[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned *James Morrison* understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it *until my arrival in Canada.*

Witness *[Signature]*

Signed *James Morrison Esq*

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE *Witley*

*[Signature]* President

DATE *June 8/19*

*[Signature]* Members

APPROVED BY *[Signature]*

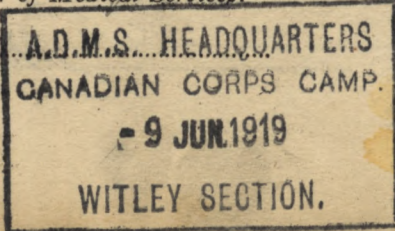
APPROVED BY *[Signature]*

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *[Signature]*

DATE





CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON J.  
 REGIMENT 14th Brigade C.F.A. "J" Wing RANK Enw No. 327907  
 Date of Examination in England \_\_\_\_\_ 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 20.
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 \_\_\_\_\_
- (c) In France Yes

Signature of Dental Officer [Signature]

THE UNIVERSITY OF CHICAGO  
LIBRARY

1890

1891

1892

1893

1894

1895

1896

1897

1898





MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2715	327 907	Gnr	Morrison	J
Year	Unit.		Age.	Service.
1919	C F A.		34	39 12
Station and Date.	Disease: Albuminuria			
12 Cav Reg Barracks 29.5.19				
Complaint.	Occasionally increased amt. urine. No other complaints -			
Duration	10 mos -			
D.H.	negative.			
P.H.	Usual diseases of childhood. Scarlet fever at 15 yrs. No other illness except piles. Dennis V.D			
Present Cond?	Well developed & nourished - Nothing abnormal on exam <sup>n</sup> R. P. 145 - 90 Systolic murmur at pulmonary - Has slight external piles. Urinalysis shows trace of alb. with occasional pus & epith cell.			
Treatment	R Urtergin gr v tid 3.5.19 - urine now clear of alb. Microscopic neg. No casts found. 4.6.19 Disch to Civil.			
	Civil			

\* 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.]



213  
Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No., | \_\_\_\_\_  
Rank and Name | Gen. Morrison 327907 Age 34 Corps C.F.A.

Disease Albuminuria Hospital 12th C.F.A.

To Officer i/c Laboratory. \_\_\_\_\_ Ward 7

Please carry out an examination of the accompanying specimen of urine  
with special regard to alb + leucis.

Nos. of previous Reports (if any) 2.

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 1. 6. 19 \_\_\_\_\_  
O. i/c \_\_\_\_\_ Ward \_\_\_\_\_

### LABORATORY REPORT.

Reaction acid  
album neg  
open 1021  
sugar neg

Microscopic  
Occasional Epithelial Cell

Date of Examination 2/6/19 \_\_\_\_\_ 28 \_\_\_\_\_  
O. i/c Laboratory. A. Montgomery Cox





23

Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name | Gen. Morrison 327907 Age 34 Corps C. 94.

Disease Albuminuria Hospital 12 A.C. 94.

To Officer i/c Laboratory. Ward 7

Please carry out an examination of the accompanying specimen of urine with special regard to alb + lucis.

Nos. of previous Reports (if any) 0.

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 29. 5. 19 C. P. ... O. i/c Ward.

LABORATORY REPORT.

Sp. Gr 1015  
Krit Acid  
Alb Trace  
Sugar Neg  
Occasional Pus Cell + Epithelial Cell

Date of Examination 30/5/19 G. Montgomery Captn O. i/c Laboratory.

Specimen received from \_\_\_\_\_

From \_\_\_\_\_ Hospital \_\_\_\_\_

Ward \_\_\_\_\_

Please carry out the examination of the accompanying specimen of \_\_\_\_\_

and report to \_\_\_\_\_

No. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a resume of clinical history, treatment or progress since last report should be given.

Date \_\_\_\_\_

Of the \_\_\_\_\_

# LABORATORY REPORT

*Received by the Laboratory*

*W. Woodhouse*  
City Laboratory

*11/12/14*

CLINICAL CHART.

(To be attached to Case Sheet.)

Military Hospital

Corps B2/A  
No. 327 901

Rank and Name Sgt Morrison

Age 34

Service 39

Disease Chumonia Date of admission 28 5 17

Date of discharge

Result Curd

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	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.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	74																													
Respirations per Minute	20	26	24																											
Motions per 24 hours																														

Signature W. S. ... In charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

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	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																									
	.8	.6	.4	.2																									
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature \_\_\_\_\_ In charge of case.

(For Board)

Reg. No. .... Rank .....

Name ..... Unit .....

-----

Sp. Gravity . . . 10.18 . . . . .

Reaction . . . acid . . . . .

Albumen . . . Present +++ . . . . .

Sugar . . . . . neg . . . . .

Microscopic . . . . . — . . . . .

.....

.....

Captain, C.A.M.C.  
for Major, C.A.M.C.  
C.C., Canadian General Laboratory.









LIST OF DISCHARGE BOOKS

1861	1862	1863	1864	1865	1866	1867	1868	1869	1870
1871	1872	1873	1874	1875	1876	1877	1878	1879	1880
1881	1882	1883	1884	1885	1886	1887	1888	1889	1890
1891	1892	1893	1894	1895	1896	1897	1898	1899	1900

1861-1862

1863-1864

1865-1866

1867-1868

1869-1870

1871-1872

1873-1874

1875-1876

1877-1878

1879-1880

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1883-1884

1885-1886

1887-1888

1889-1890

1891-1892

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1895-1896

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1899-1900

1861-1862

1863-1864

1865-1866

1867-1868

1869-1870

1871-1872

1873-1874

1875-1876

1877-1878

1879-1880

1881-1882

1883-1884

1885-1886

1887-1888

1889-1890

1891-1892

1893-1894

1895-1896

1897-1898

1899-1900

1861-1862

1863-1864

1865-1866

1867-1868

1869-1870

1871-1872

1873-1874

1875-1876

1877-1878

1879-1880

1881-1882

1883-1884

1885-1886

1887-1888

1889-1890

1891-1892

1893-1894

1895-1896

1897-1898

1899-1900

**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 (M.F.W. 54) or A.F.B. 103.
- 3. Medical History Sheet (Militia Form B. 313) or A.F.B. 178).
- 4. Proceedings of Medical Board (M.F.B. 227) or A.F.A. 45).
- 5. Dental History Sheet (Militia Form B. 465).
- 6. Last Pay Certificate (Militia Form W. 44).
- 7. Certificate that missing documents are unobtainable (M.F.W. 44).
- 8. Medical Report (M.F.W. 129) or D.M.S. 1375).
- 9. Regimental Conduct Sheet (Militia Form B. 263).
- 10. Company Conduct Sheet (Militia Form B. 263a).
- 11. Discharge Certificate (D.O. Form (D.O. 100)).
- 12. Discharge Certificate (M.F.W. 2000).
- 13. Discharge Certificate (M.F.W. 2000).
- 14. Discharge Certificate (M.F.W. 2000).
- 15. Discharge Certificate (M.F.W. 2000).
- 16. Missing Documents.

*duplicate*

Group 10  
 Checked by No 30  
 Date 5/6/19



1901

1902

1903

1904

8/10