

ORIGINAL ATTESTATION PAPER. York & Simcoe Foresters

No. 2498 963 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

8963

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? 581 Wilton Ave Toronto Canada? Glasgow Scotland.
2. In what Town, Township or Parish, and in what Country were you born? Mrs Annie Morrison
3. What is the name of your next-of-kin? 581 Wilton Ave Toronto Canada.
4. What is the address of your next-of-kin? Mother
4a. What is the relationship of your next-of-kin? Sept 30th 1899
5. What is the date of your birth? Labourer
6. What is your Trade or Calling? Single
7. Are you married? Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? No
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
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, 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: October 9th 1917
John Morrison (Signature of Recruit)
M. E. Wallace (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: October 9th 1917
John Morrison (Signature of Recruit)
M. E. Wallace (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 Toronto Canada, this 9th day of October 1917.
M. E. Wallace (Signature of Justice)

M. F. W. 23. 750 M.-1-17. H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

ORIGINAL

John Morrison

Description of _____ on Enlistment.

Apparent Age.....19.....years.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....ft. 5ins.

Chest measurement { Girth when fully expanded.....35ins.
Range of expansion.....3ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Red

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

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).

Hearing Nose & Throat O.K.
V.L. 60 H. 20

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-Sea Expeditionary Force.

Date.....21st October 1911

Place.....Toronto Canada

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

W. S. [Signature]
M.O. PRESIDENT
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.

[Signature]
(Signature of Officer)

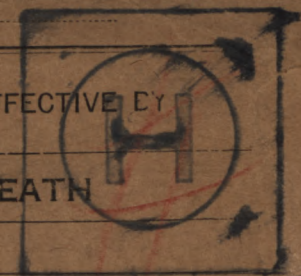
Date.....October 21st 1911

REGIMENTAL DOCUMENTS

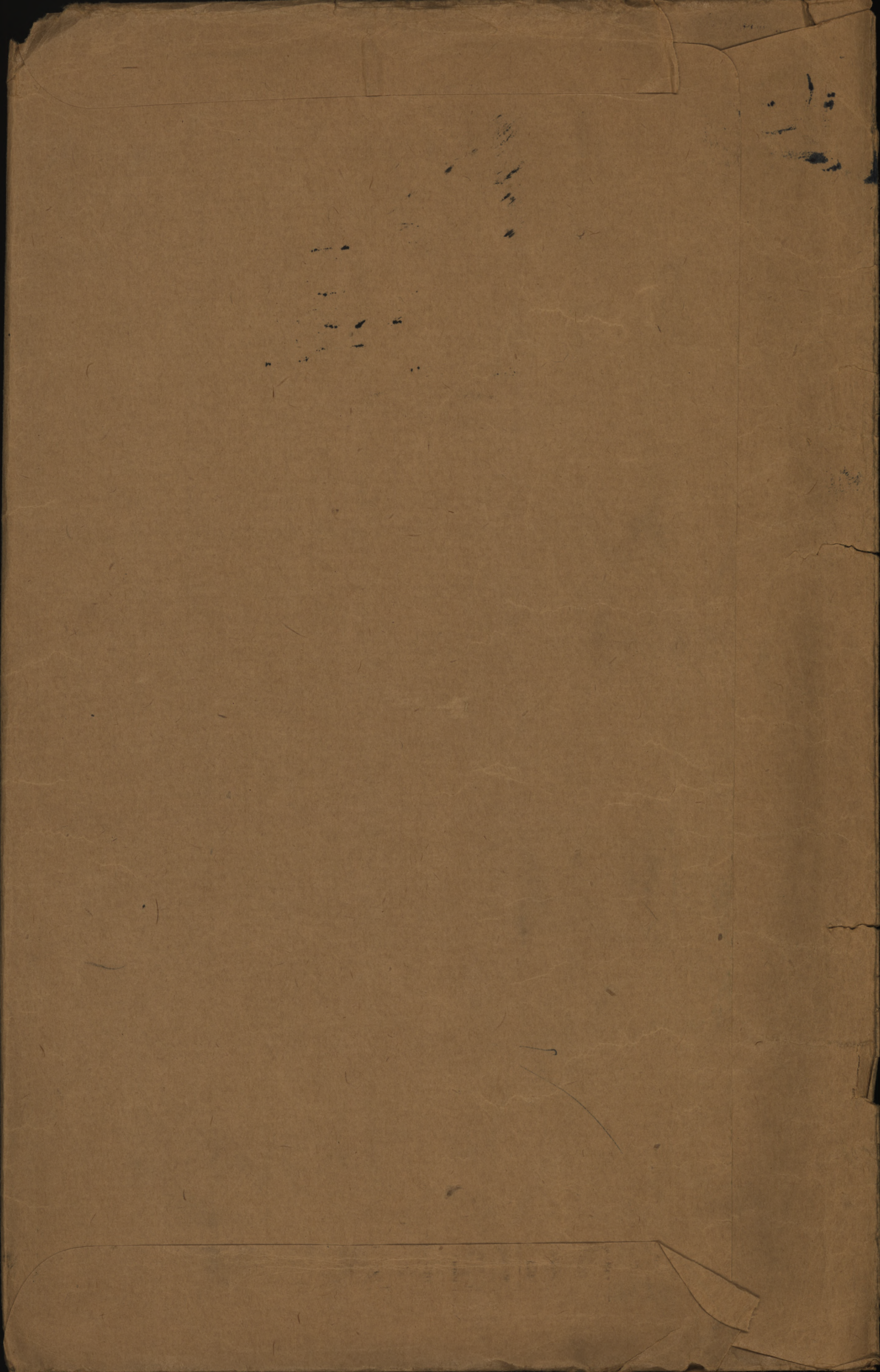
NAME *MORRISON, John*

REGT. NO. *2498963* UNIT *C. F. C.*

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 TRAINING HISTORY SHEET (M.F.W. 113)						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Demob</i>
1 MEDICAL EXAMINATION (M.F.W. 129)						
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				34284	DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					35, 23, 178-24 24	
4 <i>Miss R122</i>		H				
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						
1 <i>17149</i>						



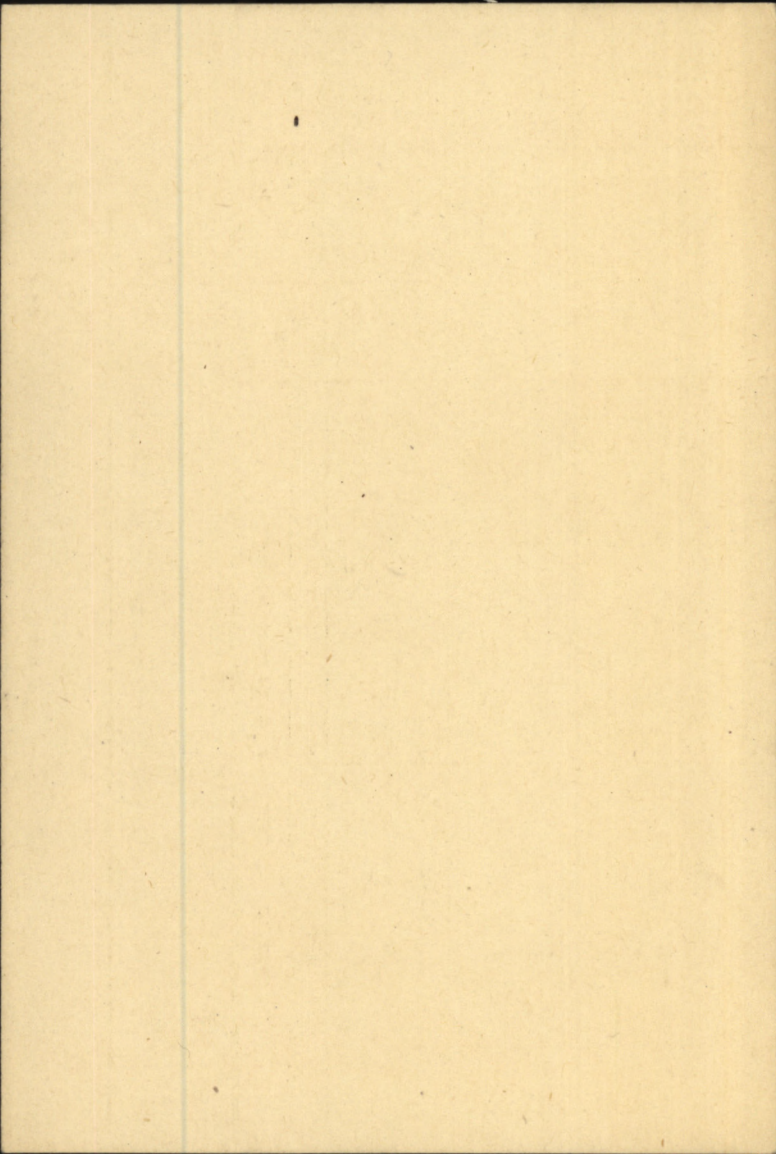
No. 24963. RANK *L/Corpl. (17Bn.)* NAME *Morrison J.*

T. O. S.

UNIT *Discharge Depot (Quebec.)*

M. D. *67*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov. 2.</i>	<i>1916 Feb. 1.</i>	<i>✓</i>		



SURNAME. *Morrison*

CHRISTIAN NAMES *Jahn*

REGL. No. *2498963* RANK *Pte.*

UNIT *Forestry Coy. (M.D.2)*

FORMER CORPS *nil.*

92. CARD NO. *505 Dis. 12-7-19*
Demob. # 2. 19
Do. 197 96-7-19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Morrison, Mrs. Annie*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *581 Willon Ave. Toronto. Ont.*

COUNTRY OF BIRTH *Scotland Glasgow*

DATE *Sept: 30th 1899*

PLACE OF ATTESTATION *Toronto. Ont.*

DATE *Oct. 9th 1917*

R/c 11/7/19 368 Pte

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5-

FEET

3

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

5-

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Red

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct. 9th 1917

Present address 581 Wilton Ave., Toronto, Ont.

em
Number. 2498963 Rank. pte B

Surname. MORRISON V

Christian Name. John

Unit. 67C Theatre of War. France

Date of Service. 26-1-18

Remarks. 109 Hastings Ave., Toronto, Ont.
28.4.27

Latest Address. ~~G.P.O.~~ G.P.O.
Toronto

Roll No. "B" Page 7553.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROM

PAID
TO

SIG.
OR
REC'D

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DISP. APR 30 1927

REGN. No. 2234

V K L P V

NAME

Morrison J

REGT. NO.

2498963

RANK AND UNIT

Pte

Can Svc Corps

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 461.	Beech Hill, Englefield Green	4-3-19	Pneumonia
C 476	Mt Com. Woodcote P. Hom.	22-3-19	" " "
C 504	Disch	28-4-19	" " "

Surname

Christian Name or Names

Reg. No.

MORRISON.

J.

2498963.

Rank 1. Pte.

Unit 1. Forr. Dep.

2.

2.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

8-3-19. C461/2

Beech Hill Englefield Grn. 4-3-19.

Pneumonia. *↗*

25.3.19 C475 (2)

Woodcote Pk.

22.3.19.

30.4.19 C504²

Dist

28.4.19

A.M.D. 2 DEPT.

Sch. of D.G.M.S. O.M.F.C. London.

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class *A*

No. *228485*
issued.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *2498963* (Rank) *Private*

Name (in full) *MORRISON, John* enlisted in
the *6th Toronto Forestry*

CANADIAN EXPEDITIONARY FORCE at *Toronto, Ont.* on the *9th*
day of *October* *1917*

HE served in *C.F.C., England and France.*

and is now discharged from the service by reason of *Demobilization.*
~~Medical Unfitness~~

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

Age <i>19 years</i>	Marks or Scars _____
Height <i>5' 3"</i>	<i>nil</i>
Complexion <i>Fair</i>	_____
Eyes <i>Brown</i>	_____
Hair <i>Red</i>	_____

Signature of Soldier
J. Morrison
Date of Discharge _____

John Lamb
Issuing Officer
For
O.C. No. 2 District Depot.
Rank _____

No. 2 DISTRICT DEPOT
JUL 12 1919

JUL 12 1919
Date _____ 19____

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. 248822 (Rank) Private

enlisted in

REGIMENT, 10th

and served for

CANADIAN EXPEDITIONARY FORCE at TORONTO, Ont. on the 11th

of 1917

and is now discharged from the service by reason of

Demobilization
Medical Unfitness

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

Marks or Scars

18 years

all

5' 10"

175

Blue

Red

Issuing Officer

Rank

19

Date

In the event of a discharge certificate being issued, any person finding same is requested to forward it in an envelope addressed to the Secretary, Military Council, Ottawa, Canada.

FORM OF WILL

565

*gpo.
city*

I, John Morrison (Name in full)

Regimental Number 2498963 serving in YORK & SIMCOE FORESTERS C: E. F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

(mother) Annie Smith Morrison

579 Wilton Ave

Toronto, Ont.

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

absolutely, and my personal estate I bequeath to

(Mother) Annie Smith Morrison

Address as above.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this Ninth day of October A.D. 1917

John Morrison Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

Signature of First Witness W. H. Braughton

Address of Witness Lombard Building Toronto, Ont.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness J. T. Beardmore

Address of Witness Lombard Building Toronto, Ont.

Occupation of Witness Soldier

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

2498 963

Unit, Regiment or Corps

*No. 6 Toronto For. Dep. to B.D. 6 Flb.
YORK & SIMCOE FORESTERS C.F.C.*

Regimental No.

Rank

Pte

Name

Morrison, John

Enlisted (a)

9th Oct 17

Terms of Service (a)

Duration of war and six months thereafter.

Service reckons from (a)

9th Oct 17

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)

Laborer

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

CERTIFIED CORRECT
 9/4/18
 FEB. 1918
 RECORDS, LONDON.

*Embarked
H.M.T. Franpian
Disembarked*

*H. P. H. B. 19/2/17
Glasgow 31/12/17*

*10.30 p.m.
6.00 P.M.*

O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 31/12/17 Pt. 11.D.O.6

28.1.18

06 batls.

*S.O.S. BASE DEPOT C.F.C. SUNNINGDALE
on transfer to France*

26/1/18

PT. II. DO. NO. 111

at Dept. Capt for C.F.C.

away

27/18.

48 Coy

Y.O.S. 48th Coy C.F.C. Field

27/18

NR. B+R 9/8

23-11-18

48 Coy

Granted 14 days leave to U.K.

18-11-18

B213 P2/58

14-12-18

do

rejoined

10-12-18

B213

S.O.S. for demobilisation to C.F.C.

Depot Sunningdale

15/2/19

NR.

Pt. 2.0/5

*KW 37612
5 19.9*

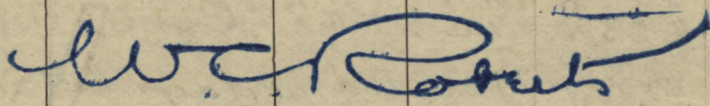
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Printed for the Controller of Stationery [P.T.O.]

Cdn. Sect. G.H.Q.

Casualty Form - Active Service
 Fill in only - This Number Book and Form

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				
28.6.19 21.2.19 21.2.19 1.4.19 28.6.19	from H8 Coy. Lance. 28/6/19	O.C. O. T.O.S. Base Depot, C.F.C. Sunningdale S.O.S. BASE DEPOT C.F.C. SUNNINGDALE	18.2.19	52 1.4.19 28/6/19	
		transferred on posting to	Lt. for O.C. B.D.C.F.C.		
		embarkation. Canada.			
JUL 3 1919	O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	1917	
JUL 12 1919	S.O.S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D.	1917	
 For O. C. No. 2 District Depot.					

No 6 Toronto For Dft To B.D.C.F.C

.W.W Rank Name MORRISON. John. Reg'l No. 2498963.
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Toronto.CAN. Oct.9th.1917. Place of Birth Glasgow.SCOTLAND.
 Name and Address, Next-of-Kin Mrs. Annie Morrison,
 859, Dundas Street E. Toronto. Canada. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character
 H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		31-12-17	S/S GRAMPIAN
7-1-18	B.D.C.F.C.	T.O.S. from Canada	Plt S. Dale	31.12.17	PT. O. 6
28-1-18	" "	S.O.S. to France	" "	26.1.18	" 24
21-2-18	Asst Coy "	T.O.S. on arrival from Eng	" Field	27.2.18	" 8
		SOS to BDCFC, 15 2.19			
		B Co D 27 2.19 &			
		To BDCFC S. Dale			
		DO 52 d 21 2.19			
21-5-19	BDCFC	Over from 1200 absentia	Plt S. Dale	15-5-19	- 141 cancelled 1/4-6/19 BDCFC
10.6.19	"	21 days 7 Phos 2 overstaying pass 15.5.19 to 31.5.19 forfeits 17 days pay under P.A.R.	" "	2.6.19	- 161

M.F.B. 103 CHECKED
 11 JAN 1919

P.F. 0155
 1/4-6/19 BDCFC

X

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON, J.
REGIMENT C.F.C. RANK Pte No. 2298963

Date of Examination in England 5-5-19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 28.
2. EXTRACTIONS None
3. CROWNS None
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part LowerNone

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
(a) In Canada
(b) In England yes
(c) In France

Signature of Dental Officer R. Morrison
Capt

MORRISON J.

1863

1863

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

48

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON J.

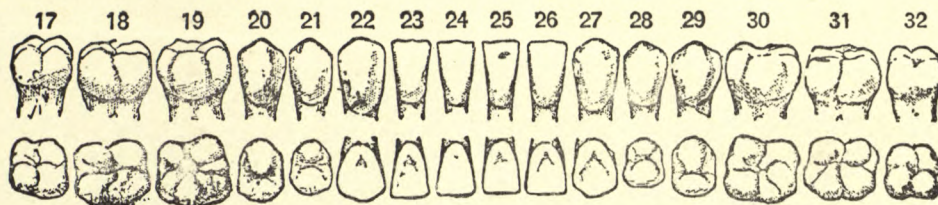
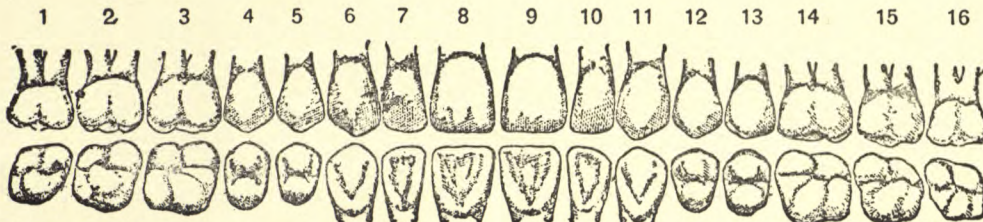
REGIMENT C.F.C. RANK PTE No. 2498963

Date of Examination in England 22/2/19. Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS none

2. EXTRACTIONS 19.

3. CROWNS none.

4. DENTURES
(a) Full Upper } none
(b) Part Upper }
(c) Full Lower }
(d) Part Lower }

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
(a) In Canada
(b) In England
(c) In France yes

Signature of Dental Officer J.H. Hunt Capt.

MARKED
K. L. ...

19
...

...

...

...

...

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. 2498963 Rank Cte Surname Morrison
(Given name in full)

Unit or Corps C. F. C. Depot Birthplace John Glasgow Scot

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

1. GENERAL DESCRIPTION:

Physique good Weight 113 lbs. Height 5 ft. 5 in. Colour of Eyes Brown
 Nutrition good
 Pulse 90
 Condition of arteries good
 Vision Rt. D12/12 Left D12/12
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

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 yes
 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.

Influenza and Pneumonia in Feb. 1919
Recovered fully

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at M.C.K. Epsom (Overseas)

Date 22-4-19

Signed A.M. Skates 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 A. Morrison

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

48

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTE. Name JOHN Surname MORRISON
Unit or Corps C.F.C. (If a soldier) Regtl. No. 2498963
Born at GOVAN SCOTLAND on, date 93 OCTR - 1899
Signature (for identification) J. Morrison

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 120 lbs. EST. None
Height 5 ft. 6 ins.

2. NUTRITION AND DIATHESIS

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM

Normal

4. RESPIRATORY SYSTEM

Normal

5. HEART

Abnormal Sounds? None
Abnormal Size? Normal
Pulse Rate? 68 Intermittence or irregularity? None

6. ARTERIES—Any hardening?

None

7. DIGESTIVE SYSTEM

Normal

8. GENITO-URINARY SYSTEM

Normal

Urinalysis—s.g.?..... Reaction?..... Albumen?..... Sugar?.....

9. SKIN, MIDDLE EAR, EYE
or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Fit

Examined at Summerville Signed A. H. [Signature] Cap. M.O.
Date 26/2/19 Signed A. [Signature] Cap. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the office
of the Officer in Charge of the Service on the 11th day

MORRISON
C. F. C.
COVANN SCOTLAND
J. H. HARRIS

Medical Examination upon leaving the office
of the Officer in Charge of the Service on the 11th day

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....YORK & SIMCOE FORESTERS C. E. F.....

(2) Regimental Number.....2498 963.....

(3) Full Name of Soldier.....Merrison, John.....

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

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

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

(b) Present Postal Address.....

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

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive?.....

Yes

If so, state name and address.....

Morrison, James 873

859 Dundas St E
579 Winton Ave
Toronto

(10) Is your Mother alive?.....

Yes

If so, state name and address.....

Morrison, Annie Smith

Dundas St
Toronto out

Address as above.

859

(This is old address of parents, will furnish new address later)

(11) If your Mother is a widow.....

hr

Are you her sole support, or not?.....

hr

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

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

hr
sue

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

(15) Are you insured?.....

No

If so, in what Company?.....

ml

Have you made arrangements for payment of your Insurance premium.....

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

Dw Hughes

Capt.

Officer Commanding.

Date..... 9th October 1917

93
P.H.

ORIGINAL
MILITARY SERVICE ACT, 1917.

2498963

B2

ORIGINAL 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.

1. Surname Morrison Christian name John
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)..... 809 Dundas St East Toronto E 21
591 Wilton Ave Toronto Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of October 1917, by the undersigned medical board sitting at Toronto Canada.

5. Age as stated..... Years..... Months. 6. Apparent age 18 Years..... Months
7. Height 5 Feet 3 Inches. 8. Weight 109½ Pounds.
9. Chest measurement { Minimum 30 Ins. 10. Complexion Fair { Eyes Brown
Maximum 35 Ins. { Hair Red
11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm..... 14. When vaccinated last Nil
Left arm Nil
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection Hearing Nose & Throat O.K V.R.60 L.O
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
Member. Member.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
[Signature] M.O.
PRESIDENT.

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/10/17</u>		<u>Awgregory Lt M.O.</u>	<u>2/10/17</u>		<u>Awgregory Lt M.O.</u>
		<u>M.O.</u>	<u>28/10/17</u>		<u>Awgregory Lt M.O.</u>
		<u>M.O.</u>	<u>3/11/17</u>		<u>Awgregory Lt M.O.</u>

Joined 9th day of October 1917 at Toronto Canada.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>York & Simcoe Foresters.</u>	<u>11 2498963</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ex Camp Toronto</u>	<u>Oct 27-17</u>		<u>B2</u>
<u>Sumnerdale</u>	<u>8-1-18</u>		<u>W.P. Donald</u>
	<u>26/5/19</u>		<u>A. A. Heuman Cap</u>

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.

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Glasgow Scotland

NAME AND ADDRESS OF NEXT OF KIN

Mrs Annie Morrison

859 Dundas St E Toronto Canada

RELATIONSHIP OF NEXT OF KIN

Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *2498963* RANK

Ate

NAME

MORRISON JOHN

IF IN PERM. CORPS
WHAT UNIT

*#6 Toronto
UNIT Forestry*

TRANSFERRED TO

B.C. Eng.

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

b. P. b. France

DATE

1-3-18

AUTHORITY

A.R.

PLACE OF ATTESTATION

Toronto Canada

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

9-10-17

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *20.00*

DATE EFFECTIVE

11/12/17

PAYABLE TO

Annie Morrison, 859, Dundas St. E. Toronto, Ont. Can.

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	OFFER. RED. PAY	SER. ALLOE. ENG.	1	2	3	4	1	2	3	4	CREDIT	DEBIT				
31/12/17									Canada.																
Jan	P. Pay	34	10						52 70																
Feb	P. Pay	30	80						40																
				A.P. Allow Jan & Feb.																					
				A.R. B.C. 16th. 67.6 B.D.	19	47																			
				" 299 2878		47			19 16 ml																
Mar	P. Pay	30	80						40																
				loan A.P.					20																
				all 1310. 9/21/8 1/2 bank	7	14																			
				1624. 5/3/8	7	14			18 98 ml																
					14. 28.				20.																

ASSD PAY FOR Decem 17
DEDUCTED ON CAN PAY L

ASSIGNED PAY **ENGLAND or CANADA.** SEPARATION ALLOWANCE. **ENGLAND or CANADA.** NAME: **MORRISON, John.**

EFFECTIVE DATE: **1/12/17.** EFFECTIVE DATE: NUMBER: **2498963.**

AMOUNT: **#20⁰⁰** AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Annie Morrison *Mother.* **Private**
859 Dundas St. E. Toronto, Ont. Can.

Stopped 1-6-19
Stopped 8-4-19

UNIT AND TRANSFERS

ORIGINAL UNIT: **#6 Toronto Forestry.**
 DATE ACCOUNT FIRST OPENED: **1/1/18.**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

C. J. B. France.
11-8-19 *London*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2.12.18	531	R. Long Fore Warrant	9.44			<i>Judge's Bal Credit</i>	31.42
21.1.19	8587	B.A.	25.00			<i>L.P.C. " Debit</i>	2.32
7/5	2518	L.P.C.	24.33				
			33.74				

Discharge to Canada 2/15/19 N.A. 8843 7/5 Scale 21
850 sent effect 20/9/18

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Can 2/19 for Warrant 2498963 24/7/19 Scale 21*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Forward								18.98	nil	
April	Ptes Pay.	33-		loan at. all 86. 13-4-18 #12 Dist.	7.14			20-	24.84	nil	
May	Ptes Pay	33- 34.10		loan at. all 387 3-5-18	7.14			20-	21.80	nil	
June	Ptes Pay	34.10 33-		loan at. 700. 14-6-18	7.14			20-	37.66	nil	
July	Ptes Pay	33- 34.10		loan at. 987 1-7-18	7.14			20-	44.62	nil	
Aug.	Ptes Pay	34.10 34.10		loan at. 1356. 3-8-18	7.14			20-	51.58	nil	
Sept.	Ptes Pay.	34.10 33-		loan at. 1723. 2-9-18	7.14			20-	57.44	nil	
Oct.	Ptes Pay.	33- 34.10		loan at. 2088 12-10-18	7.14			20-	64.08	nil	
Nov.	Ptes Pay.	34.10 33-		loan at. 2398 5-11-18	7.14			20-	71.22	nil	
				loan at. Lec. 20-11-18	48.67						
				loan at. 2598. 27-11-18	3.73						
Dec		34.10		loan at.				20-			
Jan		34.10		loan at.				20-	45.42	nil	
Feb.		161.20 30.80		loan at. 2920. 26-1-18	59.86			20-			
				loan at. 3165. 9-1-19	13.06						
				loan at. 3402. 4-7-19	7.14						
				loan at. B8987. 28-7-19	7.14						
Mar		34.10		G.A.P.	24.33						
				all P. 895. Don't Great Coal	882			20-	9.19		
					61.13			40-			

COMPILED BY *W. B. Binning*
 CHECKED BY *W. B. Binning*

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar						Bal Forward					9 19		
Apr	P 1			33		AR 353 31 3 19 Epsom	4 87						
May				3410		B.C.P. Apr & May				40	31 42		
				6710			487			40.			
						Allowed 21 days 2P. 1/19 2/19 all							
						from 12:00 1/19 - 21:00 2/19 2/19	41 80						
						35 days 130 161 10/19 B.D. 6.76.	41 80				10 38		
Aug						In AR 2518 7/5/19 C70	24 33						
						Abt Let. 2/12/18 Rg W-1 53/534364	9 41				44 12		

Sol lancea M. Dr. 3.7.19. L.L. 96. L. 71.

Bal 2.37
 End. 41.80
 Bal. 44.12

76 29
 44 87
 31 42

A 3 M. FORM REN'D *Stamps*
 DISCHARGED TO *Camp*
 PAY BOOK REF'D *3.3.19*
 AUTH. *669* L.P.C. REN'D 3.3.19
 AUTH. *D.2. NR 3977*

COMPILED BY *[Signature]*
 CHECKED BY *[Signature]*
forward report



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

W.S.B.A. 228485

1. No. 2498963, **SAILING NO. 96**

2. Rank Pte. **EMB'KD LIVERPOOL 3-7-19**

3. Name Morrison, John. **DIS'BD QUEBEC 10.7.19**

4. Unit C.F.C., Orig. Unit C.F.C.,

5. Date of Discharge **JUL 12 1919** Place **TORONTO, ONT.**

6. Reason for Discharge Demobilization, Category "A".
Group **38, 7**
Mother,
Pres.

DEMOBILIZATION

7. Authority **No. 2, D.D., Part II, D.O. No. 197**

8. Proposed Residence after Discharge
G.P.O. Toronto. Ont.

9. **CERTIFICATE TO BE SIGNED BY SOLDIER.**
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

Pte. John Morrison
Signature of Soldier.

10. **CONFIRMATION.**
The discharge of the above named man is hereby confirmed.

Place _____
Date _____

No. 2 DISTRICT DEPOT
JUL 12 1919
TORONTO
Signature

John L. ...
For
O.C. No. 2 District Depot.
(O.C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)



1. Name of Soldier: _____

2. Rank: _____

3. Service Number: _____

4. Date of Discharge: _____

5. Place of Discharge: _____

6. Reason for Discharge: _____

7. Authority: _____

8. Proposed Residence after Discharge: _____

9. CERTIFICATE TO BE SIGNED BY SOLDIER
I hereby acknowledge that at the underlined date and day I received my discharge Certificate No. _____

10. CONFIRMATION
The discharge of the above named man is hereby confirmed.

Signature of Soldier: _____

Signature of Official: _____

(O.C. Discharge Unit)

DEMobilIZATION

NO. 2 DISTRICT DETO
MIL 1-2-1918
TORONTO

CALLING NO. 28
MIL 1-2-1918
MIL 1-2-1918
TORONTO, ONT.

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphala	Military Form W 28
or Certificate of Receipt	Military Form W 132
Field Certificate Sheet	Military Form W 112 or A.F.B. 122
Casualty Form	Military Form W 64 or A.F.B. 163
Last Pay Certificate	Military Form W 41
Certificates that missing documents are unobtainable	
Medical History Sheet	Military Form E 211 or A.F.B. 148
Proceedings of Medical Board	M.F.B. 227, A.F.B. 130 or A.F.A. 14
Dental History Sheet	Military Form D 452
Medical Report	M.F.W. 129 or D.A.S. 1276
Regimental Certificate Sheet	Military Form B 202
Casualty Certificate Sheet	Military Form B 202A

Checked by No. 27
 Date

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178);
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (A.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 32)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 50a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **A**
 Checked by No. **27**

[Signature]

Date..... **20 JUN 1919**

III

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2498963.	Pte	Morrison	J.
		Unit.		Age.
Year.	Can. F.C. Depot.			
Station and Date.	Disease Pneumonia (cont)			
22.3.19.	General condition fair - does not look strong. No cough - Nothing active in chest - R.L. + Fat 1-3			
3/4/19	PTE			H.W. Smith
20/4/19.	Out of bed 2 weeks. C.O. P.T. in much better condition			
22/4/19.	Remained full Chest clear. Feels perfectly well. a			
	Morrison			
None				
				Tab 5/4/19
				TAB

* The first and last entries will be signed, and transfers from one Medical Officer to another attested by their signatures.
(A 1014) W9031/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) [P.T.O.]

Station
and Date.

MEDICAL CASE SHEET.*

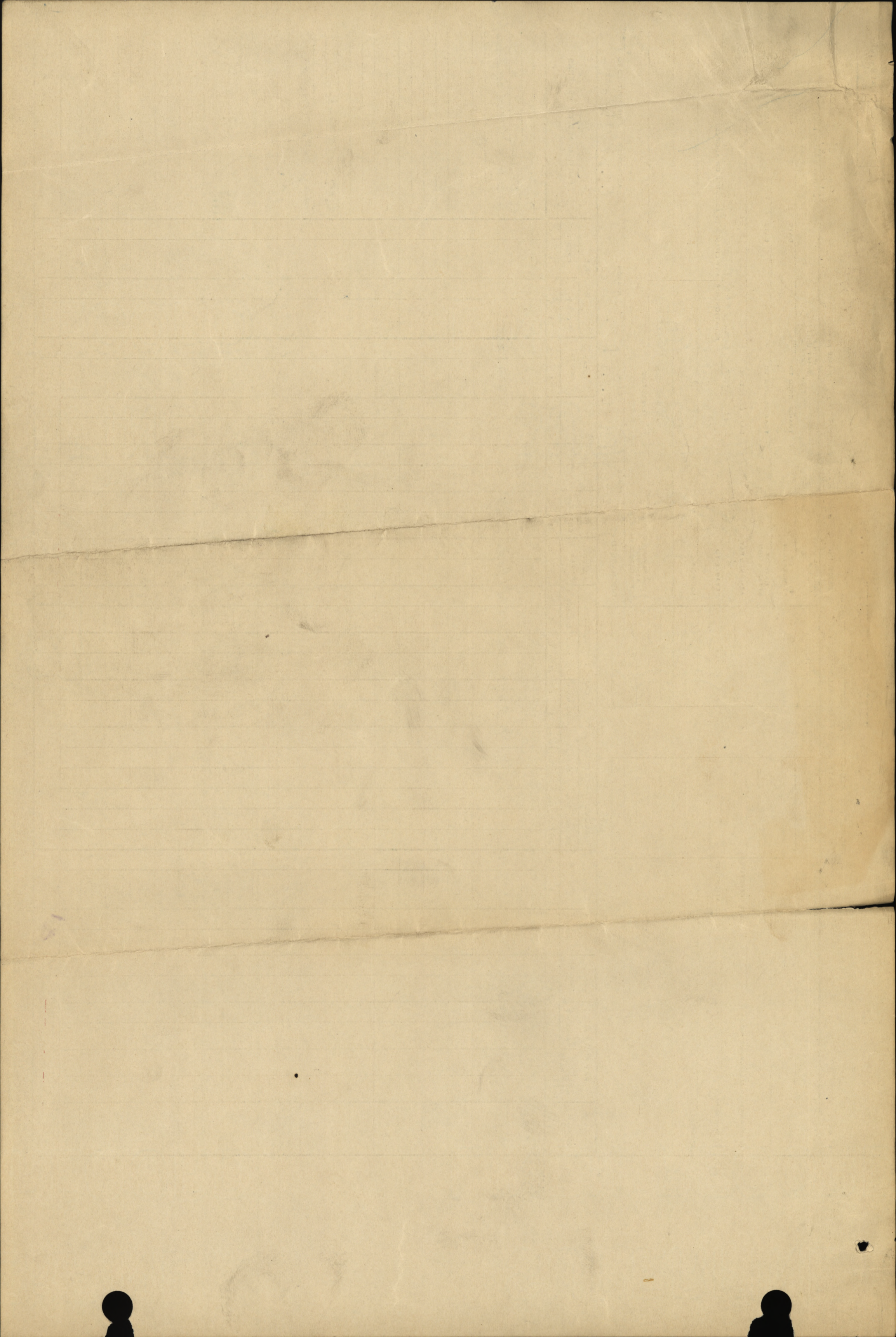
No. in Admission and Discharge Book. <u>157</u> Year <u>1919</u>	Regimental No. <u>2498963</u>	Rank. <u>Pts</u>	Surname. <u>Johnson</u>	Christian Name. <u>J.</u>
		Unit. <u>6.76</u>	Age.	Service.

Station and Date.	Disease <u>Influenza - Pneumonia</u> <u>Admitted 3-3-19 with Temp.</u> <u>102 3/4 - Cough & blood sputum. Exam</u> <u>lungs - patchy pneumonic spots in</u> <u>backs of both lungs - Treat - expectorant</u> <u>& cod liver oil - which improved but</u> <u>still weak Transferred to Cassell</u> <u>Corp. Caswell - 21-3-19</u> <u>Cassell</u>
-------------------	---

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

Green 28, 4, 19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 19975

Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *2498963*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *John Morrison*
 Battalion *Depot Forestry Units*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Annie Morrison*
 Address *859 Dundas St. E., Toronto*
 Change of Address *out.*
 1
 2
 3
 4

10 of 8/24

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918</i>					<i>File 013 136-8-102</i>
<i>Jan</i>	<i>U 66934</i>		<i>40</i>	<i>40</i>	<i>R - mailed 4/18</i>
<i>Feb</i>	<i>H 73510</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>N 92421</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>N 10435</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 17656</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>N 21891</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>H 31304</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 40592</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sep</i>	<i>U 42872</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct.</i>	<i>H 54116</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov.</i>	<i>H 57318</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec.</i>	<i>X 67624</i>		<i>20</i>	<i>20</i>	<i>✓✓</i>
<i>Jan</i>	<i>H 72618</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb.</i>	<i>W 76907</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar.</i>	<i>M 86150</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr.</i>	<i>P. 3769</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>G 8244</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>H 11366</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>G 11584</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>400</i>	<i>400</i>	

A/c Closed *31-7-19*
 Ret'd per *Chief of Probation*
 Date *11/7/19* M.F.W. 187 *126/7/19*
 Clerk *Probation*
W/O 115298 Dobson

M. F. W. 128
 400M-517-1172-39-1141
 L. L. 2320-M. & D. 7983

