

A Coy ✓

ORIGINAL

#2 M. D. 1st Depot Battalion 1st Central Ontario Regiment

M. S. A.

Regtl. No. 3034879

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname MORRISON.

2. Christian name John K. A. carried as an initial only

3. Present address Cobalt, Ont., Canada.

4. Military Service Act letter and number Sr #878415 Disallowed.

5. Date of birth October 11th, 1896.

6. Place of birth Wreck Cove. N.S. Canada.
(town, township or county and country)

7. Married, widower or single Single.

8. Religion Pres.

9. Trade or calling Miner.

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

11. Relationship of next-of-kin Mother.

12. Address of next-of-kin Wreck Cove. Victoria Co. N.S. Canada.

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

14. Particulars of previous military or naval service, if any No.

15. Medical Examination under Military Service Act:—
(a) Place Toronto, Canada (b) Date April 16th 1918 (c) Category A-2

DECLARATION OF RECRUIT

John K. Morrison.

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

John K. Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>23</u>	yrs.	<u>7 1/2</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>Mole both side nose birthmark left shoulder blade & on stomach</u>
Height	<u>5</u>	ft.	<u>7 1/2</u>	ins.	
Chest measurement	fully expanded	<u>38</u>		ins.	
	range of expansion	<u>4</u>		ins.	
Complexion	<u>Dark</u>				
Eyes	<u>Brown</u>				
Hair	<u>Black</u>				

John Morrison
O. C. 1st Depot Btl.
1st Central Ontario Regt.

Place Toronto, Canada Date April 16th 1918.

C

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class: 1st Class

1. Name: John A. Morrison

2. Date of Birth: October 11th, 1893

3. Place of Birth: Fredericton, N.S., Canada

4. Marital Status: Single

5. Religion: Protestant

6. Trade or Calling: None

7. Name of next of kin: Ann Morrison

8. Relationship to next of kin: Wife

9. Address of next of kin: Fredericton, N.S., Canada

10. Whether at present member of the Force Militia: No

11. Particulars of previous military or naval service: None

12. Medical Examination: Passed

Date: October 11th, 1918

Place: Fredericton, N.S., Canada

DECLARATION OF RECRUIT

I, John A. Morrison, do solemnly declare that the above particulars are true and correct to the best of my knowledge and belief.

Signature: John A. Morrison

DESCRIPTION ON CALLING UP

Age: 25

Height: 5' 8"

Weight: 150

Complexion: Light

Hair: Dark

Eyes: Blue

Build: Slender

Stature: Upright

Complexion: Light

Hair: Dark

Eyes: Blue

Build: Slender

Stature: Upright

Place: Fredericton, N.S., Canada

Date: October 11th, 1918

Signature: John A. Morrison

REGIMENTAL DOCUMENTS

v.m. 10-17

NAME

MORRISON John T.

REGT. NO.

3832899

UNIT

C.E.R. 8

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

34360

DESERTION

*43-23
31-23
1 24*

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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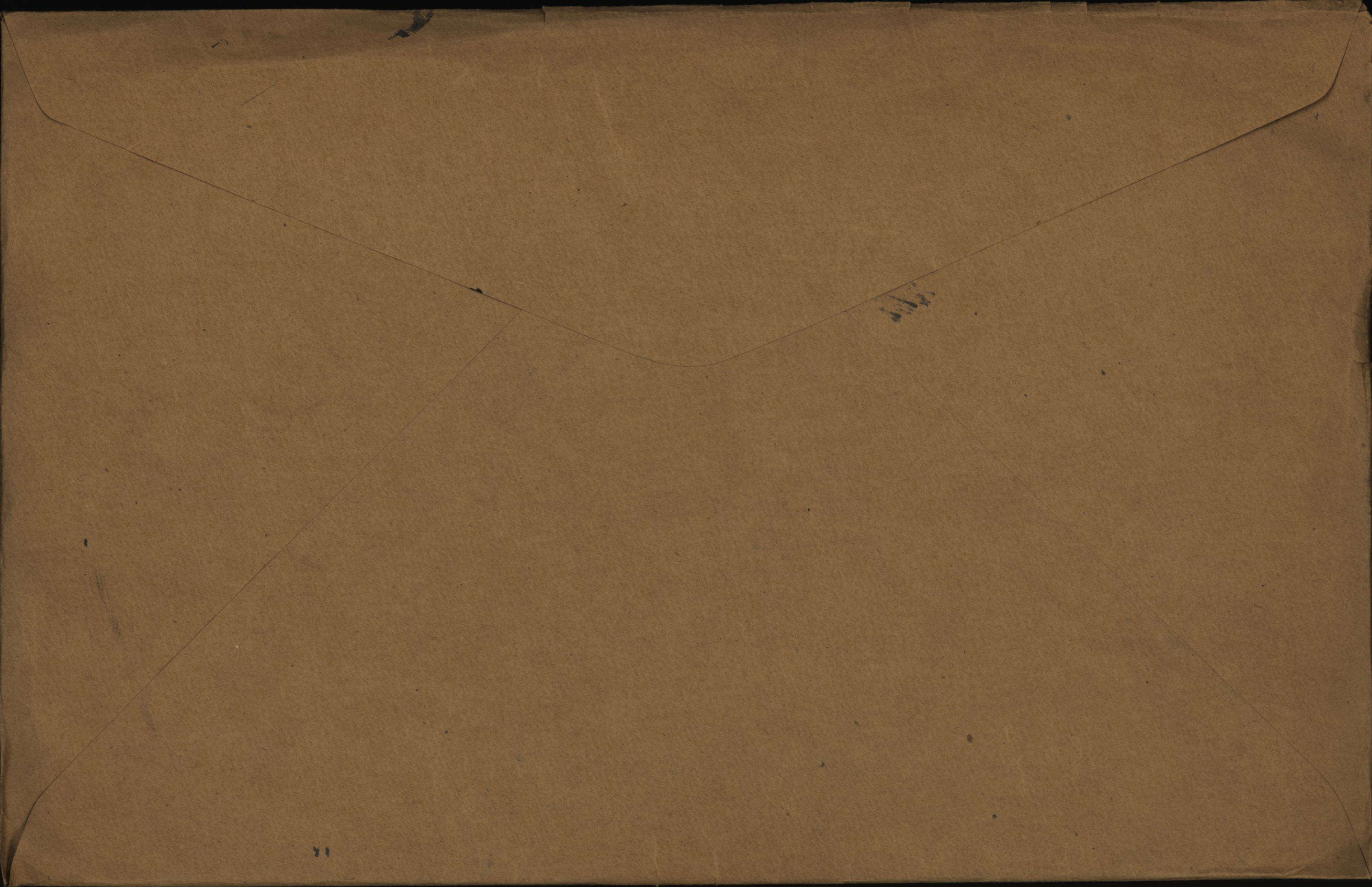
PARTICULARS OF CHARACTER (A.F.W. 3226)

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

M

H

*42 Mpc
2 979
1 parcel*



*Com
Card*

B.

Number. *3034879* Rank. *Spr*

Surname. *MORRISON*

Christian Name. *John K.*

Units. *C. E.* Theatre of war. *Eng*

Date of Service. *22-7-18*

Remarks.

Latest Address. *Track Cove, N.S.*
Len:

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No. 30 34879

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

*Morrison J K
Pte
can Engns*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B297 #14 Can Gen Eastbourne 22-8-18 Influenza

C310. Disch

5-9-18

" " "

C335 14 Can Gen, Eastbourne 5-10-18

"

C358. Disch

26-10-18

" " "

NAME.

Morrison John H.

RANK.

Pvt. 6

REC. FILE. Eng Recd 1/18

No. 3034879

T. O. S. April 16 1918

CORPS.

H. Q. FILE D. C. Part II No. 17

1st Gen. Ent. Regt. 1st Depo. Bn.

ENLISTMENT, PLACE.

Toronto, Ont.

DATE

Apr. 16th, 1918.

BIRTH DISCHARGE, PLACE.

Canada, Wreck Cove, N.S.

DATE

Oct. 11th, 1896.

REASON.

Soldier 20-9-19 Dem'd
Do 261 of 18-9-19
#6 DD

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

Morrison, Mrs. Annie.

RELATIONSHIP

Mother.

ADDRESS

Wreck Cove, Victoria Co., N.S.

of 1. 29/4/18. 1301.
2)

R/C 14-9-19 ⁴⁰⁷/₆₄ Apr

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



HOSPITAL



**A. & D.
CARD**

AT.....

A. & D. No. 4049. PL. OF ACTION.....RANK Spr. REG. No. 3034879 UNIT.....SICK OR
WOUNDEDNAME Morrison J. K. AGE 22 RELIGION Pres.PLACE IN HOSPITAL A/RDIAGNOSIS InfluenzaADMITTED 22 AUG 1918 FROM ADISCHARGED 5 SEP 1918 TO CE I.D.

TRANSFERRED.....

SERVICE AT HOME 4/12 IN FIELD.....

RESULTS.....

(See Document Card for M.M. Sheet and other Documents.)

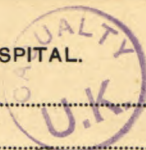
REMARKS.

A series of horizontal dotted lines for writing remarks.

No. 14 CANADIAN GENERAL HOSPITAL,
EASTBOURNE, SUSSEX.

HOSPITAL.

A. & D.
CARD



AT

A. & D. No. 4857. PL. OF ACTION

RANK. Sp. REG. No. 3034879. UNIT. C.E.D. SICK OR WOUNDED

NAME. Garrison J.R. AGE. 23 RELIGION. Pres

PLACE IN HOSPITAL. Fl. Brig Hosp. Seaford 19.10.18

DIAGNOSIS. Influenza

ADMITTED. 4 - OCT 1918 FROM

DISCHARGED. 26 OCT 1918 TO C.E.D.

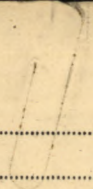
TRANSFERRED

SERVICE AT HOME. 5/12. IN FIELD.

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.



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Handwritten scribbles and marks, possibly including the letters 'K' and 'J'.

Handwritten scribbles and marks.

Handwritten scribbles and marks.

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

10

10

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

MORRISON.
RANK

J.K.

3034879.
BATTY.

UNIT

Co.

TROOP

Spr.
HOSPITAL

C.E. 3CERB.

DATE OF ADMISSION

14. C.G.H. Eastbourne.

23-8-18.

1. *14. C.G.H. Eastbourne*

HOSP. *5-10-18*

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Influ'za.

1.

Influenza

2.

3.

DISPOSITION

C.L. 27-8-18. 0297.

DATE

Dec 5-9-18

REMARKS

Dis 26-10-18

*11-9-18 C 310
10-10-18 6335
6-11-18 C 381*

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

CANADIAN ENGINEERS TRAINING CENTRE.
SEAFORD, SUSSEX.

Date *22 Aug 18* serial No

Regimental No. *3034849*

The marginally named man

Rank *Sp4*

is in Category *A*

Name *Morrison J.K.*
(LC)

G. J. Alley
Capt. C.A.M.C.,
M.C., C. E.T.C.

Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is arranged in several lines and is mostly obscured by noise and fading.

Handwritten text in the bottom left corner, appearing to be a signature or initials, possibly "J. B. ...".

M. Wing - B. Group. Original

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

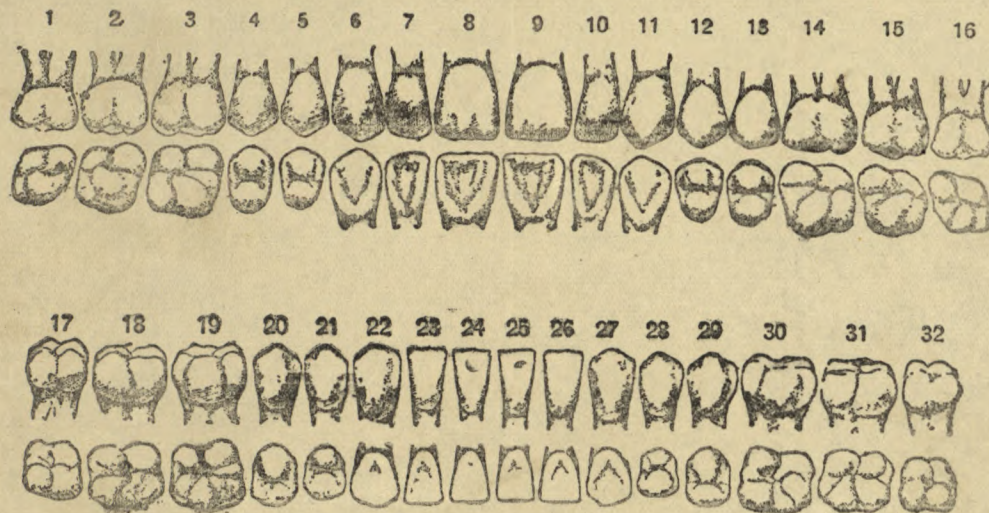
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON John A.
 REGIMENT C.B.R.P. RANK Spr. No. 3034849
 Date of Examination in England 19/1/19 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 10 18, 19,
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



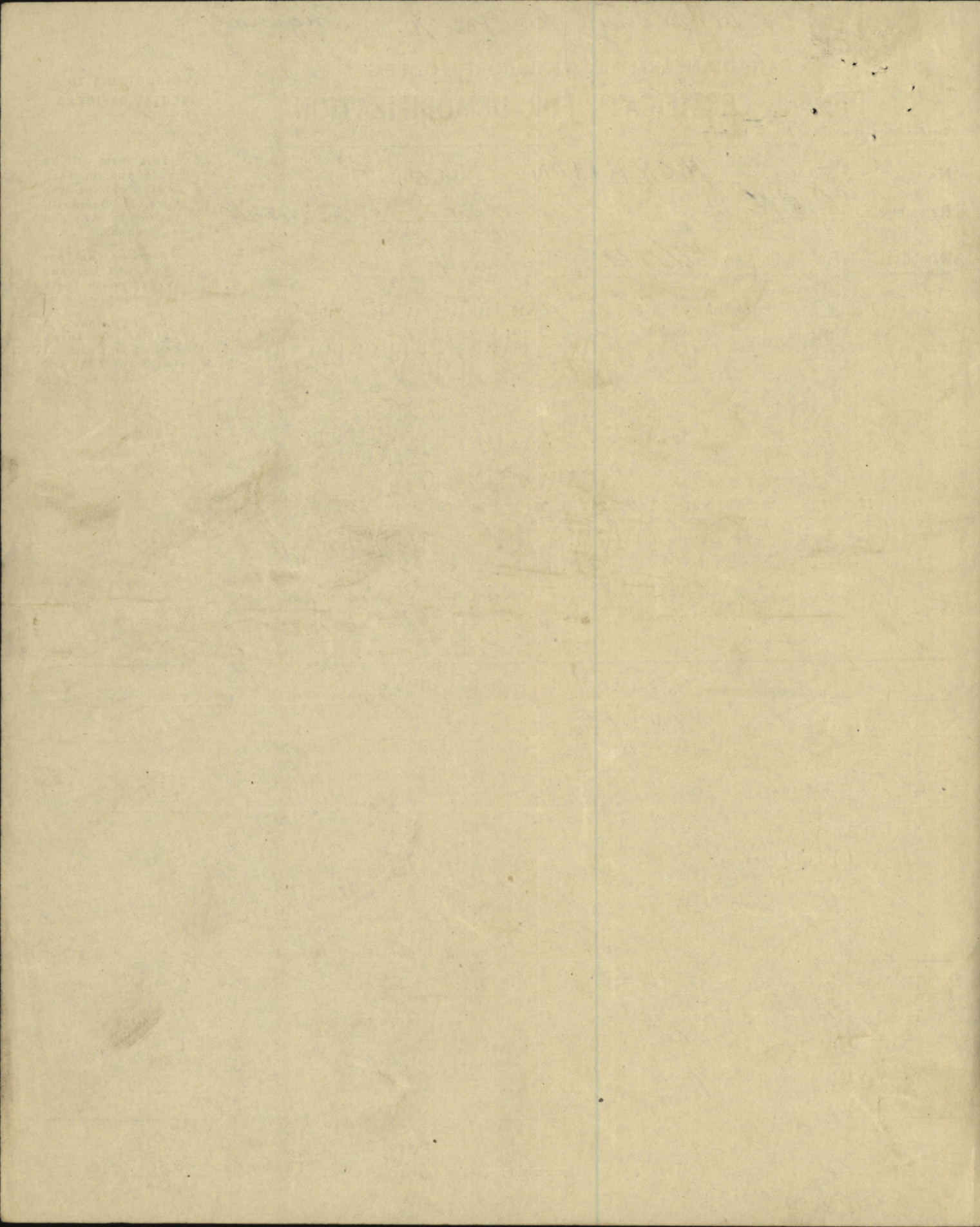
HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

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

Signature of Dental Officer

[Handwritten Signature]



MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3487 Rank Plc Surname Morrison **MORRISON**
(Given name in full)
Unit or Corps E.A.M.C. Birthplace Wreck Cove N.S.

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

I. GENERAL DESCRIPTION: *cat.*

Physique Good Weight 165 lbs. Height 5' 7 1/2" Colour of Eyes Gray
Nutrition Good
Pulse 74 regular
Condition of arteries Soft
Vision Rt. 4/20+ Left 4/20+
Hearing (conversational voice) Rt. 7 ft.
Left 7 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
one scar. ext
1918.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System yes
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

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

Earbourn - August 1918 - Influenza - recovered

W.M.A.S.
103

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS--

Examined at *Witley*.....(Overseas)

Date *20-8-19*.....

Signed *D. W. Lee Capt R.A.M.C.*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *J. K. Morrison*.....

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

THIS SECTION FOR USE IN CANADA--

Examined at(Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

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

Auth DAG 14-1-48 of 13-6-19

INSTRUCTIONS

On the date of the receipt of the report, the following instructions should be observed:

1. The first line of the report should be marked in red ink.

2. The entries to be made on the report, as will show.

3. The entries on the report should be made in red ink.

4. The entries on the report should be made in red ink.

5. The entries on the report should be made in red ink.

RECEIVED
JAN 10 1900

RECEIVED
JAN 10 1900

DEMOCRATIC HISTORICAL SHEET

KR Rank Name MORRISON John K. Reg'l No. 3034879
 1st. Half 74th Dft Eng to C E T O <sup>If in perm. Corps, }
 What Unit? }</sup> Married or Single Single.
 Place and Date of Enlistment Toronto April 16th 1918 Place of Birth Wreck Cove.
 N.S. Canada.
 Name and Address, Next-of-Kin Annie Morrison.
 Wreck Cove Victoria Co. N.S. Canada. Relationship Mother.

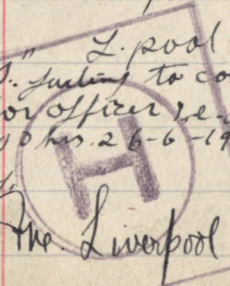
Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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		22-7-18	3/S SATURNIA
26.7.18	2nd CERB	TOS from Canada	22/7.18		W.O. 56.
6-8-18	CER Bn	S.O.S. to 3CERB	Seaford	6.S.18	DC-65 3CERB*DO 1
11.12.18	3CERB.	S.O.S to CAMP R+T Depot Spr. Seaford		11.12.18	W.O. 110 } came
12.12.18	P.P.C.R x Hsp	TOS from CAMP R+T	Pto Bexhill	11-12-18	— 247 } Pt IDO 354 d/29/12/18
28-4-19	5th C & H	TOS from P.P.C.R x Hsp	Liverpool	26-4-19	— 90
26.4.19	P.P.C.R x H	SOS to No. 5 BGN Kirkcaldy	Bexhill	26.4.19	— 79
9.7-19	5th C & H.	Is awarded 4 dys CB & forfeits 1 dys pay for 1 dys when O.A.S. failing to comply with an order given by his superior officer re. absenting himself from Convoy duty at 1200 hrs. 26-6-19 after being duly warned. He forfeits 1 dys pay.	L. pool	27-6-19	-145
9.8-19	No 5 BGN.	SOS to Am B.C.C	The Liverpool	9.8.19	-167. came cell DO 194 of 19-5-19

Amc.

104



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.				
19.8.19	<i>m. Wg.</i> l. b. l. a. m. b. l. e.	<i>T.O. S. pendg. P.T. C. Spr. Witley</i>		<i>18⁸/₁₉</i>	<i>19.0.131</i>
18.8.19	<i>b. a. m. b. l. e.</i>	<i>S.O.S. to "m" Wg. l. b. l. e.</i>	" "	<i>17⁸/₁₉</i>	<i>- 193.</i>
				<i>103. 13. 35. 6</i>	<i>9/19.</i>
9.10.19	Records	S.O.S. TO CANADA	London	6-9-19	A0.4

3034879
A Coy

ORIGINAL
MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET M.S.A.

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 Merrison Christian name John K.
 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)..... Cobalt Ont., Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of April 1918 1917, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 23 Years..... Months.....
 6. Apparent age..... Years..... Months.....
 7. Height 5 Feet 7 1/2 Inches.....
 8. Weight 152 Pounds.....
 9. Chest measurement { Minimum 34 Ins. Maximum 38 Ins.
 10. Complexion Dark { Eyes Brown Hair Black
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil
 13. Number of vaccination marks { Right arm..... Left arm.....
 14. When vaccinated last Never
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease wax right ear, large turbinate right, septum to right bad teeth

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 A2
 17. (a) Vision R. 20 L. 20
 (b) Hearing. R. Normal L. Normal
Nose & throat Normal

W.D. [Signature] Member. *J. [Signature]* Member.
W.D. [Signature] President.

Signature of Man *John K. Merrison*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/4/18</u>		<u>G.S.V. [Signature]</u> M.O.	<u>27/5/18</u>		<u>G.S.V. [Signature]</u> M.O.
		M.O.	<u>30/5/18</u>		M.O.
		M.O.	<u>1/6/18</u>		<u>[Signature]</u> M.O.

Joined 16th day of April 1918 at Toronto, Canada.




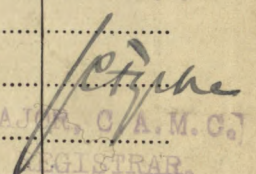
CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Bn</u> <u>1st C.O.R.</u>	<u>3034899</u>		<u>16/4/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>JUN 11 1918</u>		<u>[Signature]</u> President Medical Board, St. John, P.Q.

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.

Surname *Morrison* Christian Name *John K.*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
 		22	8	18	5	9	18	Influenza	15	nasal symptoms. Headache, sore back, slight cough. Pyrexia for few days. Has been normal since. Discharged with A.	 MAJOR, C.A.M.C. REGISTRAR.
		11	10	18	26	10	18	Influenza	23	Chills & headache followed by fever. Temp 102. Chest clear. Improved & isolated in Brit. Hosp for period & discharged A.	 MAJOR, C.A.M.C. REGISTRAR.

roll

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3034879 (Rank) Pte

(in full) Morrison John K enlisted in
the 1st Dep't Bn 1st Central Ont. Regt.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont on the 16th
day of April 1918

HE served in Canada England Canada

Demobilization.

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

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

Age 23
Height 5-7 1/2
Complexion Dark
Eyes Brown
Hair Black

Marks or Scars
Mole both side nose
birthmark left shoulder.
blade + on stomach

J. K. Morrison
Signature of Soldier.

Am. Ferguson
Issuing Officer.

Date of Discharge

Lt
Rank

Date HALIFAX, N.S. SEP 1 4 1919 19....

SEP 20 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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, ~~as~~ if on the strength of a unit.

Abolish
 removal
 of

2-11-
 53

Abolish the
 removal of
 the uniform

Abolish the
 removal of
 the uniform
 1953
 1953
 1953

M. S. A.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps.....

1st C.O.R.

Regimental No. 3034879 Rank Pte Name MORRISON, John K.

C. E. F.

Enlisted (a) 16.4.18 Terms of Service (a)..... Service reckons from (a) 16th April.1918

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) Minor.

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				
		Trans. to Can. Engrs.	Toronto	17/4/18	D.O. 113 23/4/18
		" " " "	<i>St. John's</i>	1/6/18	D.O. 154
		embarked	Canada	29-6-18	
		Disembarked	England	22-7-18	
26-7-18	2nd CERB	T.O.S. of 2nd CERB from Canada	Seaford	22-7-18	Part 11 Order No. 56
6-8-18	2nd CERB	T.O.S. of 2nd CERB to 3rd C.E.A. En.	Seaford	6-8-18	Part 11 Order No. 65
7-8-18	3rd CERB	To O.S. of 3rd CERB from 2nd CERB	Seaford	6-8-18	Part 11 Order No. 1.
10-12-18	3rd CERB	<i>RD. S. Dr. J. CAMP</i> <i>Shorncliffe</i>	<i>Seaford</i>	<i>11-12-18</i>	<i>Pt II D.O. 110</i>

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

Edwards CERB

EMB'D *TILBURY. 6-9-19

J.G. Rose, Lieut.

DISEMB. *KDR *PHACED TO CANADA.

7111.0.148 as 9 19

J. M. Macchaw
FOR OFFICER COMMANDING,
"M" WING, C.C.G.

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				
20 DEC 1918	O.C., C.A.M.C. B. & I. Depot, T.O.S. from	2nd B.C.R.B.	SHORNLIFFE	11 DEC 1918	Pt II DO 354
20 DEC 1918	O.C., C.A.M.C. B. & I. Depot, S.O.S. to	PPCRCH Bexhill	SHORNLIFFE	11 DEC 1918	Pt II DO 354
12-12-18	OC PPCRCH	T.O.S. on Posting from Cooden Camp C.A.M.C. R&T Depot	Cooden Camp	11-12-18	Pt ii D/O 247
26-4-19	do	S.O.S. on Posting to No 5 CGH Liv rpool	do	26-4-19	Pt ii D/O 79
26-4-19	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. FROM. PPCRCH. COODEN CAMP. BEXHILL.	LIVERPOOL	26-4-19	PT. 2 DO. No 90 B 28/H/1919.
9-8-19	do	S.O.S. to CAMC Cas. Coy. Witley	Liverpool	9-8-19	PT. 2 DO No. 167 D 9-8-19.
18.9.190/5 18.9.19	T. O. S. No. 6 D, D. from	6.9.19 and posted Discharge 20.9.19	Discharge		

J. M. Macchaw Capt Adjutant
For O.C. C.A.M.C. Reserve Depot

J. M. Macchaw Maj
12 PRINCESS PATRICIA CANADIAN
RED CROSS HOSPITAL

FOR O.C. No. 5 CANADIAN GENERAL HOSPITAL
LIVERPOOL
J. M. Macchaw
Lieut.
Officer No Records No. 6 D.D.

CAMP LEAN ENGINEERS TRAINING CENTER
SEAFORD, SUSSEX.

Date **OCT 4 1918** Serial No

Regimental No. *3034879*

The marginally named man

Rank *Sapper*

in in category *A*

Name *Morrison J B*

Alfred J Coogan
Captain, C. S. M. Co.,
M. Co., 3rd CERB.

(Sgd) W.C. Inglis,
Captain.
for Lt.Colonel,
Director of Organization,
for Brig.Gen. A.G., Canadians.

Minute II.

To:—

Conducting Officer.

You will please compile this return
immediately on your return from Conducting Duty.

Lieut. Colonel, R.C.M.,
Commanding, Canadian Engineers Training Depot.

OVERSEAS MILITARY FORCES OF CANADA.

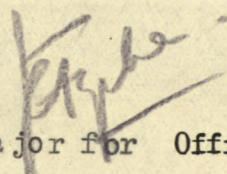
Date 5-9-18

To:- Hospital Representative,
14 Can Genl
..... Hospital.

3034879 Spr
Morrison, J R

The marginally named soldier has this day
been medically examined and placed in Category
A. and is now available to be discharged.

For your information and necessary
action please.


Major for Officer Commanding,
14 Can Genl
..... Hospital.

OVERSEAS MILITARY FORCES OF CANADA

Date: ---

For Hospital Representative
Hospital

The originally named soldier has this day
been medically examined and placed in category
and is not available to be discharged

3004573-474
Hospital



For the information and necessary

action please

Ms to: Officer Commanding
Hospital

3034879.

Regt. No. Rank & Name. *Sgt Morrison. J.K.*

Ward *71-72*

Diagnosis. *Influenza*

(10)

To: Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of urine with special regard to

Date *4/10* 1918.

Routine. S. Walsh. 2/1
.....
Officer i/c Ward. *1/8*

LABORATORY REPORT.

Color. *Amber (cloudy)*

Reaction. *acid*

S.G. *1020.*

Sugar. *neg.*

Albumen. *Trace.*

Microscopic. *motile bacilli (few)*
Sarcocystes. (few)
yeast-like cells (very few)
debris.

special

Date of examination *6. 10.* 1918.

.....
J. D. Moore Capt. C.A.I.
Officer i/c Laboratory.



50

ADVANCEE CLOTHING AND NECESSARIES STATEMENT

TRANSFER CLOTHING AND NECESSARIES STATEMENT

Statement showing the articles of Clothing and Necessaries in possession
of a Patient proceeding from the _____ Hospital
to _____

Date of Transfer _____ 191_____

Regimental No. _____ Rank _____ Name _____

ARTICLES.	No.	ARTICLES.	No.
CLOTHING.		NECESSARIES.	
Boots, ankle, prs.	Badges, Cap ... ..	.....
Blankets, grey	" Collar, prs. ... ..	.....
Caps, forage, drab	" CAN, Shoulder, prs. ... ..	.....
Glengarry	" Initials, sets... ..	.....
Greatcoats	" Numerals, sets ... ..	.....
or Cloaks	Bootlaces, prs. ... ..	.....
Jackets, drab...	Braces, prs. ... ..	.....
Kilts	Brushes : Cloth ... ..	.....
Puttees, drab, prs.	" Hair ... ..	.....
Riding Breeches	" Shaving ... ..	.....
Sheets, ground, W.P.	" Tooth ... ..	.....
Shirts, service	Combs, hair ... ..	.....
Shoes, canvas	Drawers, woollen, prs. ... ..	.....
Spurs, Jack, prs.	Drawers, cotton ... ..	.....
Trousers, drab, prs.	Forks, table ... ..	.....
Trousers, service	Housewives, filled ... ..	.....

Admitted 22.8.18

RAVENSCROFT MILITARY HOSPITAL, SEAFORD.

Army Form I. 1237.

EASTBOURNE

Form

I. 1237

2

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3034875	Pr.	Morrison,	J. H.
Year	Unit.	Age.	Service.	
22.8.18	3 CERB	22	4/14	

Station and Date. 22.8.18

Disease *Lymphadenitis*

Complains of Headache, dyspnoea, fulminating chest, chills, hot red face, cough to profusion.

Prescribed. Began appearing made in ward and has persisted. Acute attack of headache etc began a few days ago. Man in Bathing had chills of duration.

p. Exam - Heart is negative.

Lungs negative. Sept. condensation.

Good. J. H. Morrison Capt. R.A.M.C.

29-8-18 Temperature Normal

Feels quite well

Heart & lungs: - Neg

A. W. Jeffrey, Capt. R.A.M.C.

2-9-18 Fit for duty.

Discharged Cat. A

A. W. Jeffrey, Capt. R.A.M.C.

DISCHARGED

5 SEP 1918

To Cat A

ASSIGNED PAY. <i>Nil.</i>	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>MORRISON John K.</i>			
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: <i>30348179</i>			
AMOUNT: -		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: <i>2.C.E.R.B.-D056</i>			
				DATE EFFECTIVE: <i>22.7.18</i>			
				RANK OR APPOINTMENT: <i>Spl.</i>			
				UNIT AND TRANSFERS: <i>No. 74 Draft 6.8.</i>			
				ORIGINAL UNIT: <i>2ND C.E. RES. BN. C.E.T.C.</i>			
				DATE ACCOUNT FIRST OPENED: <i>27.18</i>			
				AUTHORITY: <i>345 eff. 11/2/18</i>			
				DATE EFFECTIVE: <i>1/2/19</i>			
				DATE LEDGER SHEET T'RD: <i>25/1/19</i>			
				UNIT TRANSFERRED TO: <i>6.A.R.C.(G)</i>			
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
8.8.19		1. Paid.	£10.4867				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE			
	<i>1.00</i>	<i>10</i>	<i>X</i>				

P 868 ready 4.9.18 Dn 1.10

Link Canada 3/8/19. Ak 12690-19.8.19. Brent's Miley M wing

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	<i>Let. to balance</i>			<i>4 P.C. Balance credit</i>	<i>161.94</i>						
	<i>BALANCE FROM CANADA</i>								<i>10.40</i>		
<i>22-7-18</i>	<i>S. Pay</i>	<i>45.10</i>		<i>Dr 1965 30th Seaford</i>	<i>4.87</i>						
<i>31-8-17</i>		<i>45.10</i>		<i>- 1413 14th 3rd G.R.B.</i>	<i>9.43</i>				<i>40.90</i>	<i>15</i>	
					<i>14.60</i>						
<i>Sept.</i>	<i>23rd = 21 days extra Pay from 1/2/17/18</i>	<i>23.10</i>									
	<i>Pay</i>	<i>33</i>		<i>180. 3rd C.E.R.B. 2/9/18.</i>	<i>9.73</i>						
				<i>365 " " 24/9/18.</i>	<i>38.93</i>				<i>483.7</i>	<i>50</i>	<i>- agreed.</i>
		<i>56.10</i>			<i>48.66</i>						
<i>Oct.</i>	<i>Pay</i>	<i>34.10</i>		<i>907. 3rd C.E.R.B. 25/10/18.</i>	<i>9.73</i>				<i>72.71</i>		
		<i>34.10</i>			<i>9.73</i>						
<i>Nov.</i>	<i>P.A.</i>	<i>33</i>		<i>1141. 3rd C.E.R.B. 12/11/18.</i>	<i>9.73</i>						
				<i>1395. " " 27/11/18.</i>	<i>9.73</i>						
<i>Dec.</i>	<i>P.A.</i>	<i>34.10</i>		<i>1568. " " 8/12/18.</i>	<i>24.93</i>						
<i>Jan.</i>	<i>P.A.</i>	<i>34.10</i>							<i>130.12</i>		
		<i>101.20</i>									
<i>Feb.</i>				<i>Dr 51552 56th Seaford 9/8/19.</i>	<i>48.67</i>						

COMPILED BY *S. Haining*
CHECKED BY *Wood*

NUMBER 3034849 RANK

Spr.

NAME MORRISON.

J. K.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919											
Jan 31	2nd.				=	+	-	-	13012.90		
Feb		3080							16092		
				M-AR 5735 - PPERA 18/12/18	487				15605		
				M-AR 953 - " - 8/11/19	973				14632		
				M-AR 4005 - 406 " - 24/12/18	599				14033		
				M-AR 1182 - " - 24/11/19	487				13546		
				M-AR 1463 - " - 12/1/19	973				12573		
Mar	OP	3410		AR 1674 26/2/19 " 109	973				11600		
		6490		" 1812 13/3/19 " 140	973				15010		
					5465				14037		
Apr	"	33							17327		
				" 1914 26/3/19 " 2	1947				15390		
				" 83 14/4/19 " 20	730				14660		
	" - May	3410			2677				18070	150.00	2/5
		6710		" 342 14/5/19 S 9H 81	487				17583		
					3164				10883		
June	"	33							20396		
				" 539 29/5/19 " 7	487				18449		
				" 832 16/6/19 " 27	1947				21859		
	" July	3410							20399		
		6710		" 923 26/6/19 " 39	1460				19912		
				" 1285 6/7/19 " 56	487				17479		
					4381				2433		
				5 1164 508H 12/4	3				2433		
					2433				210.00		
Sep	Aug	3410		AR 1440 - 5 GA fresh 30.7.19	487				210.58		
	Int on deferred pay.	656		✓ 11065 - credit 26.8.19 (E)	973						
				✓ 51552 5 GA Liverpool 9.8.19	4867						
				Is awarded forfeit 1 day pay 28.6.19							
				failing to comply with an order given by							
				superior officer i.e. absent from conveyed							
				duty @ 7.00 16/6/19 after being duly warned.							
				DD 145 - 9/7/19 - 5 Year term.							
		4066				110			15108		
					6327	110					

S.I.P 6.9.19 M.D.G. SR103.

ELIC

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

D. A. 13
O. G. 18
M

1. No. 3034879

2. Rank. Sgt.

3. Name. Morrison John K.

4. Unit. 66RD

5. Date of Discharge 20-9-19 Place Halifax, N.S.

6. Reason for Discharge..... DEMOBILISATION.....

7. Authority. R.O. 1420

8. Proposed Residence after Discharge.....
P.O. Wrack Cove N.S.

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. K. Morrison
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place..... HALIFAX, N.S. SEP 1 1919
Date.....
Emb. Silbury
A. M. Ferguson
Signature.....
(O. C. Discharging Unit.)

0 4 3
0 0 8

SHORT FORM
PROCEEDINGS ON DISCHARGE

(Demobilization)



303-8



1	Serial	303-8
2	Unit	1st Airborne Div
3	Date of Discharge	10/1/45
4	Reason for Discharge	DEMOBILIZATION
5	Authority	
6	Proposed Position and Grade	
7	CERTIFICATE TO BE SIGNED BY SOLDIER	
8	I hereby acknowledge that at the undersigned place and date I received my discharge Certificate	
9	Signature of Soldier	<i>[Signature]</i>

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical Form W. 132
Physical Examination of Heart	Medical Form W. 133
Cardiac Catheter Sheet	Medical Form W. 134 or A. R. H. 132
Catheter Report	Medical Form W. 135 or A. R. H. 133
Final Discharge Certificate	Medical Form W. 136
Cardiac Catheterization Report	Medical Form W. 137
Medical History Sheet	Medical Form B. 138 or A. R. H. 134
Proceedings of Medical Board	M. R. B. 139 or A. R. H. 135
Dental History Sheet	Medical Form B. 140
Medical Report	M. R. W. 141 or A. R. H. 136
Regimental Conduct Sheet	Medical Form B. 142
Company Conduct Sheet	Medical Form B. 143

LIST OF DISCHARGE DOCUMENTS.

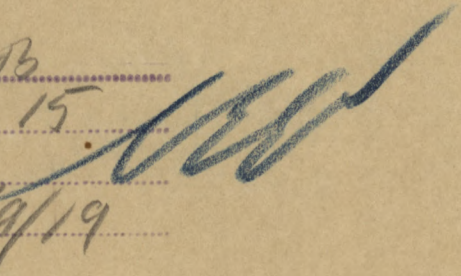
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.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. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B3

Checked by No. 15

Date..... 2/9/19



NEXT OF KIN & DIAGNOSIS SLIP.

Regt. No. 3034879 Rank ... Name ... Garrison Jr. Unit ... C E T D
Relation ... Name ... Mrs Garrison a D
Address ... ~~Wreck Cove~~ Wreck Cove N S
No. 23 Service ... 5/12 Religion ... Pres Ward ...

FINAL ROLL OF PATI

Un
admitt

C.M.G
C.M.G
7th.F
C.M.G
6th.F
1st.F

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>4827</i>	Regimental No.	Rank.	Surname.	Christian Name.
	Year	Unit.	Age.	Service.

3034879 *Spr.* *Merrison* *J.H.*
4 *C. E. I. D.* *23* *5/12*

Station and Date.	Disease
-------------------	---------

Influenza

REPORTED SICK	4-10-18	TAKEN SICK	3-10-18
ENLISTED	17-4-18	PREVIOUS OCC.	Mining
TO ENGLAND 22-7-18			

TO FRANCE *Family History* *Reg*

INVALIDED from FRANCE *WOUNDED* *SICK*

Complaints:-	ONSET.	DURATION.
--------------	--------	-----------

Sudden *2 days*
Headache, chilly, Weak,
cough.

PREVIOUS ILLNESS	<i>Measles</i>	<i>April 1918</i>
------------------	----------------	-------------------

PREVIOUS ILLNESS *Measles* *April 1918*

PRESENT ILLNESS

Came on two days ago with
chills and headache followed
by fever.

PHYSICAL EXAMINATION:-

EYES *Slight conjunctivitis* *EARS* *—*
TONSILS *Hyperaemic* *TEETH* *—*
UPPER EXTREMITY *—*
LOWER EXTREMITY *—*
SKIN *—*

URINALYSIS

URINALYSIS

* The first and last entries will be signed, and the others from one Medical Officer to another, attested by their signatures.
 W2944/P438 2,950,000 1/18 McA & W Ltd [P.T.O.]

Station
and Date.

T.P.R. 102°-112-24

5-10-18

Maj McPherson states chest quite clear
Heart :- normal.

Treatment :- laxative
Aspirin prn.

A.W. Jeffrey,
Capt., came

10-18

Urinanalysis, Amber (cloudy) - Acid - S.G. 1020
No sugar - Trace albumen. Motile bacilli (few)
Leucocytes (few) squam-epith cells (very few)
debris

10-18

Temperature normal yesterday
and to-day. Feels well.

Sept 18/18

Lungs clear - T. are regular - Resuscitated

Wm. Hedman

26-10-18

Condition now normal - fit for discharge

C. D. Sewell Capt.

Mimuck akda 14. 9. 19

AUDITOR PAYMASTER

M. OR S.

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

REGT. No. 3034879 RANK Sp4

NAME (IN FULL)

Morrison John K.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		no	6-9-19	les 261			
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.		
			\$	C.																						\$	C.
31.8.19	10				161	91																					
20.9.19	20	22	00		35	00	70	00				487	5	00	26	93			9	73			288	91			
WAR SERVICE GRATUITY		U.S.G. S.A.						WAR SERVICE GRATUITY			U.S.G. S.A.																
	122 days		280			280									70	00											1st Payment W.S.G.
															70	00			1	10			140			25/10/19 #1542136	
															68	90							70			+ P.M.B.M 2060	
															70	00										15/11/19 #1773202	
															278	90			1	10			280	00		13-12-19 1781861	
					280	00			280																		

All payments made.

Certified that all payments due on this acct have been paid.
 [Signature]
 For Senior Officer Pay Services, M.D. 6

OCT 20 1919

