ORIGINAL

ORIGINAL

ATTESTATION PAPER.

No. 536654

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 Adam
1b. What is your present address?	216 Harrison Ave. Boston, Mass.
2. In what Town, Township or Parish, and in what Country were you born?	Colchester Co. N.S.
3. What is the name of your next-of kin?	~~None~~ Miss Edna Thomas Leonel Morrison
4. What is the address of your next-of-kin?	~~None~~ Montrose, Colchester Co., N.S. Canada
4a. What is the relationship of your next-of-kin?	~~Bro~~ Sister
5. What is the date of your birth?	June 6. 1884
6. What is your Trade or Calling?	Brick Layer
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? If so, state particulars of former Service.	No J. A. M
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 A. Adam 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.

John A Morrison (Signature of Recruit)

Date September 25. 1917. N. J. Brunet (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John A. Adam 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.

John A Morrison (Signature of Recruit)

Date September 25. 1917. N. J. Brunet (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 Fredericton N.B. this 25th. day of September 1917.

N. J. Brunet (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.

Description of John Adam Morrison on Enlistment.

Apparent Age 33 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded 38½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Gray

Hair L. Brown

Religious denominations.
- Church of England
- Presbyterian Yes
- 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).

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 September 26. 1917. W. H. Morrell Lt. Col.

Place Fredericton N.B. 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 Adams 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 of Officer)

Date Sept 26 1917.

SEP 29 1917 O.C. Engineer Training Depot

MORRISON JOHN A. 536654 C.A.R.D. 34315

DEMOB.

H

REG. NO. 536654 NAME Morrison J. A.
(SURNAME FIRST)

RANK Spr CORPS E. F. R.

AGE 33 SERVICE 2 weeks

NAME OF HOSPITAL St. John's Military PLACE Quebec

DATE OF ADMISSION 1-10-17

DISEASE Conjunctivitis

DISCHARGE 10-11-17

OPERATION

DISCHARGED TO DUTY Yess

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

NAME Morrison J. A. REGT. No. 536654.

RANK AND UNIT Pte 5 C.E.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A360.	57 Cas Clg Stat	25-10-18	P.U.O.
A365	20 Gen Camiers	28-10-18	P.U.O.
A374	6 Conv Dep Etaples	7-11-18	P.U.O
A375(2)	12 Conv. Dep. Aubengue	9-11-18	" "
A386	Disc to Reinf Etaples	20-11-18	P.U.O.
C450	9 Cav Gen. Kimmel	25-1-19	Boils
C457	Disch	3-2-19	"

John Adam.

Form R. 149.

Name MORRISON Rank Sp- Reg. No. 536654

Unit ~~5. A.T. Coy. C.E.~~ C.E.R.D.

Next of Kin Canada.

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-10	57 C.C.S.	S.A.O.		M360		38792
~~28-10~~	~~20. G.H. Camiers~~	~~do~~		~~M365~~		5317
7-11-	6. G.D. Etaples	do		M374		5522 14
9-11-	12. G.R. Dubengue	do.		M375		5600 10
20-11-	Disc to Reinf Staples	do		M386		5934-10
~~20-11-~~	~~Disc 15 Base Depot~~	~~do~~				~~5948~~
25-1-19	9 Can Gen Hospital	Shoreham		C450		5718.
3-2-1	Discharged	do		C457		2173.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

B 6 CARD NO.

S.O.S. Dis 30-3-19
Demob Auth AO 80
of 21-3-19 "Gazette"

SURNAME. Morrison

CHRISTIAN NAMES John Adam

REGL. No. 536654 RANK Spr.

UNIT Can. Eng. T. D (24th Kd)

FORMER CORPS Nil.

FOLL.

NEXT OF KIN.

NAMES IN FULL None

RELATIONSHIP TO SOLDIER None

ADDRESS None

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Colchester Co. N.S. DATE June 6th 1884

PLACE OF ATTESTATION Fredericton. N.B. DATE Sept. 25th 1917

From Halifax Rev. S.S. Missanabie 5/2/18

Emb R.C. 15/9/17 auth T.351

L. L. 6945. M. & D. 6994.

1057/5.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

24/9/17

R/C 18-3-19 284/68 Spr

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Bricklayer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 33 YEARS 3 MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 38 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Fair EYES Grey HAIR Lt. Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Fredericton. N.B. DATE Sept. 25th 1917

Present address 216 Harrison Ave., Boston. Mass. U.S.A.

Number. 536654 Rank Spr

Surname MORRISON

Christian Name John Adam

Units C.E. Theatre of War France

Date of Service 13-7-18

Remarks

Latest Address Mont Lose
Col. Co
N.S.

Roll No. "B" Page 7555

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rect	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			Particulars	Authority

Surname	Christian Name or Names	Reg. No.
Morrison	J. a.	536657

Rank	Unit
Spr	C.E. 5 Art.

Cas. List.	
	57 C.C.S. 25-10-18.
1-11-18 A360-2	Dno. 2
7-11-18 A365-2	20 Gen. Convalescent 28-10-18
18-11-18 A344-4	6 Con. Dep. Etaples 7-11-18.
19-11-18 A375-2	12 " " Aubengue 9-11-18.
2-12-18 A386	II Dis to Reinforcts Etaples 20-11-18
25-2-19 C450-1	9 Base General Hospital Park Royal 25-1-19
	Boils 5
5-3-19 C457	Dis 3-2-19

Cas. List.

Morrison John Adam

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

WAR SERVICE BADGE.
CLASS "A" No. 1

Casualty Form—Active Service.

Unit, Regiment or Corps 27th Div R.E.C. ENGINEER TRAINING DEPOT

Regimental No. 536654 Rank Spr. Name Morrison, John Adam

C. E. F.

Enlisted (a) 25.9.17 Terms of Service (a) Dur. War Service reckons from (a) 25.9.17

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) Brick layer

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				
		~~Tfs. to C.E.T.D.~~	~~St John's~~		~~S.O. C.E.T.D. #271.17~~
		Embarked Canada 1 FEB 1918			
		Disembarked England 16 FEB 1918			
8 FEB 1918	C.E.T.D.	TAKEN ON STRENGTH C.E.T.D. Canada	Seaford	18 FEB 1918	Part II Order No. 41
16/5/18	C.E.T.D.	Posted to 2 CERB from CETD.	Seaford	21/5/18	Part II Ord. No. 117
21/5/18	2 CERB	TOS of 2 CERB from CETD	Seaford	31/5/18	Part II Ord No 1
1/7/18	2 CERB	S.O.S. of 2nd CERB to C.E. Pool France	Seaford	13/7/18	Part II Order No. 46
					C. Brown Lieut. C.E. for Adjutant. 2nd CERB.
15/7	C.E.P.	2.O.A. - C.E.R.	Dor	15/7	O.77 7/1918

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL RECORD IN THE CANADIAN RECORDS, LONDON. 8 JUL 1918

(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.

[P.T.O.

536654 Gpr Morrison J.A.

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				
10-9-18	CERL	S.O.S. CER Pool		5/9/18	R.R. 521 97 d/1918
		Do 5 Army I. Coy C.E.			P. 39 d/1918
do	do	T.O.S 5 A. Troops Coy.	Can Engrs	6/9/18	
26/10/18	262 A	P.U.O.	adm	25/10/18	W 1329 - L 9962.
		do.	To 57 Bs	25/10/18	do do:
27/10/18	57 Bs	do	admitted 57 Bs	25/10/18	
			To 16 A.T.	27/10/18	W 1518 - M 1040
26.10.18	O.C.	admitted	to Hospital	24.10.18	B 213
28.10/18	20 Gen	P.U.O.	adm	28-10/18	W 304 - M 2331.
2-11-18	O.C.	S.O.S. In Hps over 7 days			B 213
7-11-18	20 Gen	P.U.O.	To	6 Coy Dep	7-11-18 W 1309 - M 5085
7-11-18	6 Coy Dep	P.U.O.	adm		7-11-18 W 1264 - M 5495
9.11.18	6 Coy Dep	do	To	12 Coy Dep	9.11.18 W 1632 M 6072
9-11-18	12 Coy Dep	P.U.O.	Adm	12 Coy Dep	9.11.18 W 1505 do
3.12.18	6 GBD	arrived		6 GBD	1.12.18 R.R.R. 1784.
20.11.18	12 Coy Dep	P.U.O.	To	Base Depot	W 3146 - M 8592
29.11.18	12 Coy Dep	do	To	do	29.11.18 W 3341 ~~do~~ M 8885
4-12-18.	CBD	arr from Cy BD.			4-12-18 R.R. 533

29/12/18 6 GBD Transferred to England and posted to 6 E.T.D Deaford 30/12/18 NRL

Chas. B. Chadwell Lieut for Lt Col A.A.G. For O.C.

DISCHARGED FROM 3RD C. C. D. Seaford TO 2 R. BN. PART II B. O. No 12

Chisholm

3rd Canadian Command Depot.

Army Form B. 103. Regimental Number 536654.

Casualty Form—Active Service.

Regiment or Corps .....

Rank Spr. Surname Morrison Christian Name J. A.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
10-1-19	CERD	T.O.S. C.E. Reg. Depot.	Seaford	1-1-19	Pt. 2. D.O. 10
		Commd 3rd CCD			
15-1-19	do	Ceases to be on Command 3rd CCD. Detailed to Depot Coy.	Seaford	14-1-19	Pt. 2. D.O. 15
		S.O.S. — O.M.F.C.-ON-TRANS. — O.E.F.			
		Sailing H. Kimmel Park			
		Roy M. Hammond LIEUT. OFFICER I/c RECORDS M.D. 6		18/3/19	
		H.M.T. Celtic			
		Emb'kd LvP'l Mar 10-19			

(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) Signaller, Shoeing Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
10-3-19	O/S.	D.O.S. PII I.O.S. to D.D. & Posted to Disp Sta "B"	Hfx	18-3-19	C.B. Elliott Lt. O/C Records
30-3-19		D.O.S. PII S.O.S. on Discharge			
9-8-19	O/C Rec	S.O.S. of O.M.Le. to Canada	London	10-3-19	a.O.3. E.O.R. Personnel. O.C. Pay Group for D.O.R.

Form R 122.
2353—100M—9-1-16

Rank | Name MORRISON, John Adam | Reg'l No. 536654

Unit 27th Dft To. C. E. T. D. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Fredericton N.B. Sept. 25th, 1917 | Place of Birth Colchester Co. N.S.

Name and Address, Next-of-Kin Miss Edna Morrison
Montrose Colchester Co. N.S. Canada | Relationship Sister.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

Report. Date.	From whom received.	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.
		ENGINEERS Arrived in England		13-2-18	S/S MELANABIE
18.2.18	C.E.T.D.	Taken on strength	Spr. Seaford	17.2.18	Pte O. 41.
21.5.18	IInd CERB	TOS from CETD Seaford	21-5-18	DO. 1 CETD.	DO. 117
15-7.18	—"—	S.O.S to C.E.R. Pool	Spr. Field	13.7.18	Pte O46. / Pool DO 77 / Ly 30.7.18.
20.9.18	C.E.R. Pool	S.O.S to 5th A.T. Coy	—"—	5.9.18	Pte O. 97. / 5 A.T. Co DO 39 / Ly 23.9.18.
10-1-19	C.E.R.D.	T.O.S from 5th A.T. Coy. + a/c to 3 C.C.W.	" Seaford	2-1-19	Pte O. 10. CERP 23d/27.6.19
24.1.19	—"—	S.O.S to Kinmel Pk. (M.D.6)	" —"—	23.1.19	DO. 24.
20.3.19	CERP	Tos from 5th A.T. Coy	" Hdl	4.3.19	DO15
9.8.19	CRO	SOS to Canada	London	10.3.19	Cpl O. 3.
		Car. S.L. 26. B. 11		10/3/19.	

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.				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 536654 (Rank) Sapper

Name (in full) Morrison John Adam enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Boston on the 17th

day of September 1917

HE served in Canadian Engineers France and Belgium

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 34 12 years

Height 5 Feet 8 ins

Complexion Fair

Eyes Grey

Hair Light Brown

Marks or Scars Nil

J. A. Morrison
Signature of Soldier

O. C. Dispersal Station "B" Major
Issuing Officer

Date of Discharge

Dispersal Station "B" MAR 30 1919 Military District No. 6

Rank

Date March 7th 1919

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the

day of _____ 19

HE served in _____

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	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier _____

Date of Discharge _____

O. C. Dispersal Station _____ Major

Issuing Officer

Rank

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.

M.T.H. 224
Pmo-D.P.-200M-11-18
Hq. 1172-49-852

ORIGINAL.

536654

MEDICAL HISTORY SHEET

Surname Morrison Christian Name John Adam

Examined on 26 day of Sept 1917 at Parkhill Island

Birthplace City or Town Montrose County N. Scotia

Apparent age 33

Trade or occupation Brick layer

Height 5 feet 8 Inches

Weight 176 lbs.

Chest measurement Minimum 38½ inches Maximum expansion 40 inches

Physical development good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number nil

When Vaccinated last never

(a) Marks indicating congential peculiarities or previous disease bene stack & face superficial varicose vein thick lgs

(b) Slight defects but not sufficient to cause rejection nil

Approved by J R Dickson Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
26.9.17		J R Dickson Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
26.9.17	T.A.B. 1 cc single	J R Dickson Capt	M.O.
26/10/17	1 cc single	J Hazard Hendrie	M.O.
9/11/17	1 cc double	J H	M.O.
5-6-18		W a c	

Enlisted on 17th day of Sept 1917 at Boston

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	8th I.A.D.	536654		28-9-17
Transferred to	Canadian Engineers Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
ST. JOHNS, P.Q.	JAN 14 1918 JAN 25 1918	Nil a² J Duffell Captain	EXAMINING MEDICAL BOARD M.D. 4. FIT Class A1 NOV 28 1917 ST. JOHNS, P.Q. G Hume Capt

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Morrison Christian Name John Adam

MONTREAL GENERAL HOSPITAL

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
St Johns P.Q.		1	10	17	23	10	17	Conjunctivitis	23	Discharged to Convalescent Hosp. ~~Recovered (To Unit)~~	J. Murphy Capt., A.M.C. O. C. MILITARY HOSPITAL
		attending									
St Johns, P.Q.		23	10	17	20	11	17	Conjunctivitis	28	26 Base (Eye Examin)	J. Murphy Capt., A.M.C. O. C. MILITARY HOSPITAL
		10	11	17	14	11	17	Hebula left L. corneal		R N 6/9 L N 6/9	Lieut. A. M. C. For M. O. i/c Troops, M. G. H.
								Pterygium		To unit for	
St. Johns Que		11	12	17	26	11	17	Carbuncle	16	To Unit. for	J. Murphy Capt., A.M.C. O. C. MILITARY HOSPITAL
No 9 CGH Mount Park		24	1	19	3	3	19	Furunculosis	39	To unit	D. R. Barrow Capt Camc

D.M.S. 1375.

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 SPR. Name JOHN ADAM Surname MORRISON

Unit or Corps C.E.R.D. (If a soldier) Regtl. No. 536654

Born at Montrose, N.S. on, date 6th June 1888

Signature (for identification) John A Morrison

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

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

Weight 175 lbs. est.

Height ft. ins.

2. NUTRITION AND DIATHESIS? Good

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? no

Pulse Rate? 80 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no.

7. DIGESTIVE SYSTEM? normal.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? Neg Sugar? Neg

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. no.

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

Examined at Seaford Signed J McLeod, Capt. M.O.

Date 18-1-19 Signed [illegible] 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.

C.A.D.C. 5009A

1/M.D.6.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

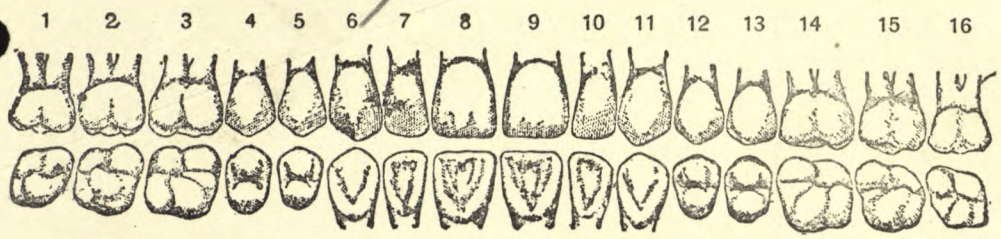
NAME OF SOLDIER (Block Letters) MORRISON. J. A

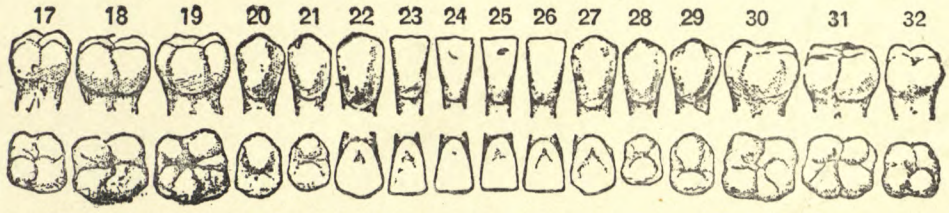
REGIMENT C.A.R.D.T. RANK Spr. No. 536654

Date of Examination in England 54/2/19 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
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
- (*b*) In England
- (*c*) In France

Signature of Dental Officer [illegible]

MEDICAL CASE-HISTORY SHEET.

Hospital: Military Hospital. Station: Saint Jean, P.Q.

No. 536654 Rank: Sapper Name: Morrison, J.A. Age: 33

Unit: C.E.T.D. Service: 3 Months

Date of Admission: Oct. 1st. 1917 Date of Discharge: Oct. 23rd. 1917.

Diagnosis: Conjunctivitis Attending Hosp. from 23rd. Oct. 17.

Date of Origin: Sept. 25th. 1917. Place of Origin: St. Johns, P.Q.

Cause of Illness or Injury: Unknown.

History of Present Illness or Injury. (Is Illness or Injury result of Service?) Patient states he has been troubled with the above named complaint for some time previous to admission to Hospital. Cannot say exact cause of trouble. Has been in the service about 3 Months, eyes began to trouble shortly after enlistment. Patient was training as a spr. at the E.T.D. at time of complaint. Not result of service as far as could be ascertained.

Condition on Admission.

Treatment. Zinc Sulph. Grs. II to Ozs. I. as eye wash, Compress to eyes. Laxative P.R.N.

Lt. Gtt. 14. XI. 17
Nebula left cornea R V 6/9
Pterygium - rt. L V 6/9
To remit fit

Condition on Discharge from Hospital. Improved. Removed to Base for Eye Examination By Specialist, 10-II-17.

J. Murphy Capt. A.M.C.
Medical Officer i/c Case.

Date: Nov. 10th. 1917.

M. F. B. 313a.
30M—9-16.
39-439.

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 Canadian Engineers ENGINEER TRAINING DEPOT

(2) Regimental Number 536654

(3) Full Name of Soldier Morrison, John Adams

(4) Place of Birth Colchester Co., N. S. Canada

(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? No

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? (Not known)

If so, state name and address —

(10) Is your Mother alive? No

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

(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.

~~Thomas Lind~~ Miss Edna Morrison (~~Mother~~) (Sister)

Montrose, Colchester Co.

N. S. Canada

(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? —

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.

R. McTrow Jr
Lt C E
Officer Commanding.
Lt. Colonel C. E.
O. C. Engineer Training Depot.

OCT 2 1917

Date.....

S.05 m D6

FORM OF WILL

I, John Adam Morrison (Name in full)

Regimental Number 536654 serving in Canadian Engineers

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

Thomas Lowney Morrison
Montrose Colchester Co
Nova Scotia

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

absolutely, and my personal estate I bequeath to

Thomas Lowney Morrison
Montrose Colchester Co
Nova Scotia

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 29th day of Oct A.D. 1917

John Adam 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Cpl Wm Gibson

Address of Witness Engineers Training Depot St Johns Que

Occupation of Witness Soldier

Signature of Second Witness No 2 Capl. Murphy J.

Address of Witness Engineers Training Depot St Johns P.Q.

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

P. 559

Married or Single: Single

Place of Birth: Colchester Co N.S.

Name and Address of Next of Kin: Miss Edna Morrison
Montrose, Colchester Co N.S.

Relationship of Next of Kin: Sister

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.	of Hospital

Reg'l No. 536654 Rank Sapper Name MORRISON. John Adam

If in Permt. Corps What Unit: Unit C.E.D.

Permanent Force Allowances

Place of Attestation: Fredericton, N.B.

Date of Attestation: 25/9/17.

Transferred to / Date / Authority

Transferred to / Date / Authority

Transferred to / Date / Authority

Transferred to / Date / Authority

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
31/1/18				Canadian Balance					Cr. 22 10		
Feb	P P	30 80		2629 6 6 2 2 9 3/18	48 64						
Mar	P P	~~34 10~~ 64 90		3018 " 21 3/18	4 87 53 54				34 46		

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	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

NAME:– MORRISON John Adam

NUMBER:– 536654

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:– C.E.T.D.

DATE ACCOUNT FIRST OPENED:– 31-1-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
		31-6-19	Can Sect

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
~~19 17/18~~	~~6568~~	~~L.E.B.D.~~	~~4 66~~				
~~9/1/19~~	~~9052~~	~~Seaford.~~	~~34 07~~				
~~21/1/19~~	~~9780~~	~~"~~	~~9 73~~				
			48 46				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'C ALL'CE
	1/–	1/0		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transfd to Canal Coy eff 1/2/19 Authy AR 7145 21/1/19 L.E.R.D. Rhyl 21 d. 2 Pl. Bal Cr 205 34

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Forward.								34 46	30	
Apr	SP	33		155 L.E.T.D 15/4/18	9 73					45	
				514 " 29/4/18	9 73				48		
		33			19 46						
May	SP	34 10		814 " 15/5/18	9 73					60	
				154 - 2 L.E.R.B. 28/5/18	9 73				62 64		
		34 10			19 46						
June	S.P.	33								75	
				A.R. 314. 2 L.E.R.B. 14/6/18	9 73						
				" 594 " 27/6/18	9 73				76 18		
		33			19 46						
July	SP	34 10		A.R. 669 2/6 L.R.B. 3.7.18	19 47						
				D" 6432. L.B.D. 21/7/18	4 46				86 35		
Aug	S.P.	34 10			23 93						
		34 10									
				A.R. 1584. 2 D.W.C.P.R.C. 3.8.18	3 57						
				- 1803 - 17-8-18	3 57				113 31	105 –	
		34 10			7 14						
Sept.	Pay	33 –		289. 5th A.G. Co. 15/9/18	3 57				142 74	120 –	
		33 –			3 57						
Oct.	Pay.	34 10		343. 5th A.G. Co. 5/10/18.	3 73						
				411. " " 26/10/18	6 53				166 58		
		34 10			10 26						
Nov.	Pay	33 –		4130. C.G.B.D Boulogne. 22/11/18	13 99						
				5853. Can. Inf. Base Depo. 7/12/18	4 66						
Dec.	Pay	34 10									
Jan.	Pay	34 10							249 13	180	
		10 20			18 65						
	Ins-def Pay 31/1/19	4 87		6568 L.E.B.D. 24/10/18	4 66						

Compiled by Alex J. McKenzie

NUMBER 536654 RANK SPR. NAME MORRISON, John. Adam

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brought fwd	4 87		Brought fwd.	4 66				249 13	180 —	
				9052 3RD C.C.D. 9/1/19	34 07						
				2280 REG. GROUP DEPOT. 21/1/19	9 73						
				3127. M.D.6. 6/3/19.	9 73				195 81		
		4 87			58 19						
				S.O.S. 10/3/19. S.L. 26. C&RD.							

WAR SERVICE BADGE.
CLASS "A" No.

24/1/19 25-8-50

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M. D. C.

M

1. No. 536654

2 Rank. Sapper

3. Name. Morrison John Adam

4. Unit. Res C.A.R.D. Orig. 27th Draft

5 Date of Discharge 30/3/19 Place Halifax

6 Reason for Discharge Demobilization. Nest of Stin. Sister. Occupation. Bricklayer. Category A1 Service in France 7 months

H

7. Authority. **R. O. 1420**

8. Proposed Residence after Discharge Halifax

Dispersal Station B

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.?

J. A. Morrison
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Embkd Lv'pl-Celtic Mar 10/19
Deb'kd Halifax MAR.18./19

Place

Date

HALIFAX, N.S. MAR 19 1919

Signature O. C. Dispersal Station Major
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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. Medal Certificate (C.A.D.C. 5500a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Disposal Certificate (C.D.S).
11. Equipment)
    and Clothing) Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (D.451).
13. Pay Book (A.F.B).
14. War Service Gratuity (Form M.F.W. 2595),
15. Service Documents.

Group "A"
Checked by No. 24
Date 9/3/19

Celtic 19-3-19

AUDITOR	PAYMASTER

M. OR S.

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

REGT. No. 536654 RANK Spr. NAME (IN FULL) Morrison, John. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Non S.	10-3-19	Leo. Ro

ORIGINAL UNIT C.E.F. C. E. T. 20. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: Bank of Nova Scotia, Truro, N. S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Halifax, N. S. — DATE: MAR 30 1919 — REASON: Demob — AUTHORITY: Leo Ro — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
~~March~~							905	54																			9	73								Bal E. L. P. b.
																																				C. Allee Adv. 30 & gratuity.
																																				Col 1 + 2 Bread & train expense
31-1-19	58	1.10	63	80	35	00			374	34							4	87	5	00	354	74									374	34				Cheque on discharge.
					70	00																														Adv at Kimmel Park.
					W.S.G. S.A.																															
																																	Soldier			
	172				280	00			280	00																							210	00		Doc #449
																																				1st payment - W.S.G.
																											28	00					182	00		b.n.r. lost equipt
																									42	00							140	00		26-4-19 #156449
																									70	—							70	—		27.5.19 #391306
																									70	—							Nil			21-6-19 #603318
			280				280																		280		28				280		Completed			

WAR SERVICE GRATUITY W.S.G. S.A.

Certified that all payments due on this acct. have been paid.

H. Lawson CAPT.

For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53968-41 & D. 9723.
M. F. W. 2596.
1772-30-1290.