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5/10/16

B. 60

176 TH. BAT. DUPLICATION ATTESTATION PAPER.

No. 850906

176th - Bn.

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? John
- 1b. What is your present address? 59 Lloyd St Buffalo
2. In what Town, Township or Parish, and in what Country were you born? Boston Mass
3. What is the name of your next-of-kin? John Robigoe
4. What is the address of your next-of-kin? Nahant Mass
- 4a. What is the relationship of your next-of-kin? Uncle
5. What is the date of your birth? Aug 28th 1894
6. What is your Trade or Calling? Baker
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 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 Aug. 26th 1916. John Morrison (Signature of Recruit)
Sergt au Van der Linde (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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 Aug 26 1916. John Morrison (Signature of Recruit)
Sergt au Van der Linde (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 W. Ell and this 26 day of aug 1916.

George Arnold (Signature of Justice)

Description of John Morrison on Enlistment.

Apparent Age 22 years 0 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 11 ins.

Chest measurement { Girth when fully expanded 41 ins.
 Range of expansion 5 ins.

Complexion Fair

Eyes Blue

Hair Dark

Religious denominations.
 Church of England X
 Presbyterian
 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 Crystal Beach 1916

Place Aug. 27th

A. G. Thompson M.D.
 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.

D. Sharpe (Signature of Officer)

Date Sept. 1st 1916

3:10/18



- 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..... 2
- 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

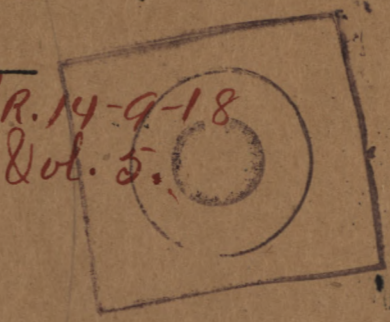
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DESERTERS DISCHARGE DOCUMENTS

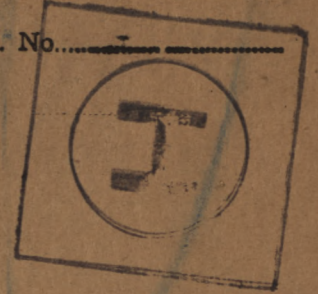
Name Morrison John.
 Regt. No. 850906 Rank pte.
 Corps 176th Bn.

S.O.S. 20-10-16. n / R. 14-9-18
H.Q. 652-17-5. Vol. 5.

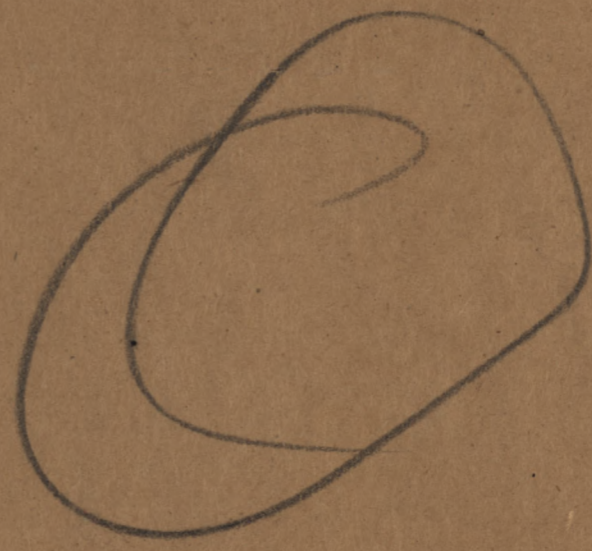
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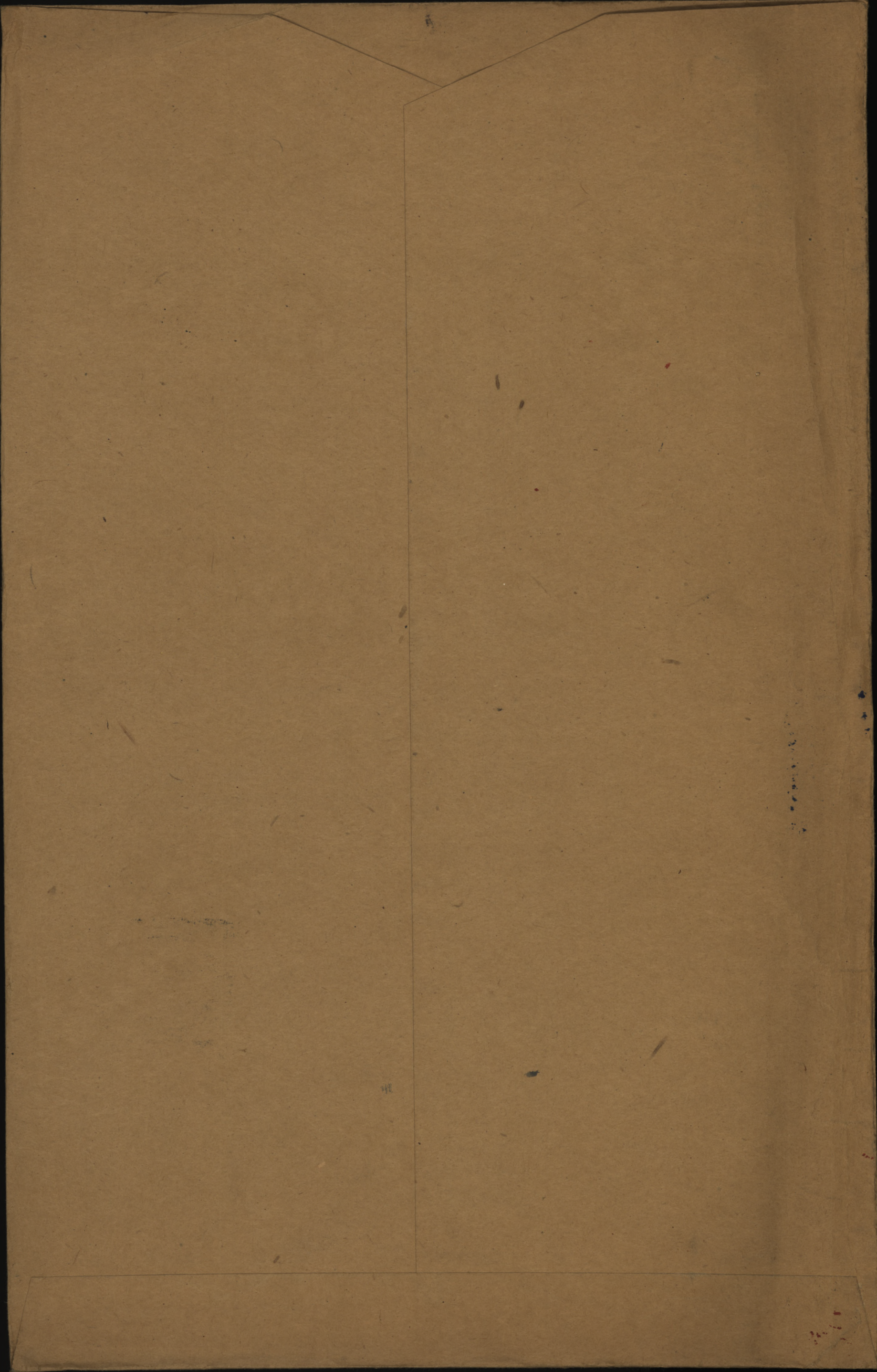
R. O. No.....
 H. Q. No.....



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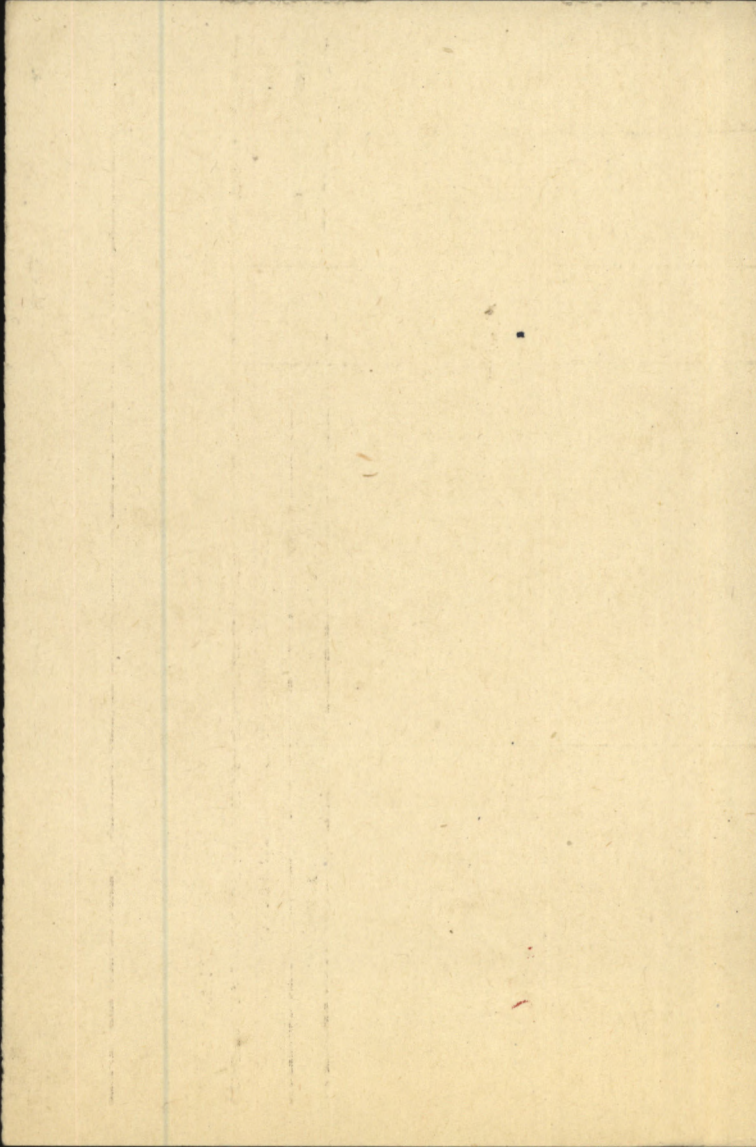
No. 850906 RANK Pte

NAME Morrison J

T. O. S. 26-7-16
Do 175-30-8-16UNIT 176th Battalion, C. E. F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug 26	1916 Aug 31	✓		
	Sept-	✓		
	Oct-	✓		
	Nov 1	✓		
	Nov 8	✓		
			Declared a deserter C. E. F. for 20-10-16 Do 241-21-11-16.	
			91e carried forward. n.	



SURNAME.

Morrison

CARD NO.

CHRISTIAN NAMES

John

*505 Des. 20-10-16 2
652-175 Vol 5, 12-9-18.*

REGL. No.

850906

RANK

Pte.

UNIT

176th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Robidou, John.

RELATIONSHIP TO SOLDIER

Uncle

ADDRESS

Nahant Mass. U.S.A.

COUNTRY OF BIRTH

U.S.A., Boston Mass.

DATE

Aug. 28th. 1894

PLACE OF ATTESTATION

Welland Ont.

DATE

Aug 26th. 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Baker

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

22

YEARS

MONTHS

HEIGHT

5

FEET

11

INCHES

CHEST MEASUREMENT

41

INCHES

EXPANSION

5

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Crystal Beach Ont

DATE

Aug 27th. 1916

Present address, 59 Loyd St. Buffalo N. Y.
U. S. A.

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. 850906 Rank plc Name J. Morrison
 Corps 176th Battalion C.P.F. who was* Struck off as a Deserter
 On November 8th 1916, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1st 1916,
 to November 8th 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	44	10
Advances } No. _____			Reg'l Pay <u>8</u> days at \$ <u>1</u> c	8	
by } No. _____			Field Allow. <u>8</u> days at \$ _____ c <u>10</u>		80
Assigned Pay No. _____			Other Allowances* _____		
Other Charges* <u>Direct Pay</u>	22		Other Credits* _____		
Payment on transfer or discharge No. _____			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)	30	90			
Total	52	90	Total	52	90

*Give Particulars.

A monthly stoppage of \$ _____ (†) has _____ (†) been paid on account of Assigned Pay for the month of _____ 1916 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.

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

REMARKS:—

- State (1) date of enlistment August 26th 1916
 (2) if married and if a Separation Allowance Card has been submitted _____
 (3) cause of discharge and authority A.W.L. S.O. 241

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date November 6th 1916

Place Niagara Falls Ont.

Arthur J. [Signature]
 Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Morrison Christian Name John 8509⁰⁶

Examined { on 27 day of aug 1916
at Crystal Beach
Birthplace { City or Town Boston
County Mass

Approved by _____
Rank A. A. Thompson M.O.

Apparent age 21
Trade or occupation Baker
Height 5' Feet 11" Inches.
Weight 175 Lbs.
Chest measurement { Minimum 36 inches.
Maximum expansion 41 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left X
Number 1
When Vaccinated last 1900

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

(a) Marks indicating congenital peculiarities or previous disease None
(b) Slight defects but not sufficient to cause rejection None

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

Enlisted on 27 day of August 1916 at Crystal Beach

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>176th. Batt.</u>	<u>850906</u>		<u>August 27th. 1916</u>
Transferred to	<u>602d.</u>			

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.

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

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

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps *176th Battalion*

Regimental No. *850906* Rank *Plt* Name *Morrison John*

Enlisted (a) *26-8-16* Terms of Service (a) *1st World War* Service reckons from (a) *26-8-16*

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				
<i>21-11-16</i>	<i>176th Bn.</i>	<i>S. O. S. Deserter. A. W. L. from 20-10-16.</i>	<i>Viagara Camp.</i>	<i>20-10-16</i>	<i>D.O. # 241.</i>

John R. Morrison

(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.

Casualty Form—Active Service

Fill in only—Unit, Number, Rank and Name

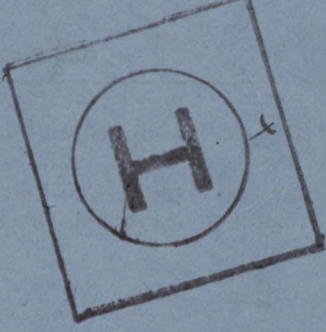
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents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

243

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>850906</i>	
Rank <i>Private</i>	
Name <i>Morrison, John</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>176th Os. Bn.</i>	
Date of Discharge <i>Oct. 20, 16</i>	
Place of Discharge <i>Camp Borden, Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>22</i>years..... <i>2</i>months. Height..... <i>5</i>feet..... <i>11</i>inches. Complexion <i>Fair</i> Eyes <i>Blue</i> Hair <i>Dark</i> Trade <i>Baker</i> Intended place of residence } <i>?</i> <small>(To be given as fully as practicable.)</small>	Descriptive Marks 
2. The above-named man is discharged in consequence of <i>Illegal Absence</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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	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>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Baker</i>

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

X

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

6. 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) Camp Borden, Ont

H. C. Shippard Major

(Date) Oct. 20, 1916

Jeep Commanding

176th O. S. Batt'n, C. E. F.

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) Camp Borden, Ont.

(Signature of Soldier.)

(Date) Oct. 20, 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.

X

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 60 days.

Total.....years 60 days.

11. Confirmation of Discharge.

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

(Place) Camp Borden, Ont

(Signature) H. C. Shippard
Jeep Comd'g 176th O. S. Batt'n, C. E. F. Major

(Date) Oct. 20, 1916

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.

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.