

M.S.A. PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname..... **M O R R I S O N**

2. Christian name..... **John Lewis**

3. Present address..... **Flesherton Grey Co. Ont.**

4. Military Service Act letter and number..... **Flesherton Ont. Jany 23rd 1918 (84 845917)**

5. Date of birth..... **Sept 26th 1897**

6. Place of birth..... **Township Osprey Co. Grey Ont.**
(town, township or county and country)

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

8. Religion..... **C. of E.**

9. Trade or calling..... **Blacksmith.**

10. Name of next-of-kin..... **Mrs Sarah Ann Morrison**

11. Relationship of next-of-kin..... **Mother**

12. Address of next-of-kin..... **Maxwell, Ont. Canada.**

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

14. Particulars of previous military or naval service, if any..... **Yes. 31st Regt for 1 Mos (Pte)**

15. Medical Examination under Military Service Act:—
(a) Place. **Owen Sound Ont** (b) Date..... **Oct 13th 1918** (c) Category..... **A2**



DECLARATION OF RECRUIT

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

John Lewis Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	30	yrs.	2	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. nil
Height.....	5	ft.	5 1/2	ins.	
Chest measurement } fully expanded.....	38	ins.			
	range of expansion.....	5	ins.		
Complexion.....	Fair.				
Eyes.....	Blue.				
Hair.....	Red.				

John Lewis Morrison
2nd. DEPOT BN. 2nd C. O. R.
O. C. Depot Btl. Regt.

Place..... **Niagara Falls Ont** Date..... **January 23rd 1918**

27

PARTICULARS OF RECRUIT
 DRAFTED UNDER MILITARY SERVICE ACT, 1917

M. D. REGIMENT
 DEPT. OF REG'T NO.
 CLASS

1. Surname
 2. Christian name
 3. Present address
 4. Military Service Act form and number
 5. Date of birth
 6. Place of birth
 7. Married, widower or single
 8. Religion
 9. Trade or calling
 10. Name of next of kin
 11. Relationship of next of kin
 12. Address of next of kin
 13. Whether at present a member of the Armed Forces
 14. Particulars of previous military or naval service, if any
 15. Medical Examination under Military Service Act
 (a) Place of examination (b) Date



DECLARATION OF RECRUIT

I, 1917
 do solemnly declare that the above particulars are true and correct.
 (Signature of Recruit)

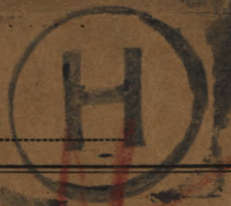
DESCRIPTION ON CALLING UP

Age	in	months	days
Height	in		
Chest	in		
Measurement of arm	in		
Complexion			
Build			
Hair			
Complexion			
Build			
Hair			

Place of issue
 M. D. REGIMENT
 DEPT. OF REG'T NO.
 CLASS

REGIMENTAL DOCUMENTS

NAME MORRISON John Lewis REGT NO. 3314491 UNIT 4th Bn H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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

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

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

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

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



DEATH

Category

DISCHARGE

Category

34361

Demob

DESERTION

1

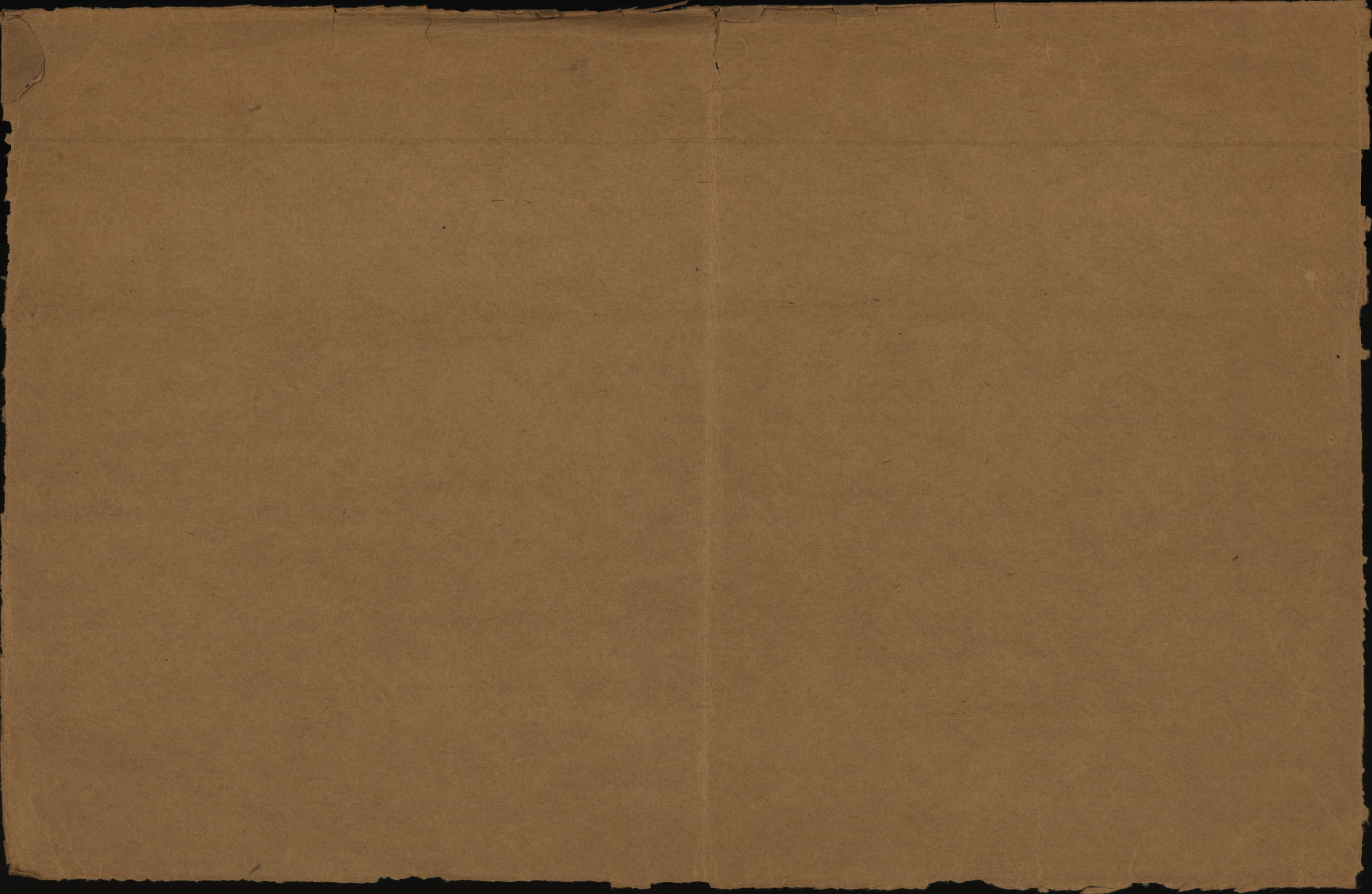
31-23

31-23

1 24



6409



3314491

I.D. number

No. d'identification

MORRISON

Surname

Nom de famille

JOHN LEWIS

Given names

Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

6409

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



cm
cm

Number. 3314491

Rank. Pfc

~~B~~
~~X~~

Surname. MORRISON

Christian Name. John Lewis

Units. Gen. M. G. Bde.

Theatre of War. France

Date of Service. 18-8-18

Remarks.

Latest Address. Maxwell P.O.
Ont.

Roll No. B Page 7403

No.

RANK

NAME

T. O. S.

UNIT

M. D.

1920 OCT 11

4260364-185

PAID
FROM

PAID
TO

SIG.
OR
RECT

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO

FOLLOWS

No.

FOLLOWS

Morrison J L

Pte

mac gun

3 314491

649

traps

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 319

53 Gen Boulogne

10-9-18

P.U.O.

A 329

7 Com Dep Boulogne

22-9-18

" " "

A 331

10 Com. Dpt Escault

24-9-18

" " "

A 345

Disch

9-10-18

" " "

M. S. A.

2.
CARD NO.
305 Dis-16-6-19
Reg. No. 424
807718
FOLL. 20-6-19

SURNAME. *Morrison.*

CHRISTIAN NAMES *John Lewis.*

REGL. No. *3314491.* RANK *pte.*

UNIT *2nd Can. Inf. Regt. 2nd Sp. Bn.*

FORMER CORPS *31st Regt. 1 mo.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Morrison Mrs. Sarah*

RELATIONSHIP TO SOLDIER *Mother. Ann.*

ADDRESS *Maxwell, Ont.*

COUNTRY OF BIRTH *Canada. Orphey Twp, Ont.* DATE *Sept. 26th 1887*

PLACE OF ATTESTATION *Niagara Falls, Ont.* DATE *Jan. 23rd 1918.*

O/S. 21/2/18-1143



R/C. 13-6-19 347 Pk.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Surname

Christian Name or Names

Reg. No.

MORRISON.

H.L.

3314491.

Rank
Pte.

Unit
M.G. MGRP.

Cas. List.

16-9-18.A319/2 53. G.H. B'logne. 10-9-18.

P.U.O. *a.s.*

27-9-18 *a/329-2.* 7 *C.D.*, Boulogne. 22-9-18

30-9-18 *a/331-3* 10 " *Escad.* 24-9-18

16.10.18.A346⁴ *Disc* 9.10.18

A.M.D. 2 DEPT.

of D.G.M.S. O.M.E.C. London

M.S.A. MILITARY SERVICE ACT 1917. MEDICAL ORIGINAL 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 Lewis
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 843927
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Flesherton, Grey Co.

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

- 5. Age as stated 30 Years 2 Months.
- 6. Apparent age _____ Years _____ Months
- 7. Height 5 Feet 5 1/2 Inches.
- 8. Weight 143 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 38 Ins.
- 10. Complexion Fair { Eyes Blue Hair Red
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm _____ Left arm _____
- 14. When vaccinated last 10 years ago.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2

H. A. Ahabahan President. Capt. A.M.C.
A. J. Danard Member. A. B. Richards Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Jan 28/18</u>		<u>M.O.</u>	<u>12/18/18</u>	<u>Sp</u>	<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 23rd day of January 1918 at Niagara Falls Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>M, G Pool.</u>	<u>3314491</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
			<u>27</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.

L.B.

Signature of Man John Lewis Morrison

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON J L
 REGIMENT H C Coy RANK Pte No 3314491
 Date of Examination in England 7-5-19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

D.T.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5

2. EXTRACTIONS 30

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 Yes
- (b) In England _____
- (c) In France _____

BRANCHOTT CAMP
HANTS.

Signature of Dental Officer C. C. Graham Esq

Northampton
Mass
1851

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. 331449 Rank Platoon Surname MORRISON
(Given name in full)
John Lewis
 Unit or Corps 4th C.M. G.C. Birthplace Maxwell Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 57 ft. Colour of Eyes blue
 Nutrition good
 Pulse 66 reg.
 Condition of arteries soft
 Vision Rt. 6/12 Left 4/12
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scar at thumb

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 no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition yes

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.

18-9-18 P.M. O. Trench fever & Recovered
Mumps 1906

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 14-5-19

Signed [Signature] 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 [Signature]

(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 Medical Board.)

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

[OVER]

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 30 9 1971.
~~MORRISON~~

NAME Service No. CPC No.
NOM MORRISON JOHN LEWIS... Matricule No° .33.14491..... CCP No° ... NIL.....

WVA No.
AAC No° ... 205.972.....

Information Received from:

Information reçue de: LETTER FROM SOLICITOR.....

Date of Death

Date du Décès .ON. GR. ABOUT .27. OF AUGUST 1971.

Place

Endroit ... NOT STATED.....

Distribution: WSR-DASG

VI - ASS

DO - BD

HO - BC

Pour le chef,


for Chief, Central Registry Division.

Dépôt central des dossiers.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS
DEATH NOTIFICATION
AVIS DE DÉCÈS

30 2 1 11
MAY 11 1971

DATE

TO
A

CROWN
CORPUS

Service No.

NAME

RYA No
AAC No

Matricule No

AGE

Information Received from:

Information source de:

Date of Death

Date du décès

104-8600-00-01-0000-1071

Place

Endroit

Distribution: WSM-DASD

VI - ASS

DO - BD

HO - BC

For the Chief

for Chief, Central Registry Division

Député Chief des dossiers

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 3314491.

(3) Full Name of Soldier Morrison, John Lewis.

(4) Place of Birth Swonship of Osprey County of Grey
Province of Ontario

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife.....

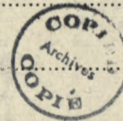
(b) Present Postal Address.....

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls.....

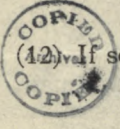
Also their names and ages.....



(9) Is your Father alive? Yes
If so, state name and address Morrison, Marshall Lewis) Maxwell

(10) Is your Mother alive? Yes
If so, state name and address Morrison Sarah Ann
Maxwell P. O.

(11) If your Mother is a widow No Ontario
Are you her sole support, or not? No



(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Mrs. Morrison, Marshall Lewis
Maxwell P. O.
Ontario

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No
If so, in what Company?
Have you made arrangements for payment of your Insurance premium?
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Chas Brady Lieut
for Officer Commanding.

Date.....

**NIAGARA FALLS DEPOT,
2nd Depot Batt'n, 2nd C. O. #1**

LTR Rank **2nd Bn 2nd COR** Name **MORRISON, John Lewis** Reg'l No. **3314491**
 Unit **2nd COR** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Niagara Falls, Jan, 23rd, 1918** Place of Birth **Twp Osprey Co. Grey Ontario**
 Name and Address, Next-of-Kin **Mrs Sarah Ann Morrison**
Maxwell Ontario Canada Relationship **Mother**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

J
 N.E. No. **11943**
 File R.L.
 Category **OR-CAN**

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.				
<i>15/3/18</i>	<i>3 Res Pm</i>	<i>Arrived in England</i>	<i>Witley</i>	<i>4-3-18</i>	<i>Cancelled by 3 Res</i>
<i>12-4-18</i>	<i>3 Res</i>	<i>S.O.S. from Canada</i>	<i>Witley</i>	<i>4-3-18</i>	<i>Pt. 102</i>
		<i>14, 3. 18, 8 Res T, O, S-From, CANADA</i>	<i>Witley</i>	<i>4. 3. 18</i>	<i>Pt. 104</i>
<i>23 4 18</i>	<i>8 Res</i>	<i>S.O.S. to C.M. & D. Seaford</i>	<i>Witley</i>	<i>23 4 18</i>	<i>D.O. 113</i>
<i>21-8-18</i>	<i>embk.</i>	<i>S.O.S. to M. Sted. Oseas</i>	<i>Seaford</i>	<i>18-8-18</i>	<i>Prodo. #227. & #80 of 3-9-18</i>
<i>4-11-18</i>	<i>m. Pool.</i>	<i>S.O.S. to 4th m. Bn.</i>	<i>Field</i>	<i>24-10-18</i>	<i>Prodo. #112. & #129 of 5-11-18.</i>
<i>12-5-19</i>	<i>4 m. Bn.</i>	<i>Proc to Eng</i>		<i>6-5-19</i>	<i>-39</i>
<i>9-5-19</i>	<i>4 m. Bn.</i>	<i>T.O.S. from 4th Bn to 9th Bn</i>	<i>B. Shott</i>	<i>6-5-19</i>	<i>-36</i>
		<i>83-I-129 of 6. 6. 19</i>			
<i>6-6-19</i>	<i>4 m. Bn.</i>	<i>S.O.S. to Can</i>		<i>6-6-19</i>	<i>-44</i>

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-9-20.

Casualty Form—Active Service

Unit, Regiment or Corps

3314491

Rank *Pte*

Name

John Lewis Morrison

W. S. P. Class 'A'

Regimental No.

Enlisted (a)

23.1.18

Terms of Service (a)

Dofw

Service reckons from (a)

Date of promotion present rank

MSA

Date of appointment lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report Date	From whom received	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
		Embarked Canada		<i>21-2-18</i>	
		Arrived England		<i>4-3-18</i>	
<i>3.</i> 14-4-18	8th R. Bn	T.O.S. on arrival in England	E. Sandling	4-3-18	D.O. #104
<i>3.</i> 13-4-18	8th R. Bn	S.O.S. on transfer to C.M.G.D., Seaford	Witley	23-4-18	D.O. #113.
	Com. M.G.D.	Taken on Strength,	SEAFORD.	<i>24-4-18</i>	Auth. Depot Order Pt. II No. 14
	Com. M.G.D.	Transferred to <i>CMG Pool</i>	<i>SEAFORD</i>	<i>AUG 18 1918</i>	Depot Order Pt. II No. 227 <i>H. A. Rocks</i> A/Adjutant, C.M.G. Depot
<i>19/8/18</i>	<i>CG BD</i>	Arrived in France and TOS		<i>19/8/18</i>	<i>RTR 730</i> <i>Pt. D.O. 80/1918</i>

CERTIFIED CORRECT
 APR 26 1918
 26 AUG 1918
 N. 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.

[P.T.O.]

RECEIVED
 JUN 1918

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				
11-9-18	66 R C	Left for No. 23 C. C. S.		11-9-18	R & R 1589. B & C 2751.
10-9-18	53 Genl.	P. U. D.	Admitted	10-9-18	W. 3034. N. 8938.
24-9-18	7 Con. Dep.	T. Fever.	To 10 Con. Dep.	24-9-18	Do. R. 3539.
15-9-18	23 C. C. S.	P. U. D.	Admitted.	8-9-18	R. 26. N. 2197.
do.	do.	do.	To 38, A. S.	9-9-18	do. do.
24-9-18	12 Con. Dep.	T. Fever.	Admitted.	24-9-18	N. 3034. N. 3586.
12-10-18	CGBD	Joined from No. 10 Con. Dep. 'A'		11-10-18	R & R 1538
9-10-18	10 Con. Dep.	Trench Fever	To 5 Heat Camp.	9-10-18	W. 3034. L. 9573.
19-10-18	CGBD	Left for 66 R C	Fls.	22-10-18	R & R 1434.
25-10-18	66 R C	S.O.S., Emgr Pool, on transfer to 4 th Bn., Emgr Co.	Fls.	24/10/18	✓ 1918 D/O. 112/1918.
25.10.18	do.	S.O.S. 4 th Bn. Emgr Co.	copy.	25.10.18	Part II 129 d/5.11.18.
2.11.18	unit	joined unit proceeded to England	unit	22.10.18	R218.

6 MAY 1919

G. Skelton

Lieut. for Lt Col. A. A. G.
 Canadian Section, G. H. Q. - 3rd, Ech.



T.O.S. "D" Wing, C.C.C. per part II No. Date 7 - MAY 1919

S.O.S. on proceeding to Canada.

P 110 44 4/6/19

EMBRKD
 S.M.T.N
 JUNE 8
 EMBKD H.FX JUN. 12

JUN 8
 JUN 12

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.



THIS IS TO CERTIFY that No. 3314401 (Rank) Private

Name (in full) John Lewis MORRISON enlisted in
the 2nd Depot Bn. 2nd C.O. Regt.

CANADIAN EXPEDITIONARY FORCE at Niagara Falls, Ont. on the 23rd
day of January 19 18.

HE served in England and France with the 4th Bn. C.M.C.C.

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

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

Age 31

Height 5' 6 1/2"

Complexion Fair

Eyes Blue

Hair Red

Marks or Scars _____

Scar on left thumb.

[Handwritten Signature]
Signature of Soldier

[Handwritten Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
JUN 16 1919
TORONTO

[Handwritten Signature]
O.C. No. 2 District Depot.
Rank

Date JUN 16 1919 19 _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

enlisted in

CANADIAN EXPEDITIONARY FORCE at

on the

HE served in

and is now discharged from the service by reason of
Demobilization
Medical Reasons

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

Age

Rank or Service

Height

Complexion

Eyes

Hair

Signature of Soldier

Leaving Officer

Date of Discharge

C. C. No. 2 District Hospital

Rank

1919

Date

NOTE - A duplicate of this Certificate will be issued and certain identifying name is requested to forward it in an
enveloped envelope to the Secretary, Military Council, Ottawa, Canada.

2

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

M. F. W. 32. (A. F. B. 103.

350M.—5-16

H. Q. 1772-90-930

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 3314491 Rank pte Name Monison J. L.
C. E. F.

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

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				
JUN 6 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO	1919	PART II D 171
JUN 16 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D 171

W. T. Roberts

Lieut.
For O. C. No. 2 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, Shoening 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				

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:-	MORRISON John Lewis
EFFECTIVE DATE:-	1/3/18	EFFECTIVE DATE:-		NUMBER:-	3314491
AMOUNT:-	15.00	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
Mrs J.A. Morrison Dundaswell Out Canada Mather				96

UNIT AND TRANSFERS			
ORIGINAL UNIT:-	2nd Col Draft		
DATE ACCOUNT FIRST OPENED:-	1/3/18		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S' O	UNIT TRANSFERRED TO
	1/3/18		3rd Co. M/G Depot Co

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/14/18	208	Change of	2.47				
4/15	209	Army	2.43				
			26.49				

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Dec/Jan 18	Pay forward.								39.92		
Apr	P. Pay	33		Car at				15			
				AR 62. 11/11/18. 3 Res	4.87				53.05		
		33			4.87			15			
May	" "	34	10	B.A.P.				15			
				AR 195. 10/10/18. 29 1/8	4.87						
				617 " 11 5/8	9.73						
				1122 " 29 5	4.87				52.68		
		34	10		19.47			15			
June	Ptis Pay	33		AR				15			
				AR 1654 13/6/18 6 MGR	4.87						
				" 1895 25/6/18 "	4.87				22.01		
		33			4.87			15			
July	Ptis Pay	34	10	AR				15			
				AR 2285 11/7/18 6 MGR	9.73						
				" 2711 26/7/18 "	4.87				26.51		
		34	10		4.87			15			
Aug	P.P.	34	10	CAP				15			
	CR Note 5952 adjustment of bal from Car. shemas 2325 shd be 25.25 per RPR. 16/4/18.			2 20 AR 3159 - 13/8/18 emen	14.60						
				" 3512 - 17/8/18 ✓	4.87				28.34		
		34	10		19.47			15			
Sept	P.P.	33		CAP				15			
				" 273 - 5/9/18 - MGR	3.57						
				" 10605 30-9-18 Boulogne	4.46				38.31		
		33			8.03			15			
Oct	RP	34	10	CAP				15			
				AR 1346 - 20/10/18 - C/32	4.66				52.75		
		34	10	over	4.66			15			

1/6/19 Canada K 9180 Bramhall 15/5 MGR

14.10

NUMBER 3314491

RANK Pte

NAME MORRISON J.L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	RP	33		Bal fwd cap					52 75		
				CR. 1231 H 1496. 7/11 3 3 73					101 20		
				1758 . 21.11 10 13 06					153 95		
Dec.		3410		1888 . 4.12 12 3 73					69 25		
				lead.					15		
Jan		3410		1993 . 15/12 16 3 73					15		
				lead.					15		
		101 20			2425				45	84 70	cap.
				2165 . 6/1 6 3 73					64 90		
				2285 . 18/10 9 3 73					149 60		
Feb		6490		2425 . 5/2 15 3 73					64 23		
				2467 . 17/2 18 18 66							
				2531 . 17/2 18 3 73							
				2630 . 5/3 24 3 65							
				lead.					30		
		64 90			37 23				30	82 37	
				lead.					15	67 10	
Apr		33		2738 4 CmgB 27/3 3 65					149 47		
				2678 . 21/3 18 25					135 37		
				144 . 7/4 3 49							
				164 . 16/4 3 49							
				Cap					15		
May		3410		248 . 28/4 3 49							
				269 2 Cce 14/5 73							
		64 10			105 37				30	141 0	
				A.R. 2644. 27/5/19. 29 King (End) 24 33							
				" 3514 7/6/19. " (End) 19 47						29 70	
					43 80						

7609. 82 37
 2888 67 10
 30 149 47
 135 37 135 37
 14 10

Canada 4/4 L 83.

SHORT FORM.

PROCEEDINGS ON DISCHARGE. M.D. _____

(Demobilization.)

D.A. I

O.G. 13



RECEIVED
M.P.I.C. No. 88
JUNE 16
1919

1. No. 3314491

2. Rank. Pte,

3. Name. MORRISON, John Lewis

4. Unit. 4th Bn. C.M.G.C.

5. Date of Discharge JUN 16 1919 Place Toronto, Ont.

6. Reason for Discharge

DEMOBILIZATION



DEMOBILIZATION

7. Authority. No. 2 District Depot, Part II, D.O. No. 171

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

Maxwell, Ont.



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.?

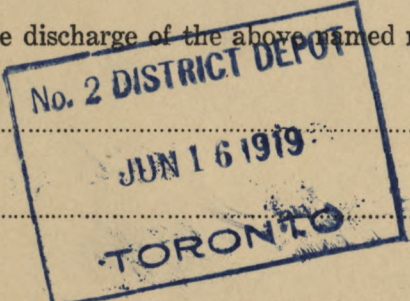
John Lewis Morrison

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place



Date

[Signature]
O.C. No. 2 District Depot.

Signature

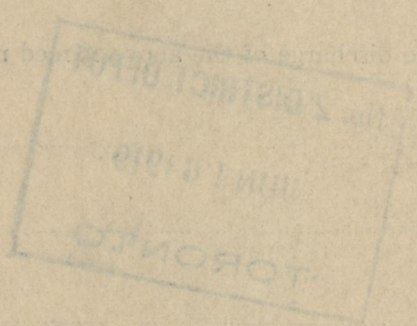
(O. C. Discharging Unit.)

War Service badge
No. 123456789

PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name of Soldier		2. Service Number	
3. Branch		4. Date of Discharge	
5. Name of Discharge Officer		6. Signature of Soldier	
7. Name of District Officer		8. Signature of District Officer	
9. Name of Officer		10. Signature of Officer	
11. Remarks			
12. Date			
13. Signature of District Officer			
14. Signature of Officer			
15. Signature of Soldier			

DEMobilIZATION



O. C. District Dept
(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical Form 100	Discharge Paper, 1945
Medical Form 100	or Forwarding of Records
Medical Form 100	Full Discharge Sheet
Medical Form 100	Special Form
Medical Form 100	Last Pay Certificate
Medical Form 100	Continuation of Discharge Documents and Instructions
Medical Form 100	Medical History Sheet
Medical Form 100	Proceedings of Medical Board
Medical Form 100	Discharge Summary Sheet
Medical Form 100	Medical Report
Medical Form 100	Departmental Discharge Sheet
Medical Form 100	Company Discharge Sheet

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

LIST OF DISCHARGE DOCUMENTS.

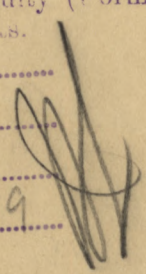
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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. 5999a).
6. Field Conduct Sheet (M.F.W. 178)
7. Proceedings of Medical Board (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44) (Militia Form W. 44).
9. Copy of Discharge Certificate (M.F.W. 44).
10. Dispersal Certificate (M.F.W. 44)
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851) *in dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Study Documents.

Group B

Checked by No. 9

Date. 6-3-19



Handwritten text, possibly a signature or date, located on the left side of the page.

A horizontal red dashed line spanning across the middle of the page.

A second horizontal red dashed line, located lower on the page than the first one.



Date of Enlistment 23 Jan 18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

20007 1st March 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *2^d Dept-Bn 2^d C.O.R*

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 MRS. S. A. MORRISON,
MAXWELL,
ONT. 15 15.00

2 _____

3 % 3314491 PTE J. L. MORRISON
FIFTEEN DOLLARS

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
May	J 4449		45	45	✓
June	N 21922		15	15	✓
July	H 31335		15	15	✓
Aug	P 40623		15	15	✓
Sep	U 42908		15	15	✓
Oct.	V 54152		15	15	✓
Nov.	W 57352		15	15	✓
Dec.	X 67652		15	15	✓
Jan	Y 72649		15	15	✓
Feb.	Z 76935		15	15	✓
Mar	M 86176		15	15	✓
Apr.	B. 3789		15	15	✓
May	G. 8260		15	15	✓
June	H 11376		15	15	✓
			240	240	

File 013136-J-105 NR 700

md 1/6/18

M. F. W. 128.
400M. 6-17-1772 39-1141
L. L. 22520-M. & D. 1908.

A/c Closed 30-6-19

Ret'd per... *Olympic*

Date: *12/6/19* M. F. W. 187 *19/6/19*

MRO CPA 97427 Kfab Doshay

AUTHORITY	} 2 Mo 30-3-18
FOR	
NEW ACCT.	

26 Brown 34/5/18

MD # 2

