

ATTESTATION PAPER.

ORIGINAL  
No. 2003033

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 & Alexandra*
- 1b. What is your present address? *George Town P.E.I.*
- 2. In what Town, Township or Parish, and in what Country were you born? *George Town P.E.I.*
- 3. What is the name of your next-of-kin? *Josephine Morrison*
- 4. What is the address of your next-of-kin? *George Town P.E.I.*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *2nd Jan 1873*
- 6. What is your Trade or Calling? *Sailor*
- 7. Are you married? *Yes*
- 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? *15 years in P.E.I Garrison etc.*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John A 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 *Jan 4th* 191*7*. *John A Morrison* (Signature of Recruit)  
*Pte G Keating* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John A 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 *Jan 4th* 191*7*. *John A Morrison* (Signature of Recruit)  
*Pte G Keating* (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 *St John's* this *4th* day of *January* 191*7*.

*A. J. Hoffmann* (Signature of Justice)

*L. Caloud*  
*ame*



Description of John Morrison on Enlistment.

Apparent Age 43 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... 5 ft. 9 ins.

Chest measurement { Girth when fully expanded ..... 37 ins.  
 Range of expansion ..... 4 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Gray

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

*MS*

Weight 152 lbs

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 Jan 4 1917.

Place Halifax

J. Murray Capt MC  
 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 A 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.

Date 4/1/17 1917.  
A. Schaffner Lt Col (Signature of Officer)



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

# DISCHARGE DOCUMENTS

Name MORRISON JOHN ALEX.  
Regt. No. 2105033 Rank Cpl  
Corps AMB



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

*Med. Ynph*  
*Discharged - 23 Jul 1950*  
*649-50-18180*

34317

40-23  
26-23  
5-24  

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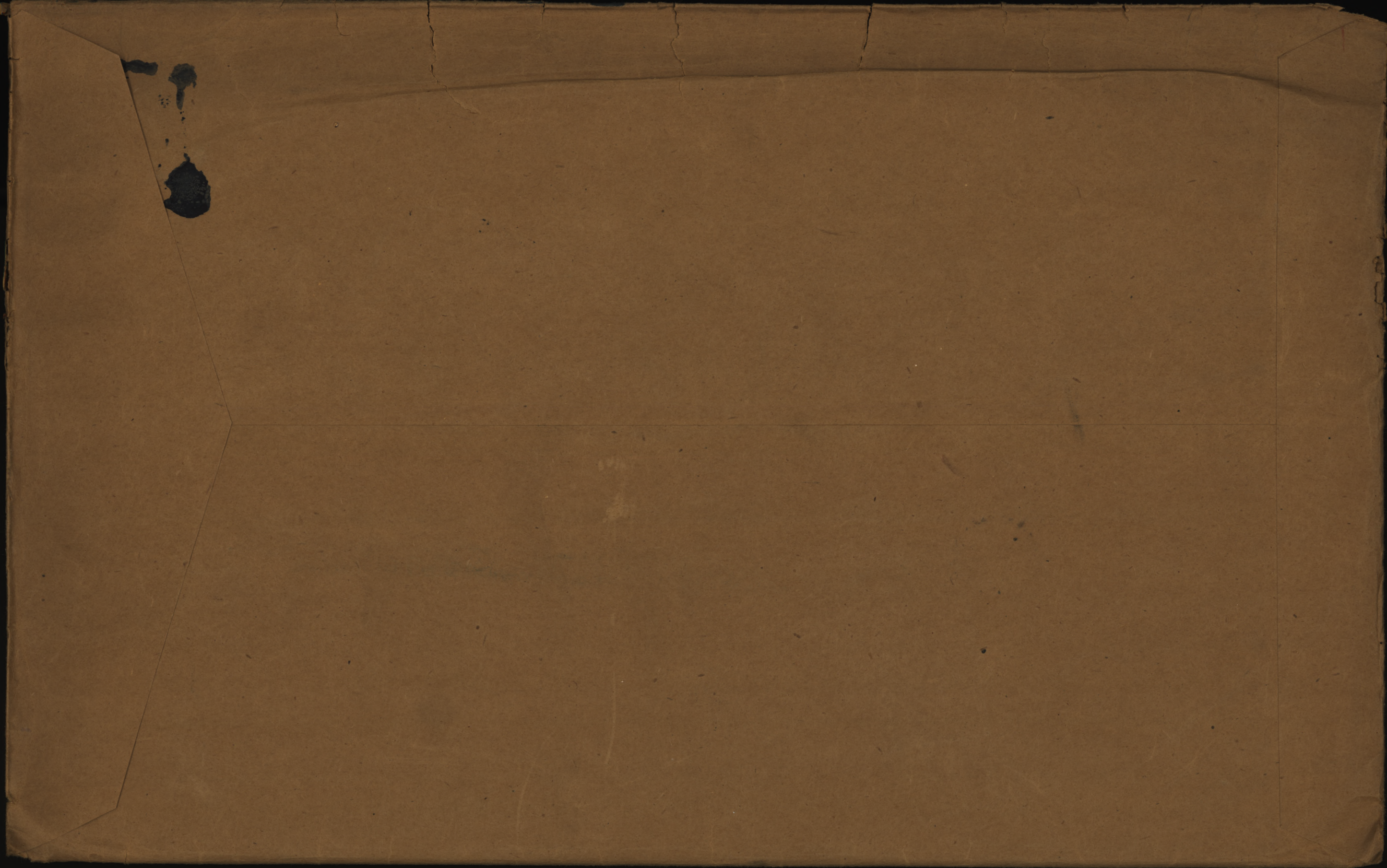
13

copy

*Pr JB 227-1*  
*DH 8-1*

*1224*











HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



SURNAME.

*Morrison*

CARD NO.  
S.O.S. Disch 31/8/18 = 6  
auth D.O. 132 of 27/8/18  
M.U. # 6. S.A.  
FOLL.

CHRISTIAN NAMES

*John Alexander*

REGL. NO.

*inv 5033*

RANK

*Pte.*

UNIT

*C.A.M.C. (Reinf)*

FORMER CORPS

*P. C. I. Garrison City. (15 yrs)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison, Mrs. Josephine*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Georgetown, Kings Co. P.I.*

COUNTRY OF BIRTH

*Canada Georgetown*

DATE

*Jan. 2nd, 1873*

PLACE OF ATTESTATION

*Halifax, N.S.*

DATE

*Jan. 4th, 1917*



MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Sailor.*

RELIGION

*Roman Catholic.*

DESCRIPTION.

APPARENT AGE

*43.*

YEARS

MONTHS

HEIGHT

*5.*

FEET

*9.*

INCHES

CHEST MEASUREMENT

*37.*

INCHES

EXPANSION

*4.*

INCHES

COMPLEXION

*Fair.*

EYES

*Blue.*

HAIR

*Gray.*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Halifax, N.S.*

DATE

*Jan. 4th, 1919.*

*Present Address - Georgetown, Kings Co. D.C.I.*







File No. 013136-J-38

WAR SERVICE GRATUITY.

Register No. 11838

9th. 12-11-19 W118

Reg. No. 2005033 Cpl.

Dependent Mrs Josephine Morrison (wife)

Name Morrison John A

Address same

Address 157 Hillsborough St.  
Charlottetown  
P.E.I.

Pay Soldier \$

Pay Dependent \$

E.B. Gayler  
S.A. Seybani 17/11/19

Days 31 Rate 100 Due 100<sup>00</sup>

Less P.D.P. credited 15<sup>00</sup>

Clerk J. Barrow

Less further Dr. Bal. or overpayment.

Net 85<sup>00</sup>

B. 134  
22/11/19.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	ACD				1	ACD		
2 19/11/19	43688	540890	55 00		2 19/11/19	43689	540889	30 00
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
Date 18/11/19

R. Evans  
12/11/19



## SEPARATION ALLOWANCE

Name Josephine MorrisonName of Soldier Morrison John A.Address Georgetown  
P. E. I.

Regtl. No.

Rank PteCorps A.M.C. Reinforcements

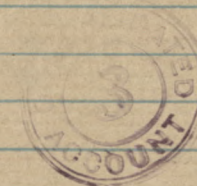
Relation to Soldier

To what Corps belonging

wife, child or mother } Wifewhen called out } B. Unit, No. 16. 17/4/17

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





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D



MILITIA AND DEFENCE  
SEPARATION ALLOWANCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

*Josephine Morrison* <sup>Wife</sup> PAYMENTS.

Name of Soldier Morrison John A  
*Pte.*

L. L. Job 4503.-Req. 6352.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	N 29730	18	18 R
Feb.		Z 32572	20	20
March		Z 35533	20	20
April		Z 1890	20	20
May		<del>Z 4775</del>	<del>20</del>	<del>20</del> Z 4775 cancelled.
June		X X X X X X		noch, the return to 66 f. Capuella
July		X X		noted s/a paid to 30/4/17.
Aug.		X		
Sept.		X		
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*18.12*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

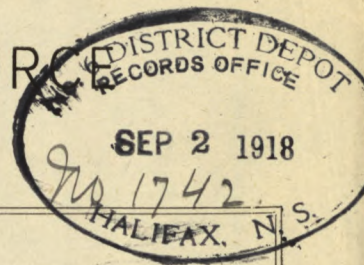
**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate



This is to Certify that No. 2005033 (Rank) Cpl.

Name (in full) John Alexander Morrison enlisted in  
the Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 14<sup>th</sup>  
day of January 19 17

HE served in Canada

and is now discharged from the service by reason of  
being found med. unfit for further service.

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

Age 46 years

Height 5 feet 9 inches.

Complexion Light

Eyes Blue

Hair Light

Marks or Scars Access scar  
in front of left  
ear.

John Alexander Morrison  
Signature of Soldier

Dumaine  
Issuing Officer

Date of Discharge August 31<sup>st</sup> 1918

St. Colonel  
Rank  
C. C. # 6. District Depot  
Appointment

Signed at Halifax N.S. this 31<sup>st</sup> day of August 19 18  
in Military District No. 6.

File Reference No. \_\_\_\_\_

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

No. *2005033* (Rank) *Corporal* Name *John Alexander Morrison*  
Unit *Army Medical Corps*  
Address on Discharge *Georgetown P. C. I.*  
Character and Conduct *Good*

Former Occupation *Tailor*

Special Qualifications of Value in Civil Life

Medals and Decorations *Not Awarded*

Remarks

Signed at *Halifax N. S.* this *31<sup>st</sup>* day of *August* 19 *18*

*Wm. R. ...*

Name of Officer

*Lt. Colonel*

Rank

*C. C. #6, District Depot*

Appointment

Uniform not to be worn after  
Date of Discharge unless written  
authority has been granted by  
C. C. of District.



TRIPPLICATE

DEPT MILITIA & DEFENCE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

AMENDED.

LAST PAY CERTIFICATE

No. 6 DISTRICT DEPOT

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2005033 Rank Cpl. Name Morrison, J.A.

Corps C.A.M.C. who was DISCHARGED.

On 31-7-18 191, to 191, to \*Insert "discharged" or "transferred."

16 9 Nov 1918

The following is a statement of the account of the above named from 191, to 191, the inclusive date of transfer or discharge.

Table with columns for Dr. and Cr. amounts in dollars and cents. Rows include Bal. Dr. from prev. month, Advances by Cheques, Assigned Pay and Sep'n Allee. No. 8074, Other charges, Payment on transfer or discharge No., Balance Cr. (to be paid by the new unit), Total 25.00.

\* Give particulars.

A monthly stoppage of \$... (†) has... (‡) been paid on account of Assigned Pay for the month of... 191... and Sep'n Allee. for month of August 1918. (to) Assignee Mrs. A. Morrison,

(Address) 228 Dorchester St., Charlottetown, P.E.I.

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$... has been paid by Paymaster, Military District No. 53

REMARKS:—

- Amended to show further Cr. \$25.00
State (1) date of enlistment
(2) if married and if a Separation Allowance Card has been submitted yes.
(3) cause of discharge Medically Unfit authority D.O. 132.
(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. 44-71) are to accompany the original Last Pay Certificate on transfer.

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

Date 9-11-18.

Place Halifax, N.S.

Handwritten signature and Paymaster No. 1

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

Made by T.B. Checked by No. Last D.O. Pt. II. Date

NOV 16 1918 M-147 HALIFAX, N.S.

M. F. W. 44.

300M.—2-18. H. Q. 1772-39-903.



486-25-11-12

1 mlb.

R.C. NOV 23 1918



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

1918-19  
No. 6 DISTRICT DEPO

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2005033 Rank Pte. Name Harrison, J.

Corps C.A.M.C. who was\* DISCHARGED.

On 31-8-18. 191... to Sept. 11 1918.

\*Insert "discharged" or "transferred."

File No. 11  
Line No. bet  
Date 1918

The following is a statement of the account of the above named from 31-8-18. 191... to 31-8-18. 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	<u>Sept.</u>	<u>49 10</u>
Advances by Cheques } No.....			Reg't Pay..... days at \$.....		
Assigned Pay and Sep'n Allee. No.....			Field Allow. .... days at \$.....		
Other charges .....			Separation Allowances* (Monthly) .....		
Payment on transfer or discharge No. <u>5835</u>	<u>49</u>	<u>10</u>	Other Allowances* .....		
Balance Cr. (to be paid by the new unit).....			Other Credits*.....		
Total.....	<u>49</u>	<u>10</u>	Bal. Dr. (to be deducted by new unit).....		
			Total.....	<u>49</u>	<u>10</u>

\* Give particulars.

A monthly stoppage of \$ NIL. (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee  
and Sep'n Allee. for month of ..... 191... }  
(Address) .....

M.D. No. 6  
No. 53

(†) Insert amount to be assigned, whether it has been paid or not.  
(‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

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

### REMARKS:—

- State (1) date of enlistment.....  
(2) if married and if a Separation Allowance Card has been submitted NO.  
(3) cause of discharge Medically Unfit authority D.O. 132.  
(4) authority for transfer..... 188

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 24-10-18.

Place Halifax, N.S.

W.D. Harrison CAPT.  
Paymaster No. 6 District Depot.

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

No Clothing Allowance paid.

M-147

Made by T.B.  
Checked by.....  
No. Last D. O. Pt. II.....  
Date.....











INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On finding a report of caries to be marked in red ink. Only such caries to be marked on this sheet as will show:

- 1. Condition on examination (in red).
- 2. Condition on leaving Canada.
- 3. Condition on re-examination.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



PATIENT'S NAME	AGE	SEX	DATE	DENTIST	DENTAL OFFICE	CITY	PROVINCE	COUNTRY	EXAMINATION	
									DATE	BY
<p>1. Condition on examination (in red)</p> <p>2. Condition on leaving Canada</p> <p>3. Condition on re-examination</p>										
<p>Signature</p>										
<p>Address</p>										
<p>Telephone</p>										
<p>Remarks</p>										

DENTAL HISTORY SHEET  
 FORM NO. 1  
 PREPARED BY THE DENTAL BOARD OF CANADA  
 1950











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

M. F. W. 54. (A. 1. B. 193.)

350M.—5-16

H. Q. 1479-89-920

# Casualty Form—Active Service.

**ORIGINAL**

Unit, Regiment or Corps.....A.M.C. REINFORCEMENTS, C.E.F.

Regimental No. #2005033. Rank Private Name John Alexander Morrison.

C. E. F.

Enlisted (a) 4/1/17 Terms of Service (a) War + 6 mos Service reckons from (a) 4/1/17

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).....

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				
	"B" Unit.	T.O.S. #6.D.D. and posted to Hosp. Sect.	Halifax	18-4-17	Part II D.O. 1 <i>G. J. Khan</i> ASST. ADJT. No. 6 DISTRICT DEPOT.
		Transferred to Casualty Coy.	"	7-6-18	Part II H.S. D.O. 54 <i>F. J. D. M. P.</i> CAPTAIN. 2nd. IN COMMAND HOSPITAL SECTION No 6 DISTRICT DEPOT
7/6/18.	Hosp Sect.	I.O.S. Casualty Co	Hampers		
		Transferred #6 district depot	Hampers	14/6/18	<i>J. C. Banks</i> LIEUT. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT

(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.



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				
14-6-18		STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT	Halifax N.S.		<i>G. Khan</i> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.
	D. O. 58.				On transfer to 6 Btu C.H.P.
14.6.18					Taken on strength of Casualty Comp'y from #628
31.8.18		DISCHARGED at Halifax, N. S.			<i>P. W. Hill</i> LIEUT Q. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT
31-8-18		STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT	Halifax		<i>W. D. 0132</i> <i>W. D. 0132</i> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.
		{ Discharged }			



No does,  
ou Voli  
Jice,  
—



Pensions

H.O. Number

S.O.       "

Cheque     "

.....Policy No. ....

.....



Exp. Card destroyed 23/11/18  
29-1-23

This space to be for numbers

# Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. <u>2005033</u>	
Rank <u>Cpl.</u>	
Surname <u>Morrison</u>	
Christian Name <u>John Alexander</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>Army Medical Corps.</u>	
Date of Discharge <u>August 31<sup>st</sup> 1918</u>	
Place of Discharge <u>Halifax, N.S.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>46</u> years <u>8</u> months	Descriptive Marks <u>Abscess scar in front of left ear.</u>
Height <u>5</u> feet <u>9</u> inches	
Complexion <u>Light</u>	
Eyes <u>Blue</u>	
Hair <u>Light</u>	
Trade <u>Tailor</u>	
Intended place of residence <u>Georgetown, N.S.</u> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <u>being found Med. Unfit for further service.</u>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <u>Good</u>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

*Handwritten mark*

*Kept 23-1-20  
w s y. Camp  
J.T. 16-11-19.*



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

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

6. Medals and Decorations.....

Not Awarded.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Halifax N.S.

W. Hill  
DISTRICT DEPT

(Date) August 31<sup>st</sup> 1918

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Halifax N.S. / John Alexander Morrison (Signature of Soldier.)

(Date) August 31<sup>st</sup> 1918 / E. Able (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 239 days.  
Total.....years 1 days 239

11. Confirmation of Discharge.

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

(Place) Halifax N.S.

(Date) August 31<sup>st</sup> 1918

(Signature) [Signature] Lt. Col.  
Commanding #6 District Depot



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

\$ 10.00 taken of my pay  
for clothing in Feb & Mar  
1917 not received yet

John A. Morrison  
Signature

Medical Report for Invalidity  
Statement of Man's Account on  
Transfer and Last Pay Cer-  
tificate  
Medical History Sheet (in the event of  
such having been prepared)  
Attention  
Proceedings on Discharge

N.B.—In the case of a man discharged by purchase, the  
date and number of Deposit Receipt with amount  
of same is to be noted hereon



Reservations referred to at Para. 8.  
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



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

M. OR S.

REGT. NO. *2005033* RANK *Pfc* NAME (IN FULL) *Morrison J.A.*  
ORIGINAL UNIT C.E.F. *C. A. G. C.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE				
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
ADDRESS					ADDRESS					
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

*yes*  
*Mrs J. Morrison*  
*Georgetown*  
*P. E. D.*

*20<sup>xx</sup>* *31-8-17*

*Hx. G. S.* *31-8-18* *Med Unit* *DO 132*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		REGIMENTAL CHARGES	OTHER CHARGES		TOTAL DEBITS		BALANCE			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.			\$	C.	\$	C.	\$	C.	\$	
<i>Jan</i>																						<i>blotter - Alce DO 16</i> <i>6 x press bgs on blotter</i>

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

*[Signature]* CAPT.  
For Senior Officer Pay Services, M. D. C.

DISCHARGED







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

4-1-14

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2005033

Rank *Pte* Promoted Reverted Discharge

Soldier's Name

*John A Morrison*

Battalion

*"6" S.S. Bunit M H & C*

Beneficiary

*Josephine Morrison*

Relationship

*wife*

Address

*Georgetown P & E Island*

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31</i>	<i>30 1917</i>	<i>78 -</i>		<i>78 -</i>

*File 013136-2-38*

REMARKS

*S/a a/c suspended No Cheques till  
trans to C & F Casualties*

*noted S/a paid to 30-4-14.*



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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.  
400M, 6-7-1772-39-1141  
L. L. 22220—M. & D. 1993.



63-M-115-2 *RPC Original*

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION *Charleston, R.I.* DATE *May 4-1918*

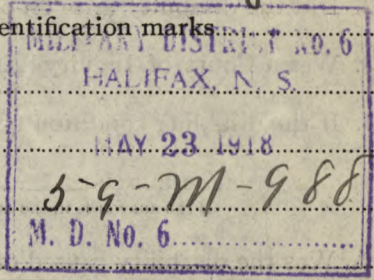
1. (a) Unit *P.A.M.S.* (b) Regimental No. *2005033* (c) Rank *Corp.*  
(d) Surname *Morrison* (e) Christian name *John*

2. Age last birthday *46* Date of birth *2-1-1872*

3. Enlisted at *Halifax N.S.* on *4-1-1917*

4. Personal description:—  
(a) Height *5'11 1/2* (b) Weight *156* (c) Complexion *Light*  
(d) Colour of hair *Light* (e) Colour of eyes *Blue* (f) Identification marks

*Abscess scars in front of left ear.*



5. Address after discharge (for the use of the Board of Pension Commissioners.) *Charleston, R.I.*

6. Former trade or occupation *Tailor*

7. (a) Service

PERIODS	
From	To
<i>4-1-17</i>	<i>Present</i>

(b) Has he been Overseas? *no*

8. Present disease or disability (use authorized nomenclature if possible). *Bronchial asthma Pulmonary Tuberculosis*

(a) Date of origin *March 1917* (b) Place of origin *Halifax*

(c) Cause\* *"Work Cold" = Acute Bronchitis of respiratory focus.*  
\* (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

*Has had number of mild asthmatic attacks since admission but has improved in this respect.*

*Right lung: - Upper lobe and apex of lower moderately infiltrated, with numerous moist rales and bronchial breathing.*

*Tracheal respiratory murmur at base.*

*Left lung: - Slight infiltration at apex with few moist rales and bronchovesicular murmur. Wheezes bronchophony +.*

*No tubercle bacilli found. Disease quiescent.*

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]



10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

none applicable

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100% on account of moderately advanced, though quiescent pulmonary embolus which is complicated with asthma.

12. Did the disability arise on or off duty?

on duty

13. Was a Court of Inquiry held?

yes

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes ~~.....~~ No ~~.....~~

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

no

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Permanent

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Sanatorium

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no.

19. Can the former trade or occupation be resumed?

Partially under favorable conditions

20. Recommendations

discharge for Sanatorium with 100% disability pension

Wm B. Farnham M.D.  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned John A. Morrison have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

John A. Morrison  
Signature of soldier examined.



### OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

*yes*

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). *no*
- (b) Service abroad, not general service, ( " B) (Yes or No). *no*
- (c) Home service, (Canada only), ( " C) (Yes or No). *no*
- (d) Temporarily unfit, ( " D) (Yes or No). *no*
- (e) Unfit for service in Categories A, B and C, ( " E) (Yes or No). *yes*

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~

*Should pass under his own control*

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

*Category E*

*J. M. ...* President.  
*J. Russ ...*  
*Genl ...* Members.

STATION *Charlottetown*

DATE *May 4 1918*

APPROVED BY

DATE *21-5-18*

APPROVED BY

DATE

APPROVED  
*E. J. Moore, M.D.*  
 Assistant Director of Medical Services.

Director-General of Medical Services.



Lined area for text entry, consisting of approximately 25 horizontal dashed lines.

**TO BE COMPLETED WHEN TREATMENT IS REFUSED**

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

**INSTRUCTIONS**

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.