

ATTESTATION PAPER.

No. 928794

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Morrison
- 1a. What are your Christian names?..... John Seymour
- 1b. What is your present address?..... Barrington Ont. Can.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Township, Ont., Can.
- 3. What is the name of your next-of-kin?..... Mrs. Murdock Morrison
- 4. What is the address of your next-of-kin?..... Barrington Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... mother
- 5. What is the date of your birth?..... Apr 15, 1898
- 6. What is your Trade or Calling?..... Cheesemaker
- 7. Are you married?..... no
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?..... no
- 11. Do you understand the nature and terms of your engagement?..... yes
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Seymour Morrison, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Apr 11th 1916. John Seymour Morrison (Signature of Recruit) D. W. McGreggor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Seymour Morrison, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Apr 11th 1916. John Seymour Morrison (Signature of Recruit) D. W. McGreggor (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Barrington Ont this 11th day of April 1916. D. W. McGreggor (Signature of Justice)

Noted 20-3-17 EP

Description of John Seymour Morrison on Enlistment.

Apparent Age.....18 years1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height.....5 ft. 10 ins.
 Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....3 ins.
 Complexion.....Fair
 Eyes.....Light brown
 Hair.....Fair

*Linear scar about one and one half inch long, on left thumb.
 Large mole on inner surface of right elbow joint.*

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....fit.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....Apr 11.....1916.....

Place.....Sturista, Ont......E. J. Macdonnell.....
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....John Seymour Morrison.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. J. Healey.....Major.....
1st. Col. (Signature of Officer)

Date.....April 11th.....1916.....
 for C.C. 153rd. Bn. C.E.F.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

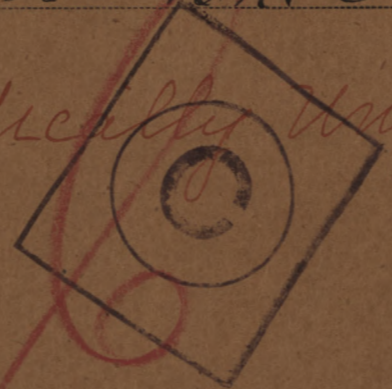
Last Pay Certificate..... 1

Name *Morrison John Seymour*

Regt. No. *928794* Rank *Pte*

Corps *153rd In. C.E.F.*

Medically unfit



34385

1
31-23
31-23
1 24

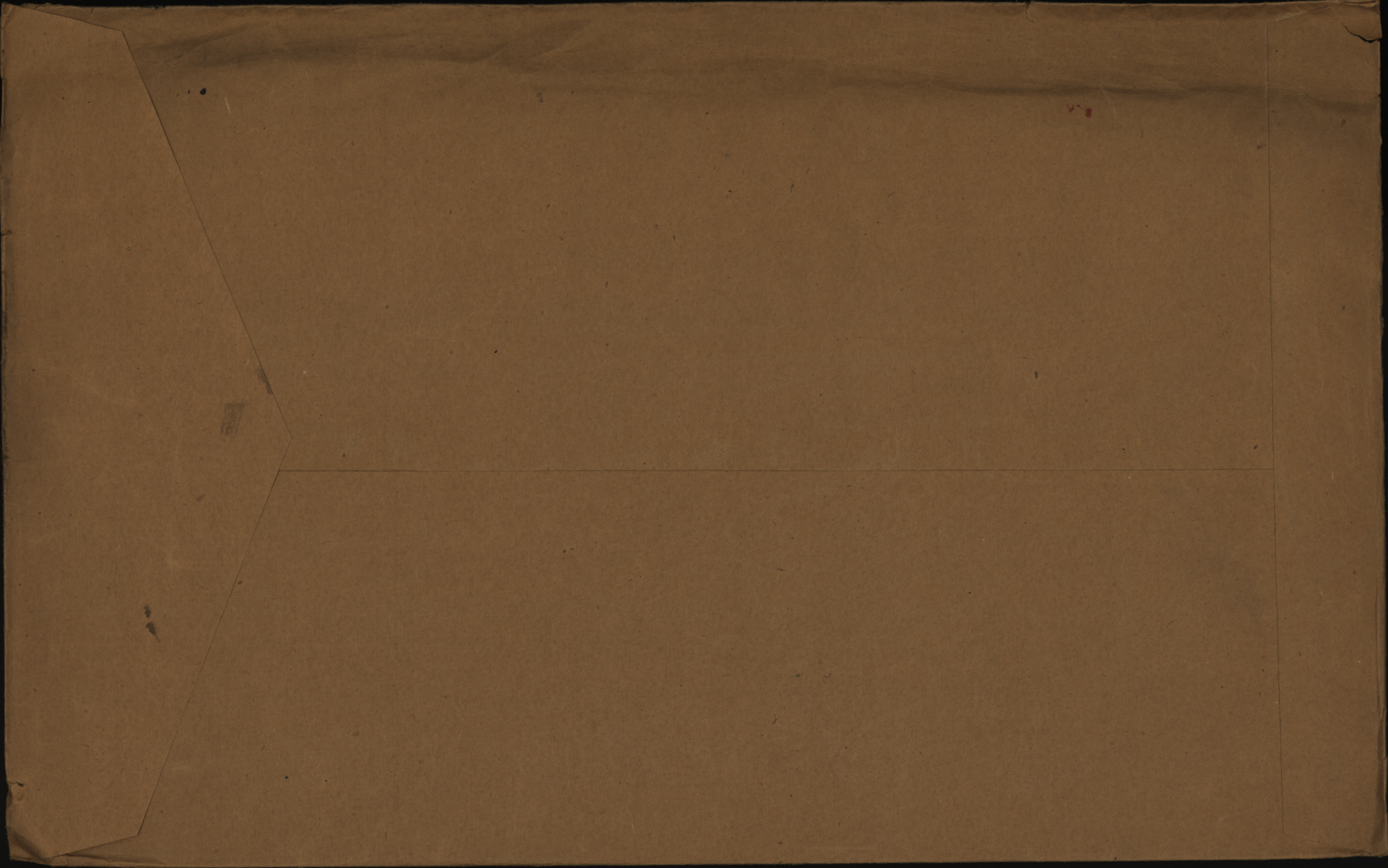
[Handwritten signature]



M.F.W. 67-2.

[Handwritten signature]

1 July



No. 928794 RANK *Plt.*

NAME *Marrison J. S.*

T. O. S. *11-4-16*
8091 13-4-16

UNIT *158th Battalion C. E. F.*

M. D. /

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Apr. 11</i>	<i>Apr. 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
<i>Dec</i>		<i>✓</i>		
<i>1917</i>		<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb. 1</i>	<i>Feb. 15</i>	<i>✓</i>		
			<i>Dischgd. med. unfit</i>	<i>80.41 16-2-17.</i>
			<i>15-2-17.</i>	
			<i>ap. closed by payment. S.</i>	

7

SURNAME.

Morrison

649-m-13539

CARD NO.

CHRISTIAN NAMES

John Seymour

FOLL.

S.O.S. Dis. 10-2-17 I

REGL. NO.

928494

RANK

Plt.

D.7.

UNIT

153rd

Bn.

FORMER CORPS

Inf

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison Mrs Murdoch

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Harriston Ont.

COUNTRY OF BIRTH

Canada (Miss) Sup Ont.

DATE

Mar 15th 1898.

PLACE OF ATTESTATION

Harriston.

DATE

Apr 11th 1916.

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Chesemaker

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18 YEARS

1 MONTHS

HEIGHT

5' FEET

10 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Lt. Brown.

HAIR

Fair

DISTINGUISHING MARKS

Linear scar 1 1/2 inches long on left thumb. Large mole on inner surface of right-elbow joint.

MEDICAL EXAMINATION.

PLACE

Harriston Ont.

DATE

Apr 11th 1916.

Present Address:- Harriston Ont.

REG. NO. *928794* NAME *Morrison, J.*
(SURNAME FIRST)

RANK *Pte* CORPS *153 Batta*

AGE *18* SERVICE *6/2*

NAME OF HOSPITAL *Military* PLACE *London*

DATE OF ADMISSION *16. 10. 16.* *8-11-16.*

DISEASE *Rheumatism. Rheumatism*

DISCHARGE *1. 11. 16.* *15-2-17.*

OPERATION

DISCHARGED TO DUTY *Yes.* *Yes.*

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

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				

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 153rd. Battalion C.E.F.

(2) Regimental Number 928.794

(3) Full Name of Soldier..... John Seymour Morrison

(4) Place of Birth..... Harriston Ont.

(5) Are you married, or not? no

(6) If married, state,

(a) Full name of your wife..... no

(b) Present Postal Address..... no

(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 **Murdock Morrison Harriston Ont.**

(10) Is your Mother alive?..... **yes**

If so, state name and address **Mrs. Murdock Morrison Harriston Ont.**

(11) If your Mother is a widow..... **no**

Are you her sole support, or not?.....

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

..... **no**

(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.

..... **no**

(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.

..... **no**

(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.

Date **22/5/16**

W. J. ...
..... **Major**
O. C. 153rd Battalion, C.E.F.
Officer Commanding.

"D" 5-12, Feb.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 928794 Rank Private Name Morrison, J'S.

Corps 153rd B'n., C.E.F. who was* Discharged.

On 15, 2, 17. 191 , to 191 ,

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1, 2, 17 191 , to 15, 2, 17. 191 , the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	31.	20
Advances by Cheques } No. <u>12078</u>	25.	00	Regt'l Pay <u>15</u> days at \$ <u>1.</u> c	15.	00
Assigned Pay No.			Field Allow. <u>15</u> days at \$ <u> </u> c <u>10</u>	1.	50
Other Charges*			Other Allowances*		
Payment on transfer or discharge No. <u>12089</u>	2.	70	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	47.	70	Total	47	70

D.K.--O.K.

*Give Particulars.

A monthly stoppage of \$ nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)
(Address)

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 11, 4, 16.

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Med. unfit. Auth. M.C.O. 38, d. 13, 2, 17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date 16, 2, 17.

Place St. Thomas, Ont.

G. Butler **Capt,**
153rd B'n., C.E.F. Paymaster

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

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

MEDICAL HISTORY OF AN INVALID

Military District No. 1
 FEB 9 1917
 I. D. 30 M 322

1. Station. **London, Ont.** 8. General remarks on his
 2. Regiment or Corps. **153rd. Os. B'n. C.E.(a). Conduct.**
 3. Regimental No. and Rank. **928794 Pte.** (b) Habits.

4. Name. **J. Morrison.** (c) Temperance.
 5. Age last Birthday. **18** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on **April 11th. 1916.**

at **Harriston, Ont.**
 7. Former Trade or Occupation **Cheese maker.** Date. **Jan. 10th. 1917.**
DEPT MILITIA & DEFENCE
MAR -3 1917
CANADA

9. Service.	Years. Days.	
	FROM.	To.
153rd. Os. B'n. C.E.F.	April 11th. 1916	Jan. 10th. 1917.

10. (a) Disease or disability. **Rheumatism.**
 (b) Date of origin. **Four years ago.**
 (c) Place of origin. **Harriston, Ont.**

(d) Cause. **Exposure.**

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Recovered.
Heart.- Apex beat in fifth interspace in nipple line. No murmurs.
J. K. Sutherland
 Date. **Jan. 10th. 1917.**

12. (a) Is the disability the result of service or climate? **No.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

M. F. B. 227.

Noted 13-3-17.
 EP

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Not applicable.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No.

14. Treatment

Rest. Bowels regulated. Soda Bicarb.

Soda Salicyl.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent; that it likely recur

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not more than before enlistment

18. State if for discharge on account of unfitness for Service.

Yes.

D. L. Stewart
Capt. R.M.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion. No.

10. Agree.

11. Agree but would add that there is hypertrophy of the left ventricle and accentuation of the second sound of heart. Has been laid off duty three times since enlistment.

12. Agree.

15. Not at all.

16. Permanent.

17. Agree.

18. Is he unfit for Military Service. Yes.

Recommendations :

Discharge.

Signatures :—

J. M. Kelly Capt. **President.**

L. Gilbert Capt. **Member.**

J. H. Lutherland Capt. **Member.**

Station. London, Ont

Date. Jan. 17th. 1917.

Discharge on account of disability, to recur

Date. 7-2-17

B. B. Bell Major
Ass. Director of Medical Services.

Approved.

Date. 9/3/17

T. B. Neely Capt.
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

13. Does the Board concur with the preceding report? If not, give differing opinion.

10. Agree.

11. Agree but would add that there is hypertrophy of the left

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

18. Is he unfit for Military Service. Yes.

Discharge. Recommendations:

15. Permanent.

16. What is the probable duration of the disability or of each disabling condition, and what are the probable tributes?

Date of final Medical Board or decision. Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.	
Station	Rank
Corps	Regimental No.
Name	Disability
Date	Hospital or Station transferred to for final disposal.
	Date of final disposal
	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-89-117.

This space to be for numbers.

Military District No. 1
FEB 24 1917
I. D. 30 M 322

Proceedings on Discharge.

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

No.	928794
Rank	Private
Name	John Seymour Morrison
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	153rd Bn. C. E. F.
Date of Discharge	February 16th 1917.
Place of Discharge	St Thomas, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	years.....	months.....	Descriptive Marks
18	11		
Height.....	5	feet.....	
	10	inches.	
Complexion	Fair		Linear scar 1/2"
Eyes	Light Brown		long on left thumb
Hair	Fair		Large mole on inner
Trade	Cheesemaker		surface of right
Intended place of residence	Hamilton Ont.		elbow joint
<small>(To be given as fully as practicable.)</small>			

2. The above-named man is discharged in consequence of

Medically unfit
Auth. M. C. O. 38. D. 13/2/17.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Excellent.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

Noted 20-3-17
Jm
E.P.

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

Nil.

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

6. Medals and Decorations.....

Nil

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

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

(Place) *St Thomas, Ont.*

R. T. Pritchard, Lt Col

(Date) *February 16th 1917*

Commanding *153rd Bn. C.E.F.*

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *John Seymour Morrison* (Signature of Soldier.)

(Date) *James M. French* (Signature of Witness.)

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

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

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

John Seymour Morrison (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) *St Thomas, Ont.*

(Date) *Feb 16th 1917*

(Signature) *R. T. Pritchard, Lt Col*
C. E. F. 153rd Bn.

Reservations referred to at Para. 8.

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

John Seymour Morrison

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. *Only if discharged "Medically unfit."	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)

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