

DUPLICATE
89. TESTIMONIAL PAPER.

No. 183450

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

Duplicate

1. What is your name? *James Thomas Morrison*
 2. In what Town, Township or Parish, and in what Country were you born? *Leith Scotland*
 3. What is the name of your next-of-kin? *John Hall Morrison Senr*
 4. What is the address of your next-of-kin? *724 - 4th W. Calgary*
 5. What is the date of your birth? *November 10th 1886*
 6. What is your Trade or Calling? *Clerk*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
 9. Do you now belong to the Active Militia? *Yes*
 10. Have you ever served in any Military Force? *103rd Rifles Calgary*
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*
- James T Morrison* (Signature of Man.)
Christopher Tully (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Thomas 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.

Date *November 15th 1915* *James T Morrison* (Signature of Recruit)
Christopher Tully (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Thomas 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 *November 15th 1915* *James T Morrison* (Signature of Recruit)
Christopher Tully (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 *Calgary* this *fifteenth* day of *November* 1915.

J. A. P. Frost J.P. (Signature of Justice)

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

A. Sawley Lieut (Approving Officer)

Description of James Thomas Morrison on Enlistment.

Apparent Age... 29 years 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..... 35 ins.
 Range of expansion..... 3 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

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..... November 15th 191 5

Place..... Leacamp R. M. Coats
 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 Thomas 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.

A. S. [Signature] for 06.89.1311 (Signature of Officer)

Date..... Nov. 15 191 5

ATTESTATION PAPER.

No. 2737004

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 Thomas
1b. What is your present address? 307 10 1/2 Street N.W. Calgary Alberta
2. In what Town, Township or Parish, and in what Country were you born? Leith Scotland
3. What is the name of your next-of-kin? Mrs Isabella Hannah Morrison
4. What is the address of your next-of-kin? 307 10 1/2 Street, Calgary Alberta
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? 10th November 1886
6. What is your Trade or Calling? Clerk
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? Permanent Force R.C.F.
10. Have you ever served in any Military Force? As Above
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 Thomas 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 September 25th 1918

James Thomas Morrison (Signature of Recruit)
E. B. Boulton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Thomas 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 September 25th 1918

James Thomas Morrison (Signature of Recruit)
E. B. Boulton (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 Calgary Alta this 26th day of September 1918.

G. M. Stovess Hunt (Signature of Justice)

Description of Morrison, James Thomas on Enlistment.

Apparent Age 31 years 10 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. 5½ ins.

Chest measurement { Girth when fully expanded 34½ ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair D. Brown.

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 191

Place

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:—

Approved by Mobilization Board

Calgary SEP 26 1918

Class CS-WS.
J. J. Robinson

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Thomas 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.

N. M. Netherland (Signature of Officer)

Date October 11th 1918

MORRISON JAMES T.

2738044

183450

CAN. ENG.

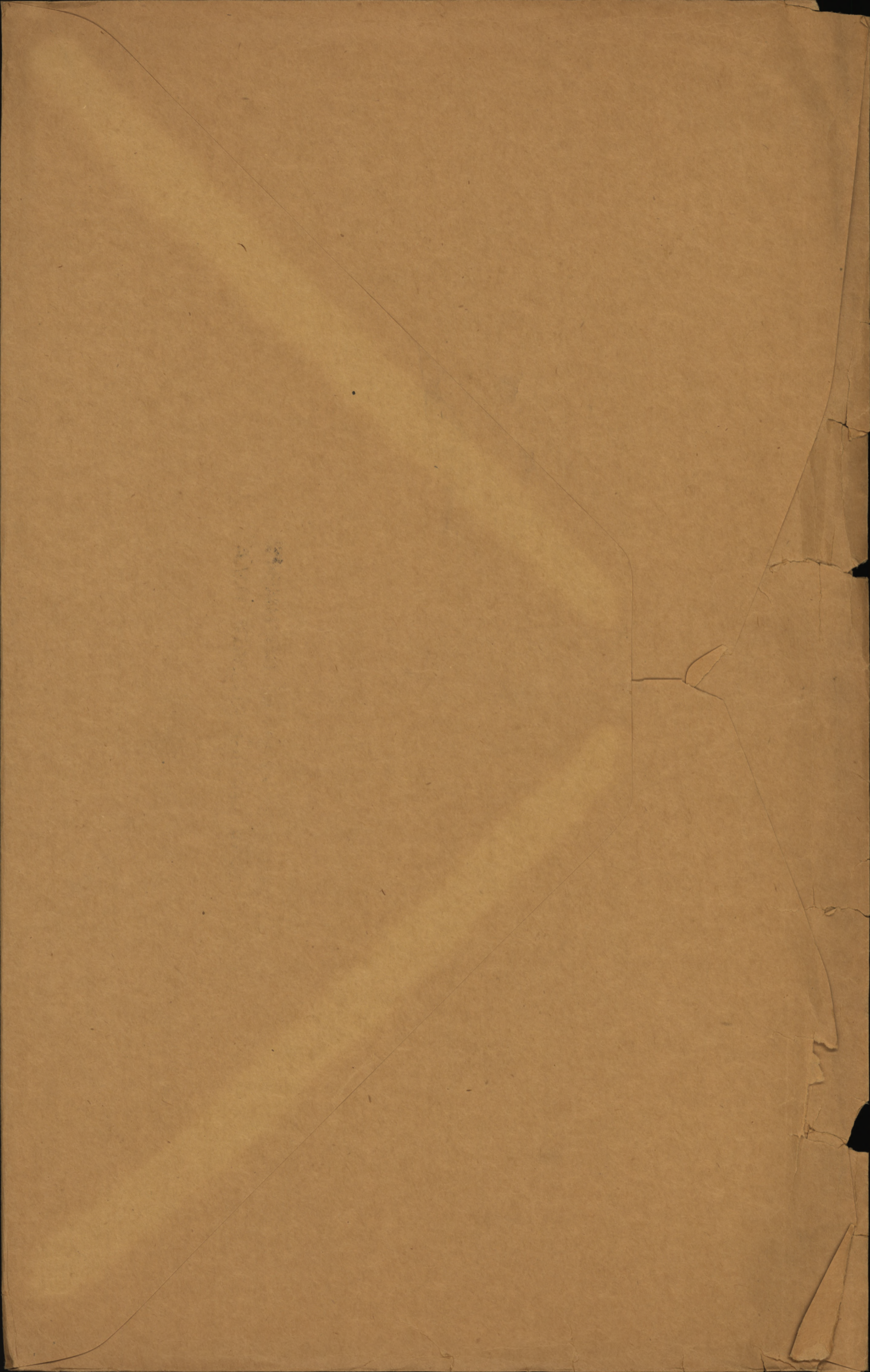
34259

MED. UNFIT.

DECEASED 13-12-18



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



649-M-41550

✓ ✓ ✓ *S/Sgt.* ✓ ✓ ✓
MORRISON, James Thomas, ~~A~~/S/Sgt. #2738044, C.E.

Med. & Dec.

(Mother)

Mrs. Isabella H. Morrison,
309 - 10 $\frac{1}{2}$ Street N.W.
Calgary, Alta. ✓

P. & S.

(Father)

John H. Morrison, Esq.,
As above. ✓

Mem. Cross

(Mother)

As Above.

47641

B 668

Scroll Desp.

Reqn. No. ~~240744~~

Rel. 11-8-21
~~HA 3-1811~~
OCT 4 - 1922

Plaque Desp.

Reqn. No.

P 46876 ✓

Canada Only

1073

M 45745- FEB 12 1921

NAME

Morrison, James Thomas

S.O.S. Dis. 31-3-16 13
649-M-5875 D.F.

RANK & No.

Pte. 183450

CORPS

89th

Battalion

ENLISTMENT, PLACE

Calgary Alta.

DATE

Nov. 15/1915.

FORMER CORPS

103rd Rifles, Calgary.

COUNTRY OF BIRTH

Scotland Leith

NEXT OF KIN

Morrison, John Hall, Sr.

ADDRESS OF NEXT OF KIN

724 4th Ave. W. Calgary
Alberta, Canada.

DISCHARGE, PLACE

DATE

M. F. W. 22. 100 m.-9-15.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

29
5

YEARS

MONTHS

HEIGHT

FEET

6 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dark

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Calgary Alta.

DATE

Nov. 15/1915.

REMARKS:

No. 183460

RANK Pte

NAME Morrison J 7

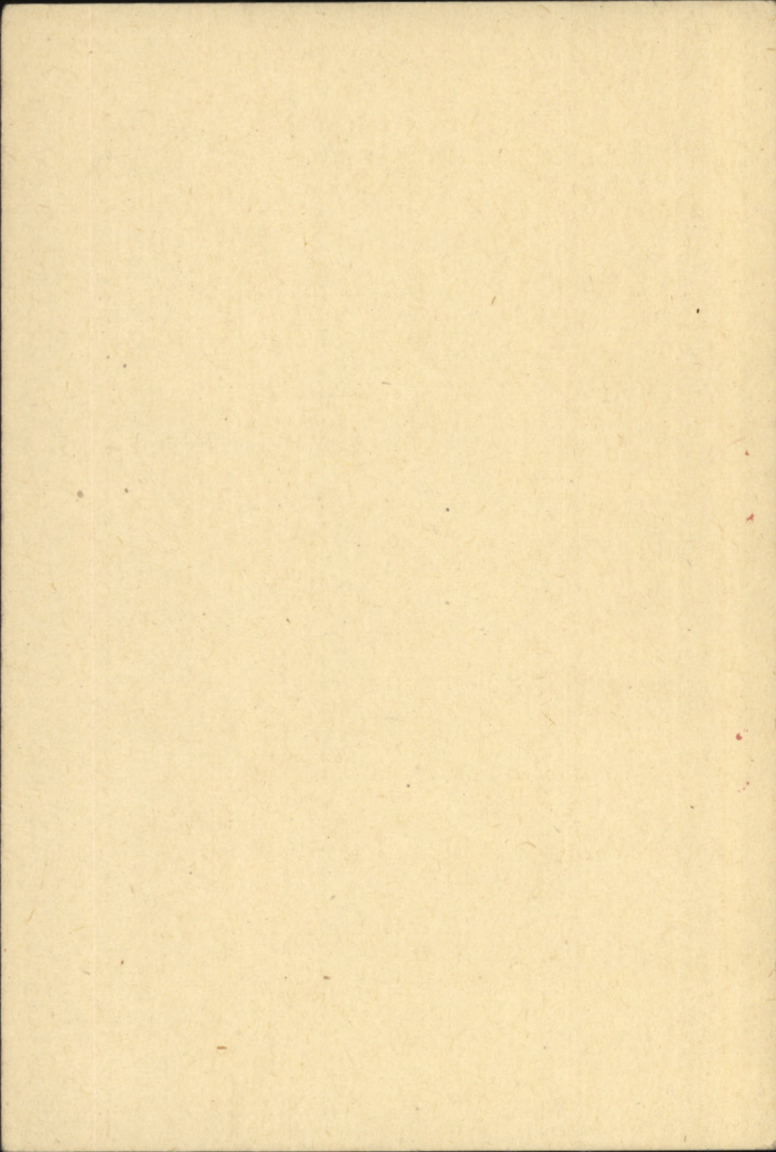
T. O. S. 24-11-15-

UNIT 99th Battalion R 187

SD 15 24-11-15-

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 24	1915 Nov 30	C		
	Dec	C		
1916 Jan	1916 Jan	C		
	Feb	C		
	Mar	C		
			Disch'd 31-3-16 (272)	SD 97 31-3-16
				UNIT SAILED MAY 31 1916
			apc closed by payment s.	



FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, James Thomas Morrison

Regimental number 2738044 Rank XXXXXX serving in the

Canadian Engineers C.E.F. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mrs Issabella Hannah Morrison (Mother)

whose address is 307 10¹/₂ Street N.W. Calgary Alta

to be the executor of this my last will.

General gift I give to Mrs Issabella Hannah Morrison (Mother)

whose address is 307 10¹/₂ Street Calgary N.W. Alta

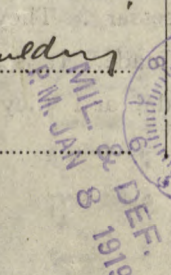
all my property not disposed of above.

Date Dated at Calgary this 28th Oct^r 1918.

Signature James T Morrison
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1st WITNESS		2ND WITNESS	
Witnesses	Signature <u>E. B. Bunting</u>	Signature <u>W. Prendergast</u>	
	Address <u>7 Central Building</u>	Address <u>Victoria Barracks</u>	
	Occupation <u>Soldier</u>	Occupation <u>Soldier</u>	



INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....
whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, **James Thomas Morrison.**

Regimental number **2738044** Rank serving in the

Canadian Engineers C.E.F. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint **Mrs. Issabella Hannah Morrison. (Mother)**

whose address is **307 - 10 $\frac{1}{2}$ Street N.W. Calgary, Alta.**

to be the executor of this my last will.

General gift I give to **Mrs. Issabella Hannah Morrison. (Mother)**

whose address is **307 - 10 $\frac{1}{2}$ Street Calgary, N.W. Alta.**

all my property not disposed of above.

Date Dated at **Calgary** this **28th Oct.** 191**8.**

Signature **Jas. T. Morrison.**
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

	1ST WITNESS	2ND WITNESS
Witnesses	Signature E. Bebbington.	Signature F.W. Prendergast.
	Address 7 Central Building.	Address Victoria Barracks Calgary.
	Occupation Soldier.	Occupation Soldier.

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

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SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....
whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

MEDICAL HISTORY SHEET.

Surname Morrison,

Christian Name James, Thomas.

Examined { on day of 191
 { at

Approved by

Birthplace { City or Town

Rank M.O.

Apparent age

Trade or occupation

Height Feet Inches.

Weight Lbs.

Chest measurement { Minimum inches.

{ Maximum expansion inches.

Physical development

Small-Pox Marks

Vaccination Marks { A r m Right. Left.
 { Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.
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	R.C.E.			
Transferred to	C.E.F.	-----		

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.

M.S.A. 15.

MILITARY SERVICE ACT, 1917

SEP 27 1918

MEDICAL HISTORY SHEET.

BOARD NO. 4044
SHEET NO. 1082
CONSEC. NO.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Morrison, Christian name James Thomas #2737884
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... 307-10 1/2 St. N.W. Calgary, Alberta

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of September, 1918 1917, by the undersigned medical board sitting at CALGARY

5. Age as stated 31 Years 10 Months.
6. Apparent age 32 Years - Months
7. Height 5 Feet 5 1/2 Inches.
8. Weight 122 Pounds.
9. Chest measurement { Minimum 32 Ins. Maximum 34 1/2 Ins.
10. Complexion Fair { Eyes Blue Hair Dark Bro.
11. Physical development. Good { Good Fair Poor
12. Smallpox marks Nil
13. Number of vaccination marks { Right arm X Left arm 2
14. When vaccinated last 1904
15. Distinctive marks and marks indicating congenital peculiarities or previous disease none.

Signature of Man James Thomas Morrison

16. Slight defects but not sufficient to cause rejection None.
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 C-III

Vision R. D. L. D.
Hearing RT. LFT.

J. Beaman R. Robinson President AIN C. A. M. G.
C.A. Member C. A. M. G. Member C. A. M. G.

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

Joined 2nd day of October 1916 at Calgary Alberta

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>R. C. E.</u>	<u>2738044</u>	<u>Very Good</u>	<u>2-10-18</u>
Transferred to.....	<u>C. E. F.</u>	<u>2737884</u>		<u>22-6-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

2738044
 Surname *Thomas* 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				

Died of pneumonia Mid 13-12-18 Court of Inquiry held 18-12-18 Struck off strength as from 13-12-18
 Daily Orders No 180 18-12-18.

G. H. Stow *Lieut* Captain C. E.
for
 C. E. C. E., M. D. No. 13

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 13

NO OF SOLDIER

Morton J. T.

273804A

REGIMENT

R. L. E.

RANK

Sgt

No. 938



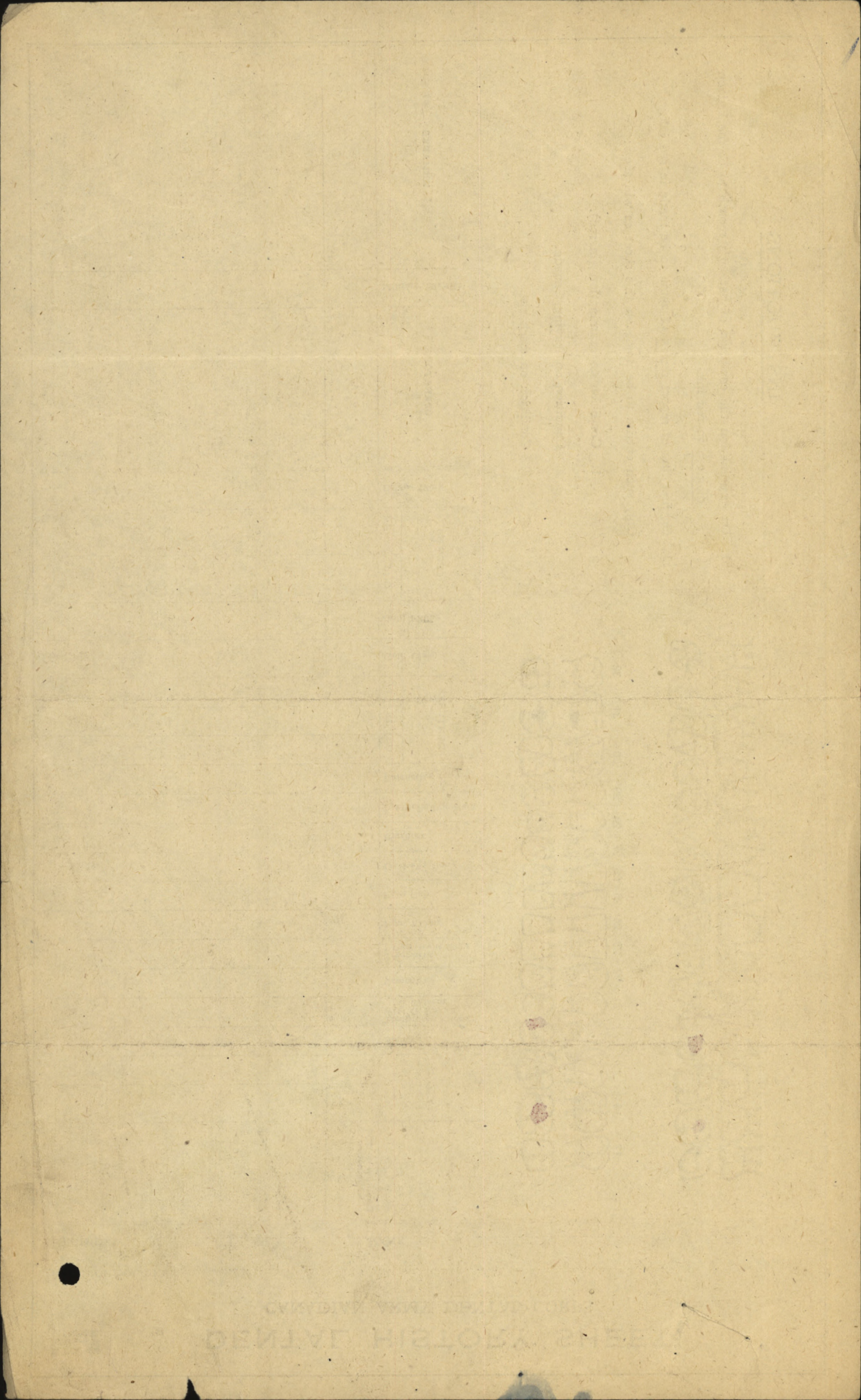
INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
												<div style="border: 1px solid black; padding: 2px; display: inline-block;">1918</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Sept 13</div>										
																					Completed 13/9/18.	



Perm. Force - Became C.E.F. 22.6.18 R.O. 795

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

*M. X
4-2-81
R.F.*

Unit, Regiment or Corps Canadian Engineers C.F.F.

Regimental No. 2738044 3838004 Rank Sapper Sergeant Name Morrison, James Thomas

22.6.18

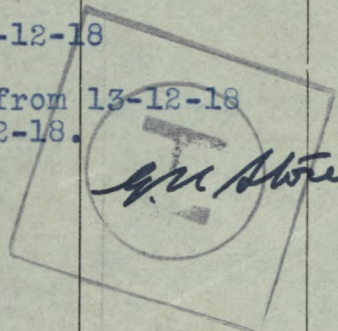
Enlisted (a) 2-10-16 Terms of Service (a) Duration of War Service reckons from (a) 2-10-16 22.6.18

Date of promotion to present rank } 18-1-17 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b) Clerk

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Died of pneumonia Mid 13-12-18.
 Court of Inquiry held 18-12-18
 Struck off strength as from 13-12-18
 Daily Orders No 180 18-12-18.



W. H. Storer *Lieut* *for* *Captain C. E.*
C. E. C. E., M. D. No. 25

This space to be for numbers.

Proceedings on Discharge.

DEPT
MILITIA & DEFENCE
JUL 14 1916
H.O.
CANADA

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	183450.
Rank	Private.
Name	James Thomas Morrison
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	"Base" Coy., 894th. O. Bn., C.E.F.
Date of Discharge	March 31st., 1916.
Place of Discharge	Calgary, Alberta,
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	29 years. 4 1/2 months.
Height.....	5 feet. 6 1/2 inches.
Complexion	Dark,
Eyes	Blue,
Hair	Dark,
Trade	Clerk,
Intended place of residence	Calgary.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of BRING MEDICALLY UNFIT.	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
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.)	

To be in the hand writing of the Commanding Officer, who will sign: If make ident. cal. entries on the character certificate and initial them.

M. F. B. 218.
25m.-11-13.
H. Q. 1772-39-113.

(OVER)

Handwritten notes:
15-2-16
16

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

NONE

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

6. Medals and Decorations

NONE

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).....CALGARY.....

(Date).....March 31st, 1916.....

Commanding.....

W. J. Macnamagh

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).....CALGARY.....

(Date).....March 31st, 1916.....

(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.

(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).....CALGARY.....

(Date).....March 31st, 1916.....

(Signature)

W. J. Macnamagh

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. Geo. J. Morrison

R. O. 74-7-15

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.

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

M. F. W. 54.
150th 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

89TH OVERSEAS BATTALION

Unit, Regiment or Corps

CANADIAN EXPEDITIONARY FORCE

Regimental No. 183450 Rank Pvt- Name Morrison James Thomas
C. E. F.

Enlisted (a) Nov 15/15 Terms of Service (a) Duration of War 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				

31-3-16.

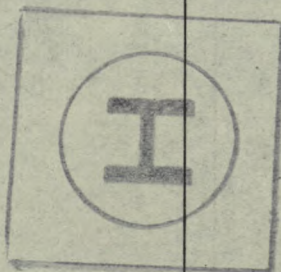
89th Bn.

S.O.S. Med Unfit.

Calgary
Alta

31-3-16

D.O. # 77.



[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				