

5th M. D. FIRST Depot Battalion SECOND QUEBEC Regiment
Regtl. No. 3281999

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname..... Morrison

2. Christian name..... John

3. Present address..... Lake Lake Megantic, Megantic Co. P. Q. Canada

4. Military Service Act letter and number..... 189547 Ec

5. Date of birth..... 12 March 1896 ¹⁹¹⁶ ₂₂

6. Place of birth..... Marsberg, Megantic Co. P. Q. Canada
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Farmer

10. Name of next-of-kin..... R. J. Morrison

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Lake Megantic, Megantic Co. P. Q. Canada

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... None

15. Medical Examination under Military Service Act:—
(a) Place..... Quebec (b) Date..... 4-6-18 (c) Category..... A-2

DECLARATION OF RECRUIT

I, John Morrison, do solemnly declare that the above particulars refer to me, and are true.

John Morrison

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs..... 1 mths.

Height..... 5 ft..... 6 ins.

Chest measurement } fully expanded..... 36 ins.
range of expansion..... 2 1/2 ins.

Complexion..... Fair

Eyes..... Gray

Hair..... Dark

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

P-56

for Jas Brodie LT Capt.
O. C. 1st DEPT BATTALION, 2nd QUEBEC REGIMENT
O. C. FIRST Depot Btl.
SECOND QUEBEC Regt.

Place Drill Hall Quebec Date 31-5-18

M. S. A.

Regiment
Company
Battalion
M. D.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1916

Class	Particulars
1. Name	
2. Christian name	
3. Present address	
4. Previous address	
5. Trade or calling	
6. Date of birth	
7. Height	
8. Weight	
9. Complexion	
10. Eyes	
11. Hair	
12. Marital status	
13. Whether a member of the Army Reserve	
14. Particulars of previous military or naval service	
15. Medical Examination under Military Service Act	
16. Place of capture	

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Signature of Recruit

DESCRIPTION OF CALLING UP

Particulars	Remarks
1. Name	
2. Christian name	
3. Present address	
4. Previous address	
5. Trade or calling	
6. Date of birth	
7. Height	
8. Weight	
9. Complexion	
10. Eyes	
11. Hair	
12. Marital status	
13. Medical Examination under Military Service Act	
14. Place of capture	

Approved by
Signature of Officer
Date

REGIMENTAL DOCUMENTS

NAME

MORRISON

John

REGT. NO.

3281999

UNIT

23rd. Res. Bn

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)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

2 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

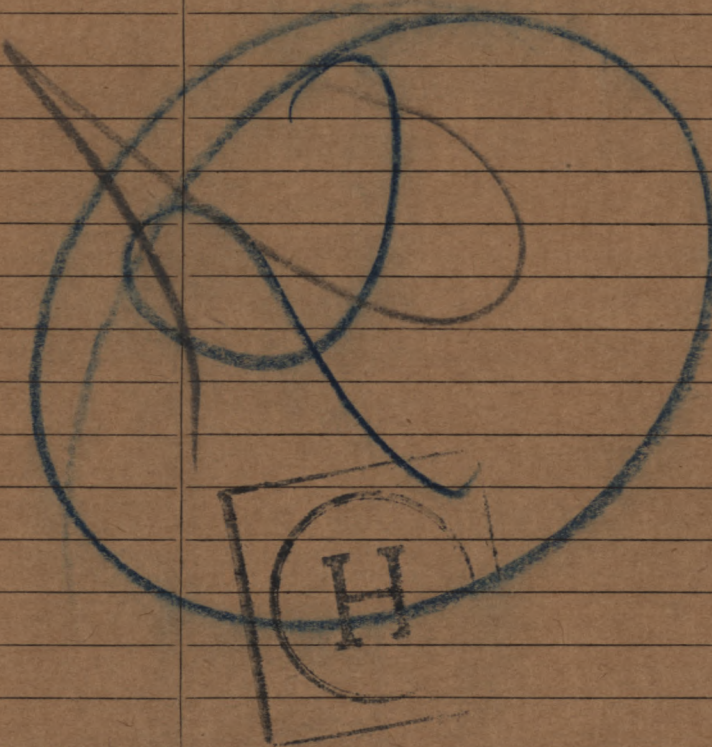
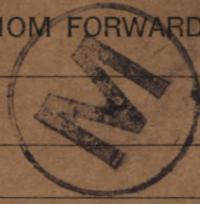
LAST PAY CERTIFICATE (M.F.W. 44)

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)

*4 Miss
24
1003*



DEATH

Category

DISCHARGE

Category

34266

Demob

DESERTION

*36-24
20-24
13-24*

lin
JW

B

Number. 3281999 Rank. Pfc

Surname. MARRISON

Christian Name. John

Units Que Rgt. Theatre of War Eng

Date of Service. 8-8-18

Remarks.

Latest Address. ~~P.O. Lake~~

Megantic
Que

Roll No. A Page 1018

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

Substn. - ret'd. 27/26

DESP. JUN 20 1926
REGN. No. 2867

REGT'L. No. 32 81999
H. Q. FILE No. 649

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS
NO.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 301.

Mil Geo Aldershot 25/8/18.

Measles.

C 331.

Disch

27-9-18.

" "

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Morrison

John

Pte

M. 10 "F" H.

3281999.

Soldier 6-7-19
Demob. at 20
1960 10-7-19
8 (1420)

R/64-7-19-361 Pte.
70

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

MORRISON .
RANK

J.
UNIT

Co.

3281999.
TROOP BATTY

Pte.
HOSPITAL

Que. Dep.

DATE OF ADMISSION

Mil. Isol. Aldershot.

25-8-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Measles. R

1.

2.

3.

DISPOSITION

C.L. 27-8-18. C301.

- 1.10.18 6331-2.

DATE

Dis 27.9.18

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3281999 (Rank) Private
Name (in full) Morrison John enlisted in
the 1st Depot Bn 2nd Quebec Regiment
CANADIAN EXPEDITIONARY FORCE at Quebec on the 4th
day of June 1918
HE served in Quebec Regiment in England
Demobilization.
and is now discharged from the service by reason of Medical Unfitness.

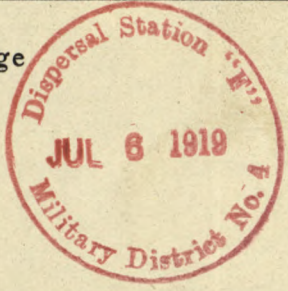
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 22 yrs. 11 mths
Height 5 ft. 6 ins.
Complexion Fair
Eyes Grey
Hair Dark

Marks or Scars Nil

John Morrison
Signature of Soldier.

Date of Discharge



Issuing Officer

Arthur Charles
Lieutenant
Officer in Charge Discharge Section, Dispersal Station 'F'

Rank

Date July 6 1919

NB- 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 *[Name]*
has been discharged from the service of the
CANADIAN EXPEDITIONARY FORCE
on the *[Date]* at *[Location]*
and that he is entitled to the
benefits of the War Service Act.

[Faint text, possibly a signature or official name]

[Vertical stamp or text]

[Signature]



NASAL REPORT.

EYE, EAR, NOSE AND THROAT CLINIC.

A.M. D. 5/23.

Hut ²⁹ 34, Camp 38.

Ripon

May 22 1919.

Reg. No. 328,999 Rank Pte Name Morrison J.

Unit 23rd Res.

Diagnosis ~~Ecchymoses bridge of nose & inner angle~~

REMARKS :-

~~of both eyes.~~ & affected system & right (old) ~~stroke~~
 Assaulted last night receiving blow
 bridge of nose some ecchymoses bridge nose &
 inner angle both eyes. No fracture of nose
 that I can make out.
 No treatment required at present but watch
 for discoloration & laceration

<u>Hearing.</u>	<u>Rt.</u>	<u>Lt.</u>	<u>Rt.</u>	<u>Lt.</u>
Voice			Rinne	
Whisper			Weber	
Watch			Schwaback	
			Fork 256	
			" 2048.	
			Bone Cond'n	

Category A

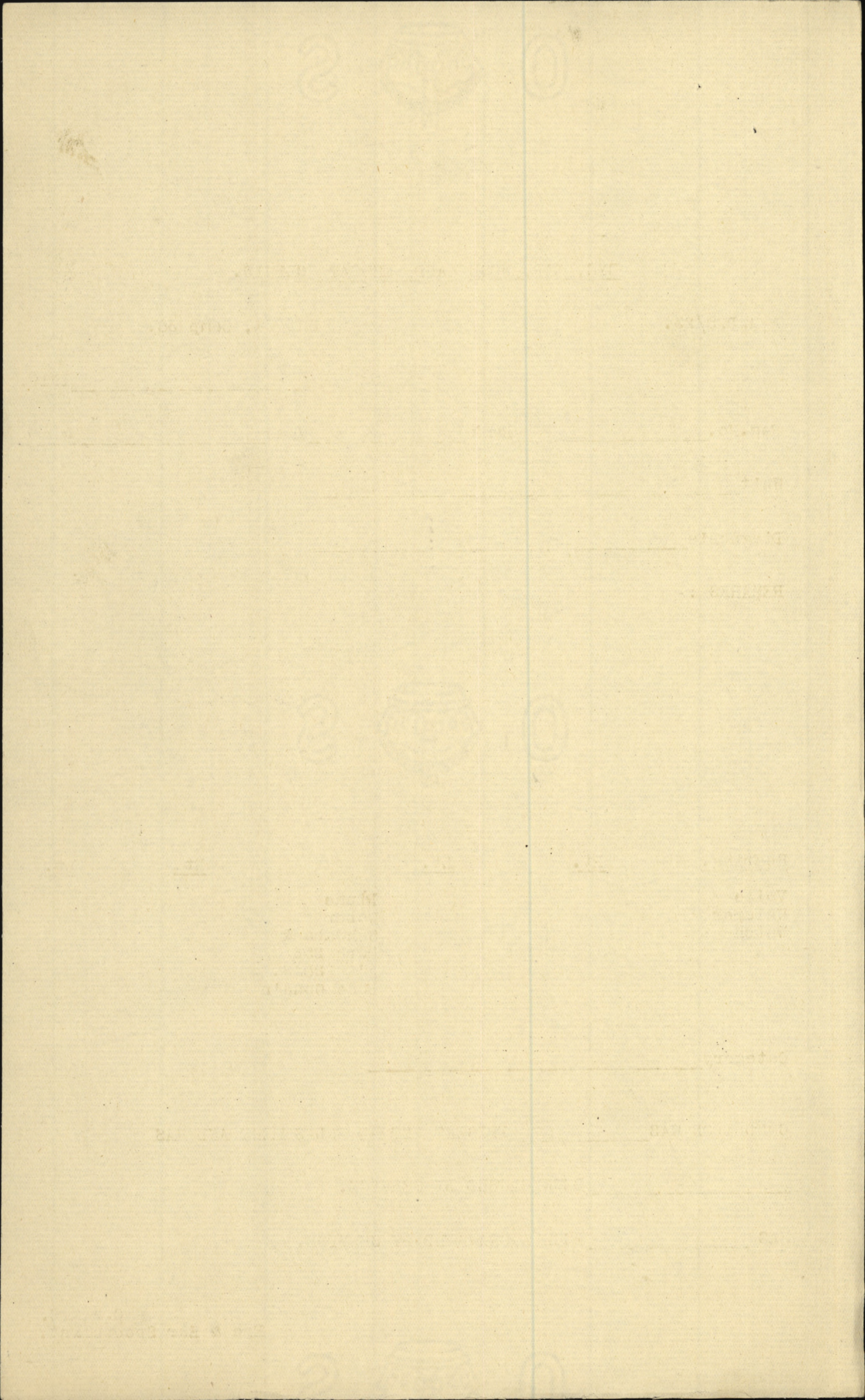
CONDITION WAS not PRESENT BEFORE ENLISTMENT AND HAS

not BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

R. J. Nichol

C.A.M.C.
 Eye & Ear Specialist.



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

Casualty Form—Active Service.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Unit, Regiment or Corps.....

Regimental No. 3281999 Rank Pte Name John MorrisonC. E. F. DefEnlisted (a) 4-6-18 Terms of Service (a) Can. Exp. F. No. Service reckons from (a) 4-6-18

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) Farmer

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>Embarked Quebec</i>		<i>21-7-18</i>	<i>H. M. S.</i>
		<i>Arrived London</i>		<i>8.8.18</i>	<i>"Somali"</i>
<i>20-8-18</i>	<i>O.C. 10th Can. Res. Bn. T.O.S. on transfer from</i>	<i>arriving from Canada</i>	<i>B. Shott</i>	<i>8.8.18</i>	<i>D.O.P. 11 196</i>
<i>16-9-18</i>	<i>O.C. 10th. Res. Bn.</i>	<i>Transf. to 20th Res. Bn. C. E. F. B. Shott</i>		<i>20-8-18</i>	<i>D.P. 11. 0 219</i>
		<i>Galardean Lt</i>			<i>Ass-Adj. 10th. Can. Res. Bn.</i>
<i>SEP 17 1918</i>	<i>20 Res</i>	<i>20 S from 10 Res</i>	<i>BRAMSHOTT.</i>	<i>20/8/18</i>	<i>20.260</i>
<i>29/4/19</i>	<i>20 Res.</i>	<i>S.O.S. on transfer to 23rd Can Res Bn</i>	<i>Repon</i>	<i>29/4/19</i>	<i>D.P. 119</i>
					<i>CAPT. & ADJUTANT, 20th CANADIAN RESERVE BN.</i>
<i>30-4-19</i>	<i>23rd. CAN. RES. BN.</i>	TAKEN ON STRENGTH	<i>ido</i>	<i>09/4/19</i>	<i>D.P. 11 104</i>

(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.

I.P.T.O.

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				
		23rd Can. D.P.-2.O. Res. Bn. No. 144	Struck off Strength On proceeding to Canada	15/6/19 Ripon	
			<i>W. H. Chalmer</i> Capt. & Adjt. 23rd Can. Res. Bn.		
		26th June 1919 Embarked S S Baltic Liverpool.		<i>B. B. B.</i> CAPTAIN & ADJUTANT, No. 16 TRANS. ATLANTIC, CONDUCTING STAFF, C. E. F.	
15-7-19.	O/S	T.O.S. D.D.#4	Disp.Stn."F" Montreal	27-6-19	D.O.Pt.II#196.
15-7-19.		S.O.S. D.D.#4	Demob. "	6-7-19.	D.O.Pt.II#196.
			<i>G. H. Fletcher</i> of Lieutenant, Assistant Adjutant, District Depot No. 4.		R.O. 1420.

Rank _____ Name *Morrison John* Reg'l No. *3281999*
 90th Dpt 1ST BN 2ND QUE If in perm. Corps, }
 Unit What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Quebec Can. May 31st 1918* Place of Birth *Marsboro P.I. Can.*
 Name and Address, Next-of-Kin *R. J. Morrison.*
Lake Megantic, Megantic Co., P.I. Can. Relationship *Father.*
 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.				
					<i>Arrived in England.</i>
<i>20-8-18</i>	<i>10th Res</i>	<i>I.O.S.</i>	<i>Bramshott</i>	<i>8-8-18</i>	<i>8 8 18 S S SOMALI</i>
<i>29-8-18</i>		<i>SOS to 20th Res</i>	"	<i>20-8-18</i>	<i>DO 196</i>
<i>29-4-19</i>	<i>20th Res</i>	<i>S.O.S. to 23 Res.</i>	<i>Pte Ripon</i>	<i>29-4-19</i>	<i>DO 204 to 260 d/17/9/18 20th Res</i>
<i>25.6.19</i>	<i>23 Res</i>	<i>SOS to Canada SL81</i>	"	<i>26.6.19</i>	<i>DO 119. DO 104 d/30th 79 23 Res</i>

TO CANADA 26.6.19 81-F-81

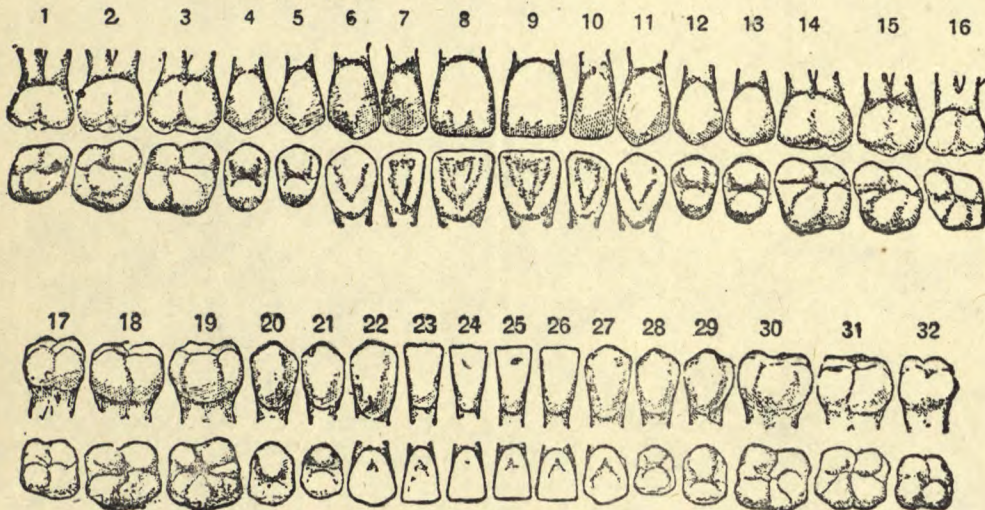
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON J.
 REGIMENT 23 Res RANK Pte. No. 3281999

Date of Examination in England 29-5-19 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 14. 19. 30. 31. 32.

2. EXTRACTIONS —

3. CROWNS —

4. DENTURES

- (a) Full Upper —
- (b) Part Upper —
- (c) Full Lower —
- (d) Part Lower —

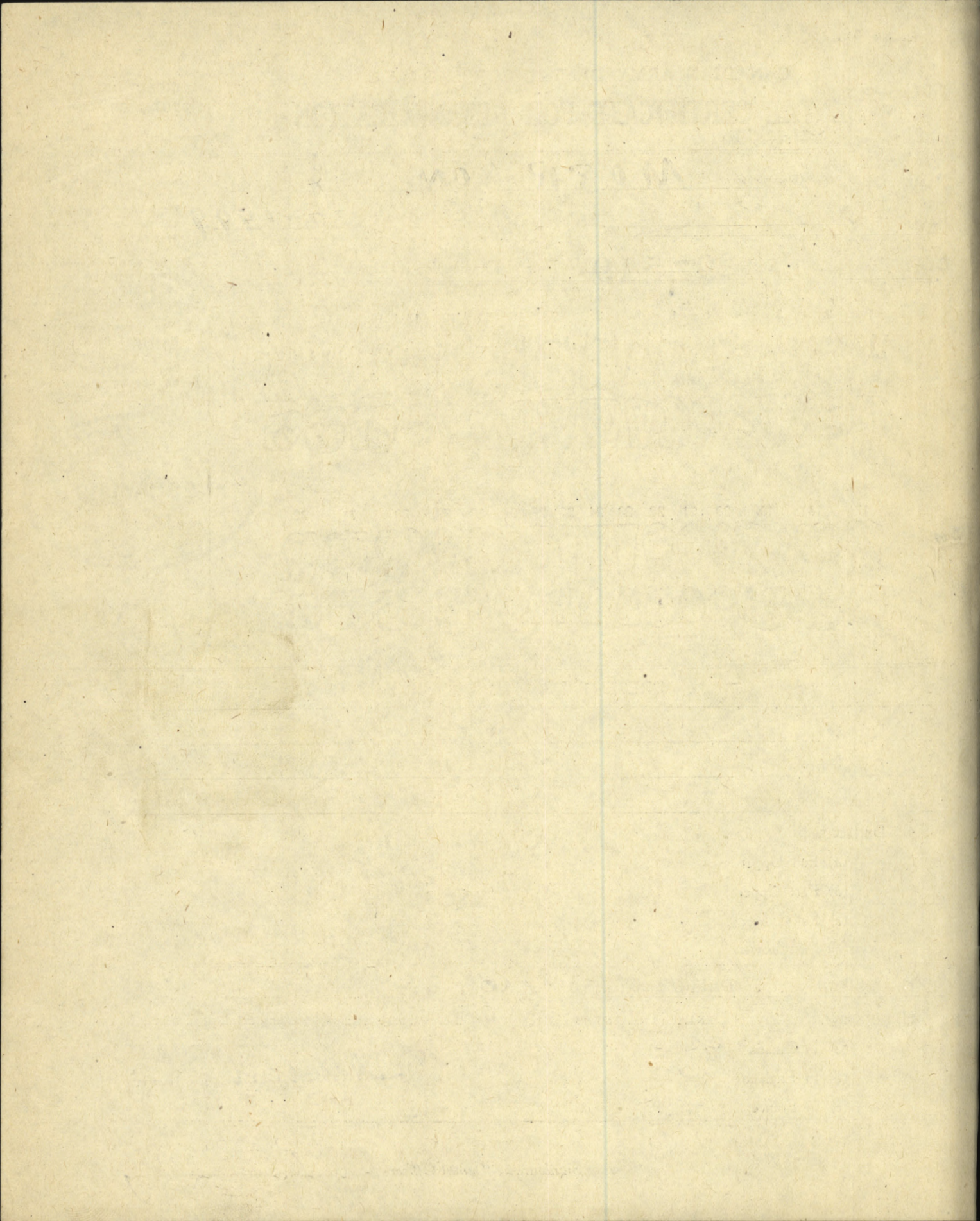
HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

- (a) In Canada yes
- (b) In England yes
- (c) In France —

E. D. Searles... Lieut. Col.
A. D. D. S., M. D. 4

Signature of Dental Officer P. D. Searles



EYE, EAR, NOSE AND THROAT CLINIC.

A.M.D. 5/23.

Hut 34, Camp 38.
Ripon, Yorks..

N A S A L R E P O R T

May 22, 1919.

Reg.No. 5281999 Rank Pte. Name Morrison, J.

Unit 23rd. Res.

Diagnosis _____

REMARKS :- Deflected septum to right (old)
Assaulted last night, receiving blow on bridge of nose
Some Ecchymoses bridge of nose and inner angles both eyes.
No fracture of nose that I can make out.
~~Not~~
No treatment required at present---two weeks for discoloration
to disappear.

<u>Hearing.</u>	<u>Rt.</u>	<u>Lt.</u>	<u>Rt.</u>	<u>Lt.</u>
Voice			Rinne	
Whisper			Weber	
Watch			Schwaback	
			Fork 256	
			" 2048.	
			Bone Cond'n	

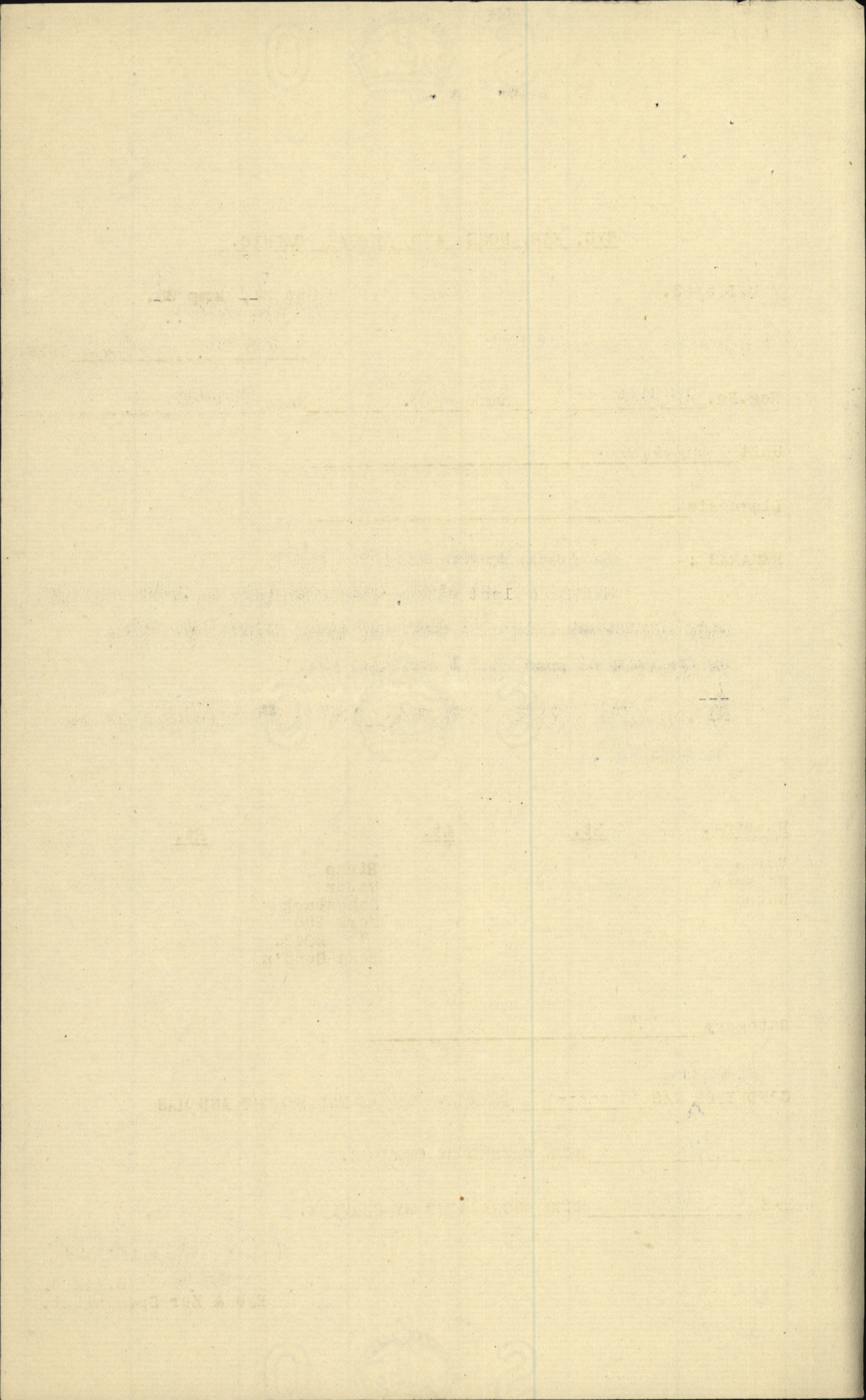
Category "A"

Of Septum
CONDITION WAS _____ PRESENT BEFORE ENLISTMENT AND HAS
NOT BEEN CAUSED BY SERVICE.

HAS NOT BEEN AGGRAVATED BY SERVICE.

R. F. Keel

Capt. C.A.M.C.
Eye & Ear Specialist.



Please quote reference.....

Your reference.....

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT
VOCATIONAL BRANCH

To the Officer Commanding

MONTREAL

D D 4

With reference to :—

P. Morrison

3281999

Sir :—

I beg to inform you that the marginally named was interviewed by a vocational Officer on 19 and all particulars with reference to his education and industrial history have been entered upon S.C.R. Form 156.

NOTE.—If a man is not to be passed to the Department of Soldiers' Civil Re-establishment for further treatment with full treatment allowances, he should be discharged as passing under his own control.

A man being discharged and passed to the Department of Soldiers' Civil Re-establishment for re-training should be regarded as being passed under his own control.

A discharged man cannot be passed to the Department of Soldiers' Civil Re-establishment for re-training unless a course has been recommended by a Disabled Soldiers' Training Board and approved by Head Office on a date prior to that on which discharge became effective.

In a case in which it is thought that the man requires re-training and in which a course has not been recommended and approved up to date of discharge, the man should be advised to make application for a course of re-training on a date after discharge.

Date 19

JUL 6 1919

Signed

H. P. Ashworth
Vocational Officer.

Please note reference

Your reference

DEPARTMENT OF SOLDIERS CIVIL RE-ESTABLISHMENT
VOCATIONAL BRANCH

To the Officer Commanding

I have to inform you that the mentioned name was referred to by a Vocational Officer

and all particulars with reference to his situation

and medical history have been sent upon S.C.R. Form 10

It is noted that the mentioned name was referred to by a Vocational Officer

and all particulars with reference to his situation and medical history

have been sent upon S.C.R. Form 10 and it is noted that the mentioned name

was referred to by a Vocational Officer and all particulars with reference to his situation

Dated

19

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. 3281999 Rank Pte Surname MORRISON
(Given name in full)

John
 Unit or Corps 23rd Res. Birthplace Warrsboro, Que.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 6 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. G/O Left G/O
 Hearing (conversational voice) Rt. 2 ft. Left 2 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 <u>No</u> | Genito Urinary System <u>No</u> | Cardio-Vascular System <u>No</u> |
| Special Senses <u>No</u> | Integumentary System <u>No</u> | Respiratory System <u>No</u> |
| Disturbance of Mentality <u>No</u> | Muscular System <u>No</u> | Digestive System <u>No</u> |
| Osseous and Joint System <u>No</u> | Any other general condition <u>No</u> | |

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Japan (Overseas)

Date 20-5-19

Signed T. S. Purcell 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 John G. 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 a Medical Board.)

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

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

EFFECTIVE DATE: **1/8/18** EFFECTIVE DATE: NUMBER: **3281999**

AMOUNT: **15.00** AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mr. A. J. Morrison, (Father) Lake Megantic, Co. Megantic P.Q.	L.P.C. from Canada	1/8/18	P6

UNIT AND TRANSFERS

ORIGINAL UNIT: **Draft No. 90 1/2nd Ave Reg**
DATE ACCOUNT FIRST OPENED: **1/8/18**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
			90th Res

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
9.5.19	512	Return	7.20				
22.5.19	671	✓	4.87				
			12.17				
31.5.19		L.P.C. Balance Credit	12.45				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **to Canada 1-6-19 2RD 9834 27.5-19 Return to Return 204**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/7/18	Cal. from Canada								39 10		
Aug.	P. Pay	34 10		Can. Asp. A.R. 3543 16/8/18 Drumham	4 87			15	58 20		
		34 10			4 87			15	53 33		
Sep	P. P.	33		Can. P.P.				15	71 33		account opened
		33						15			
Oct	PP	34 10		Can. a.P.				15	90 43		
				A.R. 1361 20. Res Pm 14-10-18	9 73				80 70		
				A.R. 1469 " 28-10-18	4 87				75 83		
		34 10			14 60			15			
Nov	PP	33		Can. a.P.				15	93 83		
				A.R. 8952 " 11/5							
				A.R. 1892 20. Res Pm 13-11-18	9 73				84 10		
				A.R. 1692 " 26-11-18	48 67				35 43		
Dec	PP	34 10		Can. a.P.				15	54 53		
				A.R. 1846 20. Res Pm 18-12-18	29 20				25 33		
Jan		34 10		Can. a.P.				15	44 43		
		101 20			97 60			45			
				A.R. 1920 20. Res Pm 9-1-19	24 33						
				A.R. 4005 457 " 19-12-18	1 17						
Feb		30 80		Can. a.P.				15			
				A.R. 2033 20. Res Pm 28-1-19	2 43						
				A.R. 2141 " 12-2-19	7 30						
Mar		34 10		Can. a.P.				15			
				A.R. 2227 20. Res 25/2/19	7 30						
				A.R. 4005 418 " 30-1-19	1 17				35 63		
				A.R. 2308 " 12-3-19	7 30				28 33		
				A.R. 5378 " 12-3-19	4 87				23 46		

NUMBER 3281999

RANK Pte

NAME Ingression John

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		64 90			55 87			30	23 46		
				AR 3370 20-Res Pm 24.2.19	19 47 ✓				2 99		
		64 90			25 34			30			
Apr	30	33		AR 32 20-Res Pm 8.4.19	36 ✓				26 63		
				AR 157 ✓ 14.4.19	9 73 ✓				26 90		
				AR 114 ✓ 14.4.19	26 ✓				26 64		
		34 10		CAP and	10 35			15	45 74		
May				CAP May				15	30 74		
				AR 255 20-Res Pm 24.4.19	2 43				28 31		
				AR 005 #106 ✓ 24.4.19	13 69				24 62		
		67 10			16 47			30	12 17		
				AR 12 23-Res Pm 15.2.19	7 30 ✓				17 32		
				AR 671 ✓ 22.5.19	4 87 ✓				12 45		
				AR 845 ✓ add 12.6.19	19 47 ✓				7 02		
		-			31 64			-			

S.O.S. to Canada 26.6.19 SL 81

LPC

D. A. - F.
O. G. - 1.
W.S. badge. - Nil.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

W. 4. 4.
F

1. No. 3281999

2. Rank. Pvt

3. Name. Morrison John

4. Unit. 28th RESERVE BATTⁿ C.E.F. Quebec Regt

5. Date of Discharge 6-7-19. Place Montreal, P.Q.

6. Reason for Discharge Demobilization

SERVICE IN FRANCE - Nil

NEXT OF KIN - Father

RELIGION - Presbyterian

CATEGORY - Farmer

7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II/196.

OCCUPATION Farmer

8. Proposed Residence after Discharge G.P.O. Megantic Quebec.

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. B39 Montreal

July 6 1919

John Morrison
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 6 1919

Signature Arthur G. G. G.

26th June 1919 Embarked
S S Baltic Liverpool

Disembarked Halifax
O. C. Discharging Unit, Station "F"
Officer in Charge, Discharge Section, Depot

LIST OF DISCHARGE DOCUMENTS

- Attending Power Reports
- or Testimonials of Patients
- Field Reports
- Casualty Reports
- Last Day Certificates
- Certificates that missing documents are supplied
- Medical History Sheets
- Proceedings of Medical Board
- Dental History Sheets
- Medical Reports
- Regimental Medical Board
- Company (Contract) Board

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. 213 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 213a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 5).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 551).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group a-1.....

Checked by No. 21.....

ems.....

Date 15/6/19.....

on list 49 3281999

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

- 1. Surname Morrison Christian name John
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 189547 EC
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Megantic

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4 day of June 1917, by the undersigned medical board sitting at Drill Hall Quebec

- 5. Age as stated 22 Years 1 Months.
- 6. Apparent age 22 Years _____ Months
- 7. Height 5 Feet 6 Inches.
- 8. Weight 135 Pounds.
- 9. Chest measurement { Minimum 33 1/2 Ins. Maximum 36 Ins.
- 10. Complexion Fair { Eyes Gray Hair Dark
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm _____ Left arm _____
- 14. When vaccinated last Nil
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

16. Slight defects but not sufficient to cause rejection Nil
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 A II
17. (a) Vision R. DN L. DN
(b) Hearing. R. OK L. OK
A. B. Farrill Capt. President.
Wesley Ford Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11-6-18</u>		<u>Stoeckheim M.O.</u>	<u>11-6-18</u>		<u>JK</u> M.O.
		<u>M.O.</u>	<u>9-7-18</u>		<u>JK</u> M.O.
		<u>M.O.</u>			<u>JK</u> M.O.

Joined 4th day of June 1918 at Quebec

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3281999</u>		<u>4-6-18</u>
Transferred to.....				

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.

Signature of Man

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. No. *329199* RANK *Sgt* NAME (IN FULL) *MORRISON, John*

IF IN P.F. WHAT UNIT? *68th Bty - C.F.A.* (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN *Mrs Johann Morrison W. 97* RELATIONSHIP *W. 97*

ADDRESS *557 13th Ave East Vancouver, B.C.*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *19-8-16*

TO WHOM PAID *as above* RELATIONSHIP *John Morrison*

ADDRESS *557 Thirteenth Ave E Vancouver, B.C.*

ORIGINAL UNIT C.E.F. *68th Bty - C.F.A.*

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Aug 19/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY *20* DATE EFFECTIVE *1-12-16*

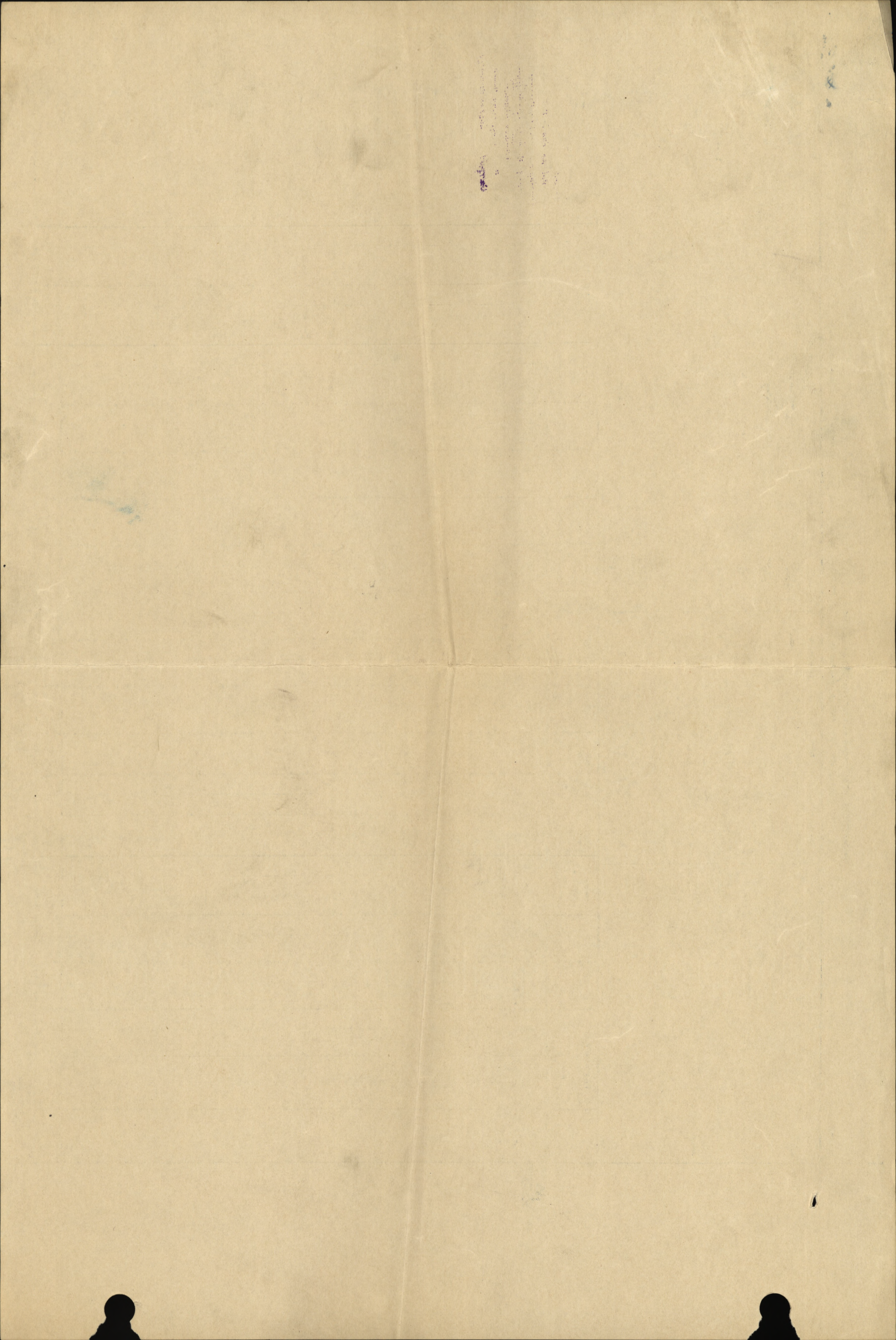
PAYABLE TO *Mrs Johann Morrison W. 97* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *557 13th Ave East Vancouver B.C.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Langdon* PLACE DATE *6-6-19* REASON *Demot* AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

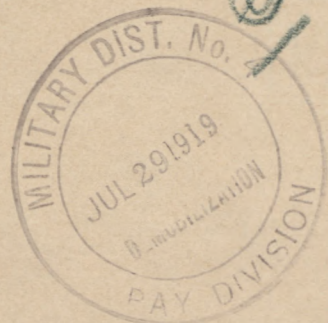
MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	C.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
<i>1-5-19</i>																				<i>Returned</i>
<i>5-6-19</i>	<i>36</i>	<i>1.11</i>	<i>39.60</i>		<i>20.00</i>	<i>144.60</i>				<i>4.87</i>	<i>5.00</i>	<i>7.00</i>	<i>2.00</i>				<i>19.18</i>	<i>19.18</i>	<i>19.18</i>	<i>Carman</i>
			<i>1.10</i>			<i>1.10</i>													<i>2.55</i>	<i>Overpaid</i>
<hr/>																				
<i>153 days at 1st</i>					<i>1.84</i>	<i>150.00</i>				<i>7.00</i>	<i>30.00</i>									<i>M. No 2595 Rec</i>
<i>just</i>									<i>940918-9</i>				<i>67</i>	<i>36</i>	<i>2.55</i>		<i>2.06</i>	<i>2.10</i>	<i>90</i>	<i>Debit Balance</i>
									<i>960384-5</i>				<i>40</i>	<i>30</i>			<i>3.06</i>	<i>1.40</i>	<i>60</i>	
									<i>1308943-4</i>				<i>40</i>	<i>30</i>			<i>4.06</i>	<i>70</i>	<i>30</i>	
									<i>1320710-11</i>				<i>70</i>	<i>30</i>			<i>5.06</i>			



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 3281999 PH RANK A-6 NAME (IN FULL) MORRISON, John (BLOCK LETTERS SURNAME FIRST)

Form with fields: M. OR S., NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.



M 2069

11/2

BALANCE FROM PREVIOUS ACCOUNT

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS. Includes handwritten entries for 1-6-19, 11-7-19, 6-8-19, 6-9-19, 6/10/19, War Service Gratuity, and various monetary values.

Particulars or Remarks: Battie, Balch Eng. L. P.C. 7-02, C.C. 35 W.S.G. 70.00, S.P. 4 and 7-11-7-19, as July Pd Ottawa Ind, Charged Eng. L. P.C. 15.00

1269531, 1523703, 1633617, 170196 P13.B

Date of Enlistment *4-6-18*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **M** 25059

1st August 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.00</i>			
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22/11/18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
 Rank Promoted Reverted Discharge
 Soldier's Name
 Battalion *1st Depot Bn. 2nd Inf Regt. Draft 90*
 Beneficiary
 Relationship
 Address

Name
 Address
 Change of Address
 1
 2 R.J. MORRISON, LAKE MEGANTIC, CO. MEGANTIC, P.Q. 15 15.00
 3 % 3281999 PTE. JOHN MORRISON
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918 Aug</i>	<i>X 41019</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sep</i>	<i>U 42873</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct.</i>	<i>W 54118</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov.</i>	<i>U 57320</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec.</i>	<i>X 67626</i>		<i>15</i>	<i>15</i>	<i>✓✓</i>
<i>Jan</i>	<i>U 72620</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb.</i>	<i>W 76909</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>M 86152</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr.</i>	<i>P. 3771</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>S 8245</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>H 11367</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>Q 11585</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>180</i>	<i>180</i>	

013136-f-126

In Rosh P 119564-10-17/19 B.P.S. RW

ENTERED IN
AUDIT LEDGER
AUG 16 1918
VOUCHER SECTION

M. F. W. 128
400M-6-17-1772-89-141
L. L. 22220-M. & D. 7893.

A/c Closed *31-7-19*
Ret'd per *Baltic*
Date *4/7/19*
Clerk *M.F.W 187*
M.A.H.
17/19

AUTHORITY *M. 10. 5 B. 2.*
FOR *Latimer*
NEW ACC'T. *16-8-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
400 M. S. 17-1772 39. 1141
L. L. 22220 - M. & D. 7993.