

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Morrison.
- 1a. What are your Christian names?..... James, George.
- 1b. What is your present address?..... Winchester Hotel San Francisco California (U.S)
- 2. In what Town, Township or Parish, and in what Country were you born?..... Keith, Banffshire, Scotland.
- 3. What is the name of your next-of-kin?..... Mrs. Mary, May, Morrison.
- 4. What is the address of your next-of-kin?..... Section 4-49, Mannville, Alberta, Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... 24th January 1888.
- 6. What is your Trade or Calling?..... Teamster.
- 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.
NAVAL OR
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.
- 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, James George 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.

Date APR 8 1918 191 James Morrison (Signature of Recruit)
Claude Smeey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James George 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.

Date APR 8 1918 191 James Morrison (Signature of Recruit)
Claude Smeey (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 VICTORIA, B. C. this APR 8 1918 day of..... 191

[Signature] (Signature of Justice)

Description of James, George Morrison, on Enlistment.

Apparent Age.....30.....years3.....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. 8 1/4 ins.

Chest measurement { Girth when fully expanded..... 41 ins.
 Range of expansion..... 3 ins.

Complexion Ruddy

Eyes Blue.

Hair Brown

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

Vision R: D..... 6/6 L: D..... 6/6
 Hearing R..... 2 L..... 2

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*..... A..... for the **Canadian Over-Seas Expeditionary Force.**

Date..... APR 8 1918..... 191

Place..... VICTORIA, B. C.

**MOBILIZATION CENTRE
 VICTORIA**

*Insert here "fit" or "unfit."

Pres. J. B. Smith Medical Officer

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:—

Member.....

Member..... Q. Gibbs & Caph

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... James George 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)

Date..... April 8th..... 1918.

H. Stabrum
 Lt. Colonel
 R. C. A.
 O.C., R.C.G.A., Esq., B. C.

4423119

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....



Name MORRISON JAMES GEORGE

Regt. No. 2601994 Rank Gnr

Corps #6 Arty. Depot

Demobilization

C

34244

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *2*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *1*

Corps History Sheet.....

Date and No. of Deposit Receipt for

Purchase Money and Amount.....

Discharge
Parchment Certificate..... *1*

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..... *1*

Last Pay Certificate..... *1*

M.F.W. 129 - 1

M.F.W. 71 - 1

M.F. B465 - 1

1 paycard

made



63 - 24
23 - 24
9 - 24



NAME **MORRISON, James George.**

REGIMENTAL NO. **2601994** RANK **Gunner**

ENLISTED AT **Victoria, B.C.** PROMOTIONS, &c. **-Nil-**
AND DATE

DATE **8-4-18**

IF SERVED PREVIOUSLY, STATE UNIT, &c. **No.**

MARRIED, WIDOWER, OR SINGLE **Single**

NEXT OF KIN **Mrs. Mary. May. MORRISON.** RELATIONSHIP **Mother**

ADDRESS OF **Section, 4, 49, Mannville, Alberta, Canada**

ASSIGNMENT OF PAY \$ **C.** TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Reg. No. 2601994 Name Morrison James

Rank Gr. Corps 6th Batt Age 30 Service 12

Ledger No. _____ Serial No. _____

HOSPITALS	DATE	DIAGNOSIS
<u>Glouce Bay Gen Hosp</u>	<u>21-11-18</u>	<u>Laryngitis & Scabies</u>
<u>Dis to Duty</u>	<u>11-12-18</u>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 2601994 RANK *Pte*

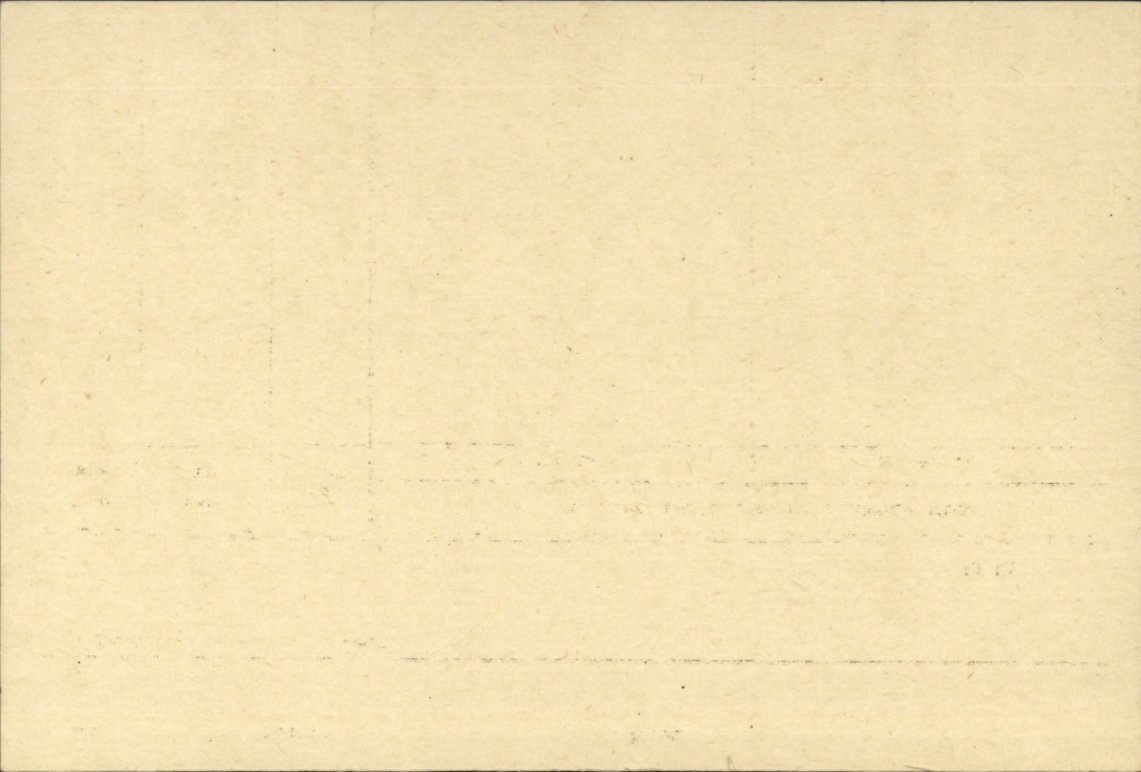
NAME *Morrison. J. G*

T. O. S. *8-4-18*
2099 of 9-4-18

UNIT *#5 Coy Royal Canadian Garrison Artillery*

M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Apr. 8</i>	<i>1918</i> <i>Apr. 20</i> <i>May</i> <i>June</i>	<i>u.</i> <i>u.</i> <i>✓</i>	<i>transfd to m 06.17-6-18</i>	<i>20168 of 17-6-18.</i>



SURNAME.

Morrison

X to 6 1716118 Pt 2, 168
CARD NO. 1716118. No 5 Co R.C. 9.A. P. 7

CHRISTIAN NAMES

James George.

SOS No 27-12-18

00-1839 FOLL 21-12-18

Rem 06. 106 Oct 190

REGL. NO.

2601994

RANK

Priv.

10.5. apr. 8. 1918.

80. Pt II 99-

UNIT

#5 Co. R. C. H. A. #6 art Dep.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison Mrs. Mary May.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*Section 4-49, Mannville
Alta.*

COUNTRY OF BIRTH

Scotland, Keith, Banff.

DATE

Jan. 24th 1888.

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Apr. 8th, 1918.

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

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.

Unit, Regiment or Corps. No. 5 Coy., R.C.G.A. (C.E.F. Draft)

Regimental No. 2601994 Rank Gunner Name MORRISON, James George

Enlisted (a) 8-4-18 Terms of Service (a) C.E.F. Service reckons from (a) 8-4-18

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

Civil - Teamster

Extended Re-engaged Qualification (b) Military -

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				
17-6-18	11 M.D. 99-364	S.O.S. No. 5 Coy. RCGA (CEF) on transfer M.D. 6	Esquimalt, B.C.	17-6-18	D.O. Pt. 2 #168 d/176-18
27-12-18	M.D. 6.	Discharged in consequence of Demobilization. Authority: -R.O. 1328. d/- 18-11-18	Halifax, N.S.	27-12-18	<i>Leo G. Esler Lieut</i> G. C. Depot Coy. R. C. G. A.

(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, Shoing Smith, etc., etc, also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				

31-11-18
Discharged in consequence of Demobilization. Authority: R.O. 1388. 27-11-18

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Ex. B. C. R. M. - U. S. A.

This is to Certify that No. 2601994. (Rank) Gunner

Name (in full) MORRISON, James George enlisted in
the No. 5. Coy. R. C. G. A., C. E. F.

CANADIAN EXPEDITIONARY FORCE at Victoria, B. C. on the 8-4-18
day of April 19 18

HE served in CANADA

and is now discharged from the service by reason of Demobilization
Vide. R.O. 1328. d/- 18-11-18

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

Age 30 yrs. 11 Mos.

Height 5 ft. 8 1/2 Inches

Complexion Ruddy

Eyes Blue

Hair Brown

Marks or Scars -Nil-

James G. Morrison
Signature of Soldier

[Signature]
Issuing Officer
Lieut-Colonel R. C. A
Rank
C. R. C. A. Halifax, N. S.

Date of Discharge 27-12-18

Signed at Halifax, N. S. this Twenty-Seventh day of December. 19 18

in Military District No. SIX

File Reference No. C.H. 31. M. 162

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.

Ex. F. C. R. M. - U. S. A.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 2601994 (Rank) Gunner Name MORRISON, James George

Unit R. C. G. A. T. C. E. F. No. 6. Artillery. Depot.

Address on Discharge 99, Morris, St. Portland, Oregon, U. S. A.

Character and Conduct Very Good

Former Occupation Teamster.

Special Qualifications of Value in Civil Life

Railroader

Medals and Decorations -Nil-

Remarks

Signed at Halifax, N. S. this Twenty-Seventh day of December, 1918

[Signature]
Name of Officer

Lieut. Colonel R. C. A.

Rank

C. R. C. A. Halifax/N. S.

Appointment

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. 2601994 Rank Yowr Surname Charrison
(Given name in full)
James
 Unit or Corps 4th Art. Co. Birthplace Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 192 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. D 30 Left D 20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

scar right knee
scar lips knuckles
and back

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.

EXAMINATIONS
THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)
 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 Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Halifax* (Canada)
 Date *Dec. 16/18* Signed *W. B. Martin* 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 *J. G. Morrison*

(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.)

Maxson J. S.

2601994

DENTAL HISTORY SHEET
CANADIAN ARMY DENTAL CORPS

JUN 1 1918

Year	Month	Day	Examination	Remarks
1918	1	1	...	...
1918	2	...	...	...
1918	3	...	...	...
1918	4	...	...	...
1918	5	...	...	...
1918	6	...	...	...
1918	7	...	...	...
1918	8	...	...	...
1918	9	...	...	...
1918	10	...	...	...
1918	11	...	...	...
1918	12	...	...	...
1919	1	...	...	...
1919	2	...	...	...
1919	3	...	...	...
1919	4	...	...	...
1919	5	...	...	...
1919	6	...	...	...
1919	7	...	...	...
1919	8	...	...	...
1919	9	...	...	...
1919	10	...	...	...
1919	11	...	...	...
1919	12	...	...	...
1920	1	...	...	...
1920	2	...	...	...
1920	3	...	...	...
1920	4	...	...	...
1920	5	...	...	...
1920	6	...	...	...
1920	7	...	...	...
1920	8	...	...	...
1920	9	...	...	...
1920	10	...	...	...
1920	11	...	...	...
1920	12	...	...	...
1921	1	...	...	...
1921	2	...	...	...
1921	3	...	...	...
1921	4	...	...	...
1921	5	...	...	...
1921	6	...	...	...
1921	7	...	...	...
1921	8	...	...	...
1921	9	...	...	...
1921	10	...	...	...
1921	11	...	...	...
1921	12	...	...	...
1922	1	...	...	...
1922	2	...	...	...
1922	3	...	...	...
1922	4	...	...	...
1922	5	...	...	...
1922	6	...	...	...
1922	7	...	...	...
1922	8	...	...	...
1922	9	...	...	...
1922	10	...	...	...
1922	11	...	...	...
1922	12	...	...	...
1923	1	...	...	...
1923	2	...	...	...
1923	3	...	...	...
1923	4	...	...	...
1923	5	...	...	...
1923	6	...	...	...
1923	7	...	...	...
1923	8	...	...	...
1923	9	...	...	...
1923	10	...	...	...
1923	11	...	...	...
1923	12	...	...	...
1924	1	...	...	...
1924	2	...	...	...
1924	3	...	...	...
1924	4	...	...	...
1924	5	...	...	...
1924	6	...	...	...
1924	7	...	...	...
1924	8	...	...	...
1924	9	...	...	...
1924	10	...	...	...
1924	11	...	...	...
1924	12	...	...	...
1925	1	...	...	...
1925	2	...	...	...
1925	3	...	...	...
1925	4	...	...	...
1925	5	...	...	...
1925	6	...	...	...
1925	7	...	...	...
1925	8	...	...	...
1925	9	...	...	...
1925	10	...	...	...
1925	11	...	...	...
1925	12	...	...	...

INSTRUCTIONS

1. On admission the condition of patient's mouth to be marked on diagram by red ink.
2. On first line of card to be marked by red ink to be made in red ink.
3. Only such marks to be made on first line of card as will be of use.
4. Description of condition of mouth to be marked on second line of card.
5. Description of condition of mouth to be marked on third line of card.

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.

ORIGINAL

- Surname Morrison, Christian name James George.
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule Ex 136 PM
- Consecutive number on schedule of men reporting for service (if he appears on it) _____
- Address (including street and number, if any) Winchester Hotel San Francisco California U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the APR 8 1918 day of 1917, by the undersigned medical board sitting at VICTORIA, B.C.

- Age as stated 30 Years 3 Months.
- Apparent age _____ Years _____ Months
- Height 5 Feet 8 1/4 Inches.
- Weight 187 Pounds.
- Chest measurement { Minimum 38 Ins. Maximum 41 Ins.
- Complexion Ruddy { Eyes Blue Hair Brown
- Physical development Good { Good Fair Poor
- Smallpox marks nil
- Number of vaccination marks { Right arm — Left arm 1
- When vaccinated last Childhood
- Distinctive marks and marks indicating congenital peculiarities or previous disease _____

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 A2

J. A. Grant President.
A. J. [Signature] Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/1/18</u>	<u>Pos</u>	<u>MMZ gr</u>	<u>20/4/18</u>	<u>Pos</u>	<u>MMZ gr</u>
			<u>28/4/18</u>	<u>Pos</u>	<u>MMZ gr</u>
			<u>10/5/18</u>	<u>Pos</u>	<u>MMZ gr</u>

Joined APR 8 1918 day of _____ 191 at VICTORIA, B.C.

COMP'S	REG'TL NUMBER	HABITS	DATE
<u>5th Coy. RCGA CEF</u>	<u>2601994</u>		<u>8-4-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man J. Morrison

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. **2601994** Rank **Gunner** Name **Morrison, J. G.**
 Corps **No. 6 Arty. Depot** who was* **discharged**
 On **27/12/18** 191... to 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **1/12/18** 191...
 to **27/12/18** 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	00
Advances by Cheques } No. Cash	10	00	Reg'tl. Pay 27 days at \$ 1.00	27	00
Assigned Pay and Sep'n Allee. No.			Field Allow. 27 days at \$.10	2	70
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No.	64	70	Other Allowances* Clothing	35	00
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	74	70	Bal. Dr. (to be deducted by new unit)		
			Total	74	70

*Give particulars.

A monthly stoppage of \$ **Nil** (†) has (‡) been paid on account of Assigned Pay for the month of 191... and Sep'n Allee. for month of 191... (to) Assignee
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$.....has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment **4/4/18**
- (2) if married and if a Separation Allowance Card has been submitted
- (3) cause of discharge **Demob.** authority
- (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 **Dec. 20th, 1918.**

Place **Halifax**

W. G. Linnell
 Paymaster, No. 6 Artillery Depot, 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

This certificate is issued to the member named above in accordance with the provisions of the Regulations of the Canadian Expeditionary Force, 1914, and the provisions of the Regulations of the Canadian Contingent Expeditionary Force, 1914.

Morrison, J. G.

Quartermaster

2501994

Discharged

No. 6 Arty. Depot

27/12/18

1/12/18

27/12/18

Particulars	Debit	Credit	Balance	Particulars	Debit	Credit	Balance
Balance on hand			10.00	Cash	10.00		
Field Allowance	27.00		17.00				
Expenses on account of (Monthly)	1.00		16.00				
Other Advances			16.00				
Other Credits							
Balance (to be debited by new unit)							
Total			14.70				14.70

Give particulars

(1) This amount has not been paid in full of account of the member named above.

(2) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(3) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(4) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(5) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(6) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(7) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

On Transfer of an Officer

On a transfer of an officer, the amount of the certificate should be paid to the member or to the person named in the certificate.

1/12/18

Demob

(1) This amount has not been paid in full of account of the member named above.

(2) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(3) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(4) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(5) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(6) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(7) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

Dec. 20th, 1918.

Halifax

(1) This amount has not been paid in full of account of the member named above.

(2) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(3) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(4) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

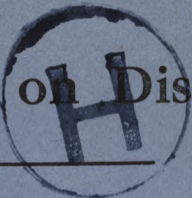
(5) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(6) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

(7) In case of a member who has been discharged, the amount of the certificate should be paid to the member or to the person named in the certificate.

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.	2601994
Rank	Gunner
Name	MORRISON, James George
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Depot Coy. No. 6, Artillery Depot
Date of Discharge	27-12-18
Place of Discharge	Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age... 30 years... 11 months.
 Height... 5 feet... 8 1/2 inches.
 Complexion Ruddy
 Eyes Blue
 Hair Brown
 Trade Teamster
 Intended place of residence } 99, Morris St.
 } Portland, Oregon.
 (To be given as fully as practicable.)

Descriptive Marks

-Nil-

2. The above-named man is discharged in consequence of **Demobilization**

Authority: -R.O. 1328, d/- 18-11-18

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.

To be in the handwriting 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.

Very Good

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Teamster

*E. R. B.
20/1/19*

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

-Nil-

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

6. Medals and Decorations.....Nil...

Empty box for listing 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) Halifax, N. S.

[Signature] Lt-Col
Major
Commanding C.R.C.A. Halifax, N.S.

(Date) 27-12-18

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) Halifax, N.S. *James G Morrison* (Signature of Soldier.)

(Date) 27-12-18 *A. Allen* (Signature of Witness.)

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

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

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

James G Morrison (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 27-12-18 0 years 264 days
Total.....0 years 264 days.

11. Confirmation of Discharge.

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

(Place) Halifax/N.S.

[Signature] Lt-Col
C.R.C.A. Halifax/N.S.

(Date) 27-12-18

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

nil

J. Morrison Signature.
A. Allen

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">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>
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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.