

Recruit

155th OVERSEAS BATTALION, C.E.F.

Triplicate

ATTESTATION PAPER.

No. 636227

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Marrison*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *Sweed St*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lamworth*
- 3. What is the name of your next-of-kin?..... *James & Susan Marrison*
- 4. What is the address of your next-of-kin?..... *Sweed*
- 4a. What is the relationship of your next-of-kin?..... *parents*
- 5. What is the date of your birth?..... *August 1893*
- 6. What is your Trade or Calling?..... *Painter*
- 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, *John Marrison*, 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: *January 6th 1916* *John Marrison* (Signature of Recruit)
W. D. Davis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Marrison*, 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: *January 6th 1916* *John Marrison* (Signature of Recruit)
W. D. Davis (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 *Sweed* this *6th* day of *January* 191*6*
W. D. Davis (Signature of Justice)

Description of John Morrison on Enlistment.

Apparent Age 22 years 7 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.)

None

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Gray

Hair Brown

Religious denominations { Church of England yes
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic no
 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 January 8th 1916

E. J. Robertson

Place Tinned Out.

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.

John 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.

W. H. Adams Lieut. Col. (Signature of Officer)

Date Jan 8 1916

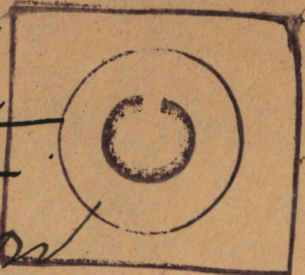
Commanding 155th Overseas Battalion.

- 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..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

1 pay card

DISCHARGE DOCUMENTS

Name *Morrison, John*
 Regt. No. *636227* Rank *Private*
 Corps *155th Battalion*
Med Unit



6

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



34291



1 2/24

No. 636227

RANK

PT

NAME

Morrison J.

T. O. S. 6-1-16

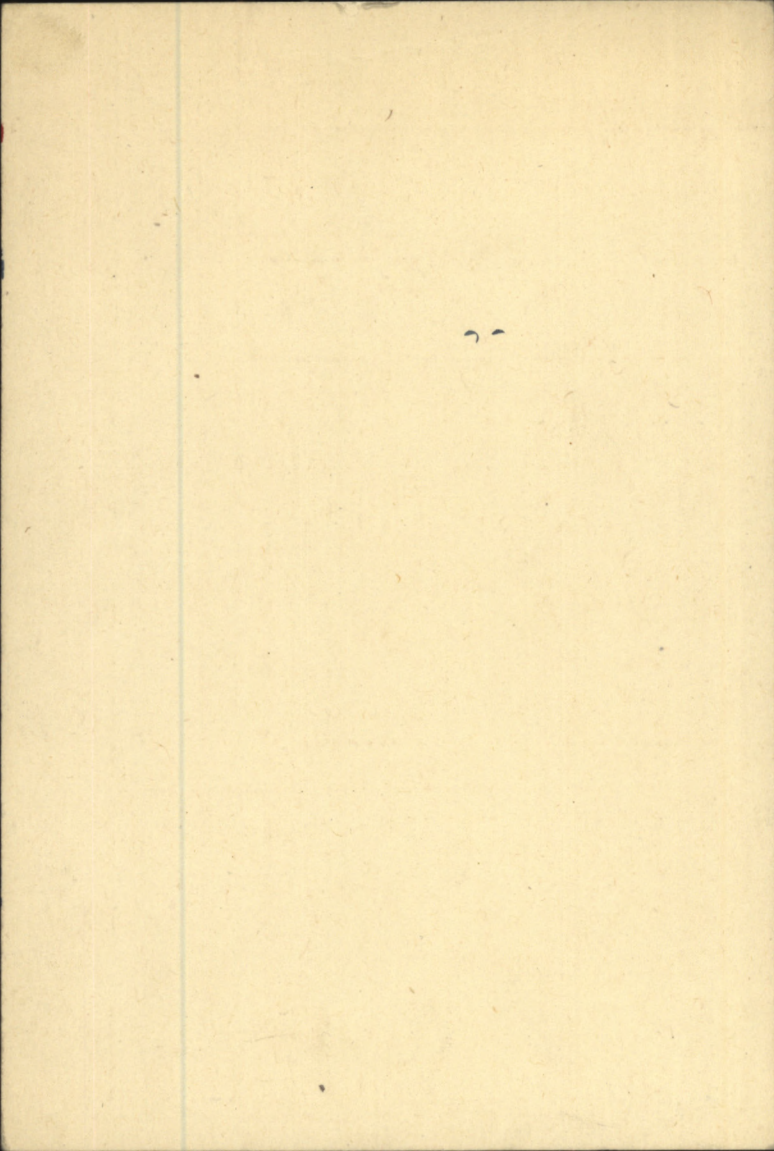
UNIT

155th. Battalion C.E.H.

D.O. 30 of 8-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 6	1916 Jan. 31	W V		
	Feb. Mar.	V		
	Apr	C		
	May	V		
	June	C		
July 1	July 7	C	Discharged. 7-7-16.	Ill. 189 of 6-7-16.
			a/c closed by Payment.	UNIT SAILED OCT 17 1916



NAME

Morrison, John

649-M-6057

S.S. Dis. 7-7-16 ³/_{5.7.}

RANK & No.

Pte.

636227

CORPS

155th

Battalion

ENLISTMENT, PLACE

Tweed

DATE

Jan. 6, 1916 S.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada Tamworth, Ont.

NEXT OF KIN

Morrison, James & Fanny, (father & mother)

ADDRESS OF NEXT OF KIN

Tweed, Ont.

DISCHARGE, PLACE

DATE

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

REMARKS:

Recruit

1656-2127
AUG 17 1916
CANADA
6495m.6057

MEDICAL HISTORY SHEET.

Surname Marrison Christian Name John

Examined { on 6th day of January 1916
at Luceo Ono

Approved by J. Robulón
Rank Capt M.O.

Birthplace { City or Town Luceo
County Hastings

Apparent age 27 yrs 7 mos

Trade or occupation Painter

Height 5 Feet 6 Inches.

Weight 148 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 2 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { A r m Right Left
Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none.

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
<u>15/4/16</u>	<u>Good</u>	<u>J. Robulón</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 6th day of July 1916 at Luceo

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>155th</u>		<u>Good.</u>	
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kingston</u>	<u>7.6.16</u>	<u>Vannicoy requires operation.</u>	<u>Permanently discharged as unfit for service.</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.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 155th OVERSEAS BATTALION, C.E.F.
Regimental No. 636227. Rank Pte. Name John Morrison.
C. E. F.
Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
Extended _____ Re-engaged _____ Qualification (b) _____

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

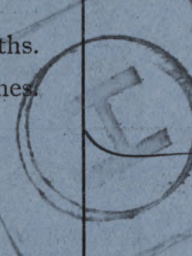
(a) In the case of a man who has re-engaged for, or enlisted into the
(b) e.g. Signaller, Shoeling Smith, etc., etc., also special qualifications in

Reserve, particulars of such re-engagement or enlistment will be entered.
entitles.

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. <i>636227</i>	
Rank <i>Private</i>	
Name <i>John Morrison</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>155th OVERSEAS BATTALION, C.E.F.</i>	
Date of Discharge <i>Bas 7/7/16</i>	
Place of Discharge <i>Barriefield Camp, Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>22</i>years..... <i>11</i>months.	Descriptive Marks  <i>Nil</i>
Height..... <i>5</i>feet..... <i>7</i>inches.	
Complexion <i>dark</i>	
Eyes <i>grey</i>	
Hair <i>Wavy brown</i>	
Trade <i>Painter</i>	
Intended place of residence } <i>Tweed, Ont.</i> (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>being medically unfit. Authority is S.A.A. & 2.M.S. letter 23/6/16 File 3M.S. 26-155-6</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the 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. <i>— good —</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>— Painter —</i>

banded 24/7/16 M.S.

X

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

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) *Barriefield Camp* *R. E. Pulman* Lt. Colonel,
(Date) *July 7/16* for O.C. 155th OVERSEAS BATTALION, C.E.F.
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Barriefield Camp, Ont.* *John Morrison* (Signature of Soldier.)
(Date) *July 7/16* *W. A. MacBrien* (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.

Nil (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) *July 7/16* ~~18~~ years ¹⁸³ days.
Total ~~18~~ years ¹⁸³ days.

11. Confirmation of Discharge.

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

(Place) *Barriefield Camp, Ont.* *R. E. Pulman* Lt. Colonel,
(Date) *July 7/16* (Signature) for O.C. 155th OVERSEAS BATTALION, C.E.F.

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

John Gouison Signature

W. A. MacEnnis Witness

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> <hr/> <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.

OPINION OF THE MEDICAL BOARD
MEDICAL HISTORY OF AN INVALID.

1. Station. **Barriefield Camp.** 8. General remarks on his :—

2. Regiment of Corps. **155th. Battalion, C.E.F.** (a) Conduct.

3. Regimental No. and Rank. **Pte. #636227.** (b) Habits.

4. Name. **John Morrison.** (c) Temperance.

5. Age last Birthday. **22** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **January 6th., 1916.** (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

at **Tweed.**

7. Former Trade or Occupation. **Painter.** Date. **June 7th., 1916.**

9. Service. Years. Days.

	PERIODS.	
	FROM.	To.
155th. Battalion, C.E.F. Service.	Jan. 6th/16.	June 7th/16.

10. (a) Disease or disability. **Varicocele, refuses operation.**

(b) Date of origin. **do not know - previous to enlistment**

(c) Place of origin. **Tweed.**

(d) Cause. **Congenital.**

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
Painful varicocele, man refuses operation.

12. (a) Is the disability the result of service or climate? **No.**

(b) Has it been aggravated by intemperance, vice or misconduct? **No.**

MEDICAL HISTORY OF AN INVALID

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

18. State if for discharge on account of unfit for Service.

Station: *Barrettsfield Camp*
 Regiment: *1st Bn. Royal Canadian Trench Co. T.*
 Regimental No. and Rank: *(b) Habits*

Name: *John J. O'Riada*
 Date of last birthday: *SS*

Enlisted on: *Jan 1st 1916*
 at: *Tweed*

Former Trade or Occupation: *Patrol*

None

No.

Permanent.

Congenital.

None. same as previous to enlistment.

Yes.

Medical Officer by whom the case is brought forward.
W. H. Hicks
Capt. Oll.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

DEPT MILITIA & DEFENCE
AUG 17 1916
H.Q. 649 m. 6059
CANADA

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

19. Is he unfit for Military Service. Yes.

20. Recommendations :

On account of a large painful varicocoele (refusing operation) not aggravated or incurred by service, we recommend this man for immediate discharge from service.

Signatures :—

W. P. Richards Captain President.

E. J. Moles Capt. A.M.C.

Station. Kingston.

Date. June 7th., 1916.

W. H. Dicks Capt. A.M.C.

Date. June 10th., 1916.

R. Phauvins Lt-Col. A.M.C.
Assr. Director of Medical Services.

Approved.

Date.

18/16

W. D. No. 3.
W. D. No. 3.
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

Yes.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____

Arrived from } _____

Date _____

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot: _____

Recommendations: _____
 On account of a large painful varicocele (refusing operation) not aggravated or incurred by service, we recommend this man for immediate discharge from service. _____

Date of final Medical Board or decision. } _____

Administrative Medical Officer. _____

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 m-2-16
H. G. 1172-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.