

M. D. Depot Battalion 1st Depot Battalion, W. O. R. Regiment

Regtl. No. 3130041

4000006

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname..... MORRISON

2. Christian name..... John Davidson

3. Present address..... Lakeside Oms. RR<sup>21</sup>

4. Military Service Act letter and number..... 50556 A.C.

5. Date of birth..... April 5 1891

6. Place of birth..... Modena Oms.  
(town, township or county and country)

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

8. Religion..... Presbyterian

9. Trade or calling..... Laborer

10. Name of next-of-kin..... William Morrison

11. Relationship of next-of-kin..... Teacher

12. Address of next-of-kin..... Lakeside Oms. RR<sup>21</sup>

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

14. Particulars of previous military or naval service, if any.....

15. Medical Examination under Military Service Act:—  
 (a) Place..... London (b) Date..... Nov 14/17 (c) Category..... GAT. All

DECLARATION OF RECRUIT

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

John Davidson Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs..... 8 mths.

Height..... 5 ft 4 1/2 ins.

Chest measurement } fully expanded..... 39 ins.  
 } range of expansion..... 37 ins.

Complexion..... Dark

Eyes..... Blue

Hair..... Brown

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

RIGHT EYE D <sup>40</sup>/<sub>20</sub> LEFT EYE D <sup>30</sup>/<sub>20</sub>

HEARING [Normal] [Normal]

H. L. Mulligan Lieut-Col

O. C. 1st Depot Btln.

W. O. Regt.

Place..... London Ont Date..... 16-11-17



# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ...)

No. ...

Name of the recruit ...

Address of next of kin ...

Relationship of next of kin ...

Name of the father ...

Name of the mother ...

Name of the guardian ...

Name of the employer ...

Place of birth ...

Married, widower or single ...

Religion ...

Trade or calling ...

Medical examination under Military Service Act, 1917 ...

Whether at present a member of the Indian Militia ...

Particulars of previous military or naval service ...

The Place ...

## DECLARATION OF RECRUIT

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

Signature of Recruit

## DESCRIPTION ON CALLING UP

Age	Height	Weight	Complexion	Build	Stature	Iris	Eyes	Mouth	Nose	Ears	Hair	Skin	Tattoos
...	...	...	...	...	...	...	...	...	...	...	...	...	...

Signature of Officer

Signature of Recruiting Officer

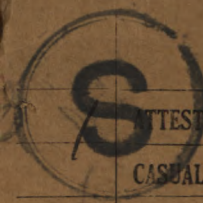
Date

Place



REGIMENTAL DOCUMENTS

NAME MORRISON JOHN DAVIDSON REGT. NO. 4800006 UNIT P. 1st Regt 1st Div H. Q. FILE NO.



**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

TESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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)

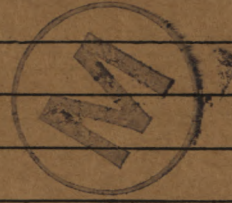
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



DEATH

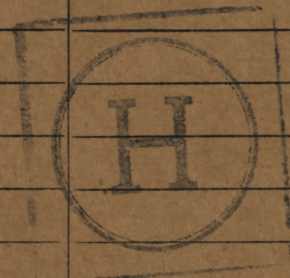
Category

DISCHARGE

Category

34332

DESERTION



40-23  
21-23  
7 24  
/



64D9



SURNAME

Marison

(649-M-38757)

CHRISTIAN NAMES

John Davidson

FOLL.

REGL. NO.

400006

RANK

Pte.

UNIT

1<sup>st</sup> Depat (West Ont. Regt.)

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Marison, William

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Lakeside Ont. Undelivered

COUNTRY OF BIRTH

Canada Medina, Ont.

DATE

Apr. 5<sup>th</sup> 1891

PLACE OF ATTESTATION

London, Ont.

DATE

Nov. 16<sup>th</sup> 1917

OS 25-3-18



MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*26*

YEARS

*8*

MONTHS

HEIGHT

*5-*

FEET

*4½*

INCHES

CHEST MEASUREMENT

*37*

INCHES

EXPANSION

*2*

INCHES

COMPLEXION

*Dark*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*not stated*

MEDICAL EXAMINATION.

PLACE

*London, Ont.*

DATE

*Nov. 14<sup>th</sup> 1917*

*Present address*

*R. R. No. 1, Lakeside, Ont.*



*Comp*  
Number. 4000006 . . . . . Rank. *Plt* ~~B~~  
*W*  
Surname. MORRISON  
Christian Name. John Davidson  
Units. *Co. 1st, G. Bde.* . . . . . Theatre of War. *France*  
Date of Service. *18-8-18*  
Remarks. . . . . *Step Mother*  
Latest Address. *Mrs. Margaret Morrison*  
*R. R. No. 1.*  
*Lakeside Ont.*  
Roll No. *"B" Page 733-6.*



No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

DESP. DEC 1 1957  
 REGN. NO. 61485

1  
 5



649-M- 38757

✓  
MORRISON, Pte. ✓ J. D. ✓ #4000006 - ✓ *4th Bn. C.M. G.C.*  
C. E. F.

Med & D (Step Mother) Mrs. Margaret Morrison,  
R. R. No. 1.  
Lakeside, Ontario. *M!*

P & S (Father) Wm. W. Morrison Esq.,  
R. R. No. 1.  
Lakeside, Ontario.

*Per # 755962*

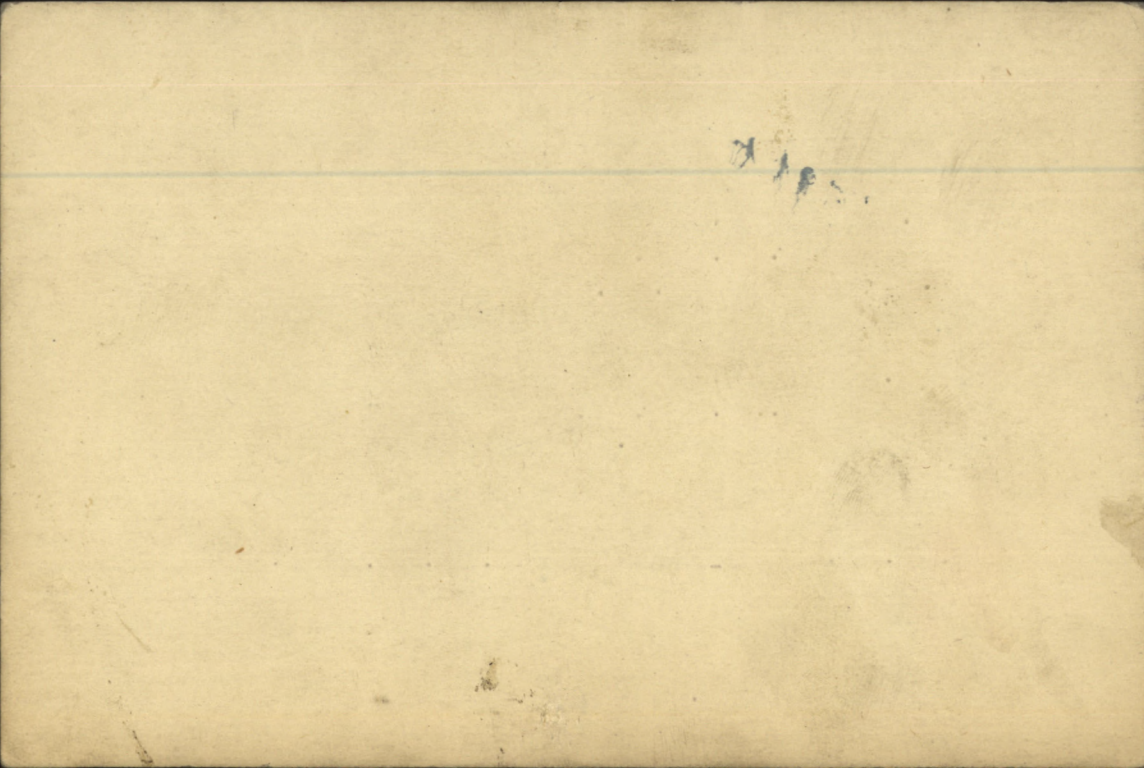
Mem. Cross (NIL)

*Not elig. for star.*  
*" " V.M.*  
*" " B.W.M.*

*m.f.*

Scroll Desp. *AY 10* Regn. No. *244019*  
Plague Desp. *20* Regn. No. *P 11990*  
*15 1921*







JOHN DAVIDSON

Name MORRISON Rank PTE.

Reg. No. 4000006

Unit 4TH BN. C.M.G.C.  
WILLIAM MORRISON,

Next of Kin R.R. NO. 1. LAKESIDE, ONTARIO, CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	KILLED IN ACTION			A347	40129	4246
1 10	M I O-119-54	14-10-18			DOK	







REGT'L. No. 4 000006

NAME

Morrison John D. Jackson

H.Q. FILE No. 649

RANK AND CORPS

Pte. 1 Can. M.G.

FOLLOWS form NO. 1408 FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

•	Prof K	William Morrison (father)
5120347	18-10-18	Lakeside Ont.
0649	21-10-18	K in A. Oct/21-1918.
	12-8	



**LIST No.**

**HOSPITAL**

**DATE OF  
ADMISSION**

**REMARKS**





Surname

Christian Name or Names

Reg. No.

Morrison

J. D.

4,000,006

Rank

Unit

Pfc.

Inf. Co. (413)

Cas. List.

P.F.B.:

Killed in action

1. 10. 18.

18. 10. 18 A 349

A.M.O. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.



Cas. List.



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

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

350M.—5-16  
H. Q. 1772-39-20.

# Casualty Form—Active Service.

*5th Dist West Ont*

*1st Depot Battalion, W.O.R. C.M.G.D.*

Unit, Regiment or Corps *4000006*  
 Regimental No. *3130044* Rank *Private* Name *Morrison, John Davidson*  
 Enlisted (a) *16-11-17* Terms of Service (a) *Do of War & 6 months* Service reckons from (a) *16-11-17*  
 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) *Labourer*

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>MAR 20 1918</i>	<i>1st Depot Bn. W.O.R.</i>	<i>Transferred o/s</i>	<i>London, Ont.</i>	<i>Authority H.O. 593 67 d.</i>	<i>MAR 16 1918</i>
		<i>EMBARKED</i>	<i>CANADA</i>	<i>H. M. T. 24/3/18</i>	
		<i>DISEMBARCKED</i>	<i>ENGLAND</i>	<i>H: M. T. 3/4/18</i>	<i>Champion</i>
<i>6-4-18</i>	<i>O.C. 4th Res Bn</i>	<i>T.O.S. 4th. Can. Res. Bn.</i>	<i>Bramshott</i>	<i>4-4-18</i>	<i>Part 2 Order No. 82.</i>
<i>23-4-18</i>	<i>do</i>	<i>S.O.S. 4th. Can. Res. Bn. on transfer to E.M.G.D., Seaford.</i>	<i>Witley</i>	<i>23-4-18</i>	<i>Part 2 Order No. 96.</i>
	<i>Com. M.G.D.</i>	<i>Taken on Strength,</i>	<i>SEAFORD.</i>	<i>24-4-18</i>	<i>Auth. Depot Order Pt. II No. 114</i>
	<i>Com. M.G.D.</i>	<i>Transferred to</i>	<i>SEAFORD.</i>	<i>AUG 18 1918</i>	<i>Depot Order Pt. II No. 224</i> <i>A. P. Roche</i> <i>A/Adjutant, C.M.G. Depot</i>

CERTIFIED CORRECT  
 26 AUG 1918  
 CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



Casualty Form - Active Service

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				
19/8/18	69 B.D.	Arrived in France and TOS CMG Corps (CMGR Pool):::		19/8/18	R & R. 730 PA 110. 8/1918.
19-9-18	66 R.6.	S.O.S. 6 Mts R Pool on Posting to 4th Bn. 6 Mts B.	Sld	17-9-18	R & R. 92/1918
19-9-18	Do.	S.O.S. 4 Bn 6 Mts B.	do.	18-9-18	R & R 1663 PA 108 d/28-9-18
21-9-18	Do.	Joined Unit	do.	20-9-18	B 213 915-2256 file KX17-1673
9-10-18	oc	Killed in Action		1-10-18	P. 0 119-1918
C. H. Johnson					capt for Lt Col 229



*4th Bn MSc*

ET. Rank *Pte* Name MORRISON, John Davidson Reg'l No. 4000006  
 Unit *5th Dft. WEST ONT* If in perm. Corps, }  
 What Unit? } Married or Single *Single.*  
 Place and Date of Enlistment *London.* November 16th. 1917. Place of Birth *Medina, Ont.*  
 Name and Address, Next-of-Kin *William Morrison*  
*R.R. No. 1. Lakeside, Ontario. Canada.* Relationship *Father.*

*m.x.  
14/1/21 M.Y.*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship  
  
 Relationship

REG. R.B. No. *2380*  
 No. *25-M.8531.*  
*VIA*

*Mic*

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England.			
6.4.18	4th Res	T.O.S. From CANADA	334 TT	4.4.18	PTII 82
23.4.18	"	S.O.S to GM & Dep.	Witley Pt	23 <sup>4</sup> / <sub>18</sub>	" 96 & 24-4-18.
21-8-18	cmdb.	S.O.S. to M Pool. Overseas	Seaford	18-8-18	Prodo #227 & #80 23-9-18.
27.9.18	MGB Pool 4th Bn.	S.O.S. to H <sup>th</sup> Bn, CM Coops.	Field.	17-9-18	R.I. 20 92 & #108 25-9-18.
14-10-18	cmdb.	Killed in action	Field Pte	1-10-18	Prodo #119.
18-10-18	CMBC	Killed in action	Field Pte	1-10-18	CL-F 344

FR. 103 CHECKED

3 AUG 1918

*Edman*







35204

72

201460

**FORM OF WILL.**

Name in full.

I John Davidson Morrison

Regimental Number 4000006 serving in Canadian Machine Gun Depot.

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

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

I DEVISE and BEQUEATH all my real estate unto my mother Mrs Margaret Morrison RR #1 Lakeside, Ont.

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my mother Mrs Margaret Morrison RR #1 Lakeside, Ont.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this sixteenth day of May A.D. 1918.

J D Morrison  
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

ESTATES BRANCH

FEB 12 1919

MILITIA DEPT.

Name of Witness

W G Webford

Address of Witness

Canadian Machine Gun Depot.

Occupation of Witness

Lieutenant

Name of Witness

W G Webford

Address of Witness

Canadian Machine Gun Depot.

Occupation of Witness

Asst H.M. Forces

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

CANADIAN. 23 JAN 1919



FORM OF WILL

REGISTERED.  
WILLS-SECTION  
3.1 MAY 1918  
ESTATES, O.H.F.C., LONDON



# FORM OF WILL

I, John Davidson Morrison (Name in full)

Regimental Number 3130041 serving in 1st Depot Battalion, W.O.R.  
4000006

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

Nil

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

absolutely, and my personal estate I bequeath to my mother

Maggie Morrison  
Lakeside Ont. R.R. #1.

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 15 day of November A.D. 1917

This must be signed and Dated by THE SOLDIER HIMSELF.

John Morrison Signature of Soldier.

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

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

Signature of First Witness Eric A. Locking

Address of Witness 1st Depot Battalion London Ont.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness W. Norman

Address of Witness London Ont.

Occupation of Witness Soldier



1st Depot Battalion, V.D.R.

BRITISH REGIMENT

1911





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 Davidson.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) R. R. #1, Lakeside, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of March 1917, by the undersigned medical board sitting at London, Ontario.

- 5. Age as stated 27 Years 11 Months. 6. Apparent age 27 Years 11 Months.
7. Height 5 Feet 4 1/2 Inches. 8. Weight 157 Pounds.
9. Chest measurement { Minimum 35 Ins. Maximum 38 1/2 Ins.
10. Complexion Medium. { Eyes Brown. Hair Brown.
11. Physical development good { Good Fair Poor
12. Smallpox marks nil
13. Number of vaccination marks { Right arm Left arm 2
14. When vaccinated last 1917
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection. 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

Right Eye -20 Left Eye -30 Right Ear. 21 Left Ear. 21

Signature of Man John Davidson Morrison

Member. President. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 22-2-18 and 7-3-18.

Joined 14 day of Nov, 1917 at London Ont

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 1st Depot Batt, H000006, 14-11-17, Transferred to... W. O. R., London, Ont. MAR 20 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Medical board examination details including station (London Ont), date (MAR 13 1918), and signatures of board members.

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.







ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ml ENGLAND or CANADA. NAME: MORRISON for Davidson  
 EFFECTIVE DATE: 1/4/18 EFFECTIVE DATE: NUMBER: 4000006  
 AMOUNT: \$15<sup>00</sup> AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<u>Mrs M Morrison (mother) M.R.</u> <u>Lakeside Ont.</u>		<u>Can L.P.C.</u>		<u>Pte.</u>

*Total Can Pay = 105<sup>00</sup>  
 15<sup>00</sup> from 1.4.18 to 31.10.18  
 67 X 26.10.18*

UNIT AND TRANSFERS

ORIGINAL UNIT: #5 Dfl. 1/10/18  
 DATE ACCOUNT FIRST OPENED: 1/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S D	UNIT TRANSFERRED TO
<u>M.R.</u>	<u>1/5/18</u>	<u>2/5/18</u>	<u>4 Pte. Bn</u>
<u>Cha 347</u>	<u>1/11/18</u>	<u>26/11/18</u>	<u>M. S. Depot.</u>
			<u>NE "K"</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

*ASPAs received checked & verified M.R. 13-19 H.S.*

*Statement rendered 3-3-19 Cr Bal. \$55.<sup>87</sup>*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<u>Can L.P.C.</u>	<u>1 00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Killed In Action 1/10/18 to 26/11/18 4<sup>th</sup> M.S.C.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<u>31/3/18</u>	<u>Ball from Can.</u>								<u>44 50</u>		
<u>apr</u>	<u>PP</u>	<u>33</u>		<u>AR 20 1/4/18 Del. Parratt @ 12</u>	<u>4 87</u>						
		<u>33</u>		<u>Can AP</u>	<u>4 87</u>			<u>15</u>	<u>57 63</u>		
<u>may</u>	<u>" "</u>	<u>34 10</u>		<u>" " "</u>				<u>15</u>			
				<u>557 B.M.R.D. 11/5/18</u>	<u>9 73</u>						
				<u>617 " do</u>	<u>4 87</u>						
				<u>1122 " 29/5</u>	<u>4 87</u>				<u>57 26</u>		
		<u>34 10</u>			<u>19 47</u>			<u>15</u>			
<u>June</u>	<u>Pte's Pay</u>	<u>33</u>		<u>AR 1654 13/6/18 B.M.R.D.</u>	<u>9 73</u>			<u>15</u>			
				<u>1895 25/6/18 "</u>	<u>43 80</u>				<u>21 73</u>		
		<u>33</u>			<u>53 53</u>			<u>15</u>			
<u>July</u>	<u>Pte's Pay</u>	<u>34 10</u>		<u>AR 2285 11/7/18 B.M.R.D.</u>	<u>9 73</u>			<u>15</u>			
				<u>" 2711 26/7/18 "</u>	<u>4 87</u>				<u>26 23</u>		
		<u>34 10</u>			<u>14 60</u>			<u>15</u>			
<u>Aug</u>	<u>PP</u>	<u>34 10</u>		<u>cap</u>				<u>15</u>			
				<u>AR 3158-12/8/18 ✓</u>	<u>14 60</u>						
				<u>" 3512-17/8/18 ✓</u>	<u>4 87</u>				<u>25 86</u>		
		<u>34 10</u>			<u>19 47</u>			<u>15</u>			
<u>Sept</u>	<u>PP</u>	<u>33</u>		<u>cap</u>				<u>15</u>			
				<u>" 403-15/9/18- M.R.D.</u>	<u>3 57</u>						
				<u>" 273-5/9/18 ✓</u>	<u>3 57</u>				<u>36 72</u>		
		<u>33</u>			<u>4 14</u>			<u>15</u>			
<u>Oct</u>	<u>"</u>	<u>34 10</u>		<u>cap</u>				<u>15</u>	<u>55 82</u>		
								<u>15</u>			
<u>Aug</u>	<u>"</u>	<u>34 10</u>		<u>Inf. R. 180. Libal Pay 4.4.19</u>	<u>55 82</u>						
					<u>15 12</u>						







Date of Enlistment // - // - 17

MILITIA AND DEFENCE

M 19994

Date of Assignment

Separation and Assigned Pay Branch

1-April-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15-			
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11/2/10 MB  
B

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	1- 6pt Btn. W. O. Reg. 5- 6pt			
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name			
Address			
Change of Address			
1	MRS. MARGARET MORRISON,		
2	LAKESIDE,		
	ONT.	15	15.00
3	% 40COCC6 PTE JOHN DAVIDSON MORRISON		
4	FIFTEEN DOLLARS		

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 Apr	X 15809		15	15
May	R 17677		15	15
June	N 21909		15	15
July	H 31322		15	15
Aug	P 40610		15	15
Sep	U 42895		15	15
Oct	X 54139		15	15

013136-9-130

REMARKS

AUTHORITY FOR NEW ACCT.

M. F. W. 123.  
400M. -17-1772 33-114  
L. L. 22320 -M. & D. 7193.

KILLED IN ACTION }  
 DIED OF WOUNDS } DATE 1-10-18  
 C. L. No. 342 Fd 24 DATE 25-10-18  
 M. R. O. 14205 TO DESTROY RENDERED 29-10-18  
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE  
 013136-9-130  
 CLERK H. J. Radley DATE 29-10-18

Acct. closed 31-10-18

AUTHORITY FOR NEW ACCT. }  
 N.P.  
 M.D. 1-15-18  
 R.F. Nagle 20-4-18







# ORIGINAL MILITARY SERVICE ACT, 1917.

ORIGINAL

## 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 Davidson,
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any)..... R. R. #1, Lakeside, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of March 1917, by the undersigned medical board sitting at London, Ontario.

- 5. Age as stated 27 Years 11 Months.
- 6. Apparent age 27 Years 11 Months
- 7. Height 5 Feet 4 1/2 Inches.
- 8. Weight 157 Pounds.
- 9. Chest measurement { Minimum 35 Ins.  
Maximum 38 1/2 Ins.
- 10. Complexion Medium. { Eyes Brown.  
Hair Brown.
- 11. Physical development: good { Good  
Fair  
Poor
- 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm.....  
Left arm 2
- 14. When vaccinated last child 1917
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....  
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

Right Eye 20 Left Eye 20  
Right Ear. 21 Left Ear. 21

Signature of Man John Davidson Morrison

..... President.  
..... Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22-2-15</u>	<u>More</u>	<u>M.O.</u>	<u>22-2-15</u>	<u>More</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>7-3-15</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>13/8/18</u>	<u>Py</u>	<u>M.O.</u>

Joined 14 day of Nov. 1917 at London Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bact</u>	<u>4000006</u>		<u>15-11-17</u>
Transferred to.....	<u>Transferred o/s from 1st Depot Bn. W. O. R., London, Ont. MAR 20 1918</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Clowan</u>	<u>MAR 13 1918</u>	<u>None</u>	<u>Fit</u>

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







ORIGINAL

MILITARY SERVICE ACT, 1917.

OAT. ATT

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 Davidson
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any)..... Lakeside Our Can RP 1

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of Nov. 1917, by the undersigned medical board sitting at London Our Can

- 5. Age as stated 26 Years 8 Months. 6. Apparent age 26 Years 8 Months
- 7. Height 5 Feet 4 1/2 Inches. 8. Weight 158 Pounds.
- 9. Chest measurement { Minimum 37 Ins. Maximum 39 Ins. 10. Complexion Dark { Eyes Blue Hair Brown
- 11. Physical development good { Good Fair Poor 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm..... Left arm 2 14. When vaccinated last Chesham
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection  
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 AI  
RIGHT EYE D <sup>40</sup>/<sub>20</sub> LEFT EYE D <sup>30</sup>/<sub>20</sub>  
HEARING R Normal L Normal

R. H. Longleopram President.  
H. G. Prince Member.

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

Joined 14 day of November 1917 at London Ont

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Bn W.O.R.</u>	<u>3720011</u>		<u>15-11-17</u>
Transferred o/s from 1st Depot Bn, W. O. R., London, Ont. <b>MAR 20 1918</b>			
<b>4th CAN. RES. BATT.</b>			

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 John Davidson Morrison



