

ORIGINAL
ATTESTATION PAPER.

No. 925788
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 William
- 1b. What is your present address?..... 1761 Hamilton St. Regina
- 2. In what Town, Township or Parish, and in what Country were you born?..... Pembroke, Ont.
- 3. What is the name of your next-of-kin?..... Mrs. Minnie Morrison
- 4. What is the address of your next-of-kin?..... 9. P.O. Calgary, Alta.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Oct. 2nd. 1890
- 6. What is your Trade or Calling?..... Chauffeur
- 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?..... Yes
- 10. Have you ever served in any Military Force?..... 3 yrs. 15th. Light Horse
If so, state particulars of former Service. 4 yrs. Alta. Mounted Rifles
Sgt. (Two years)
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John William 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..... May 13th. 191 6 John W. Morrison (Signature of Recruit)
G. Paterson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John William 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..... May 13th. 191 6 John W. Morrison (Signature of Recruit)
G. Paterson (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..... Regina this..... 13th day of..... May..... 191 6.

[Signature] (Signature of Justice)

Description of John William Morrison on Enlistment.

Apparent Age.....**25** years **7** 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..... **8** ins.

Chest measurement. { Girth when fully expanded..... **36** ins.
 { Range of expansion..... **2 1/2** ins.

Complexion..... **Fair**

Eyes..... **Blue**

Hair..... **Light Brown**

Religious denominations. { Church of England.....
 { Presbyterian.....
 { Methodist..... **Yes**
 { 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*..... **F1 t** for the **Canadian Over-Seas Expeditionary Force.**

Date..... **May 13th.** 191 **6**

Place..... **Regina, Sask.**

C. A. Morrison

Capt. C. A. 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 William 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.

C. A. Morrison
 (Signature of Officer)
Captain & Adjutant

Date..... **May 13th.** 191 **6**

152nd Overseas Battalion.



No. 925788

RANK

Pte

NAME

Morrison John Wm

T. O. S. 13-5-16

UNIT

152nd C/S Battalion

W.O. 126 of 18-5-16

M. D. 12

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

FROM

TO

1916

1916

May 13

May 31

✓

✓

✓

✓

✓

set pay list not available.

UNIT SAILED

OCT 3 1916

100

100

100

100

100

100

100

100

100

Reg. No. 925788 Name Morrison J W
 Rank Pfc Corps 6a/c Age 28 Service 2 1/2
 Ledger No. 7853 Serial No. A34491

HOSPITALS	DATE	DIAGNOSIS
St Chad's Regina	2.6.16	" Hernia
Wes. Dist	5.8.16	
St Leonard	3.4.19	Swollen Testis & Orchitis
Camp Mill (Rochford) Halifax	3.4.19	Urethritis
Wes. Dist	25.4.19	
	9.8.16	Varicocele
	9.8.16	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

William.

Name Morrison John Rank Pte.

Reg. No. 925788

Unit ~~62nd~~ ~~Res.~~ 15th. Res.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-12-16	3rd. Lon. Gen.	Wandsworth. S.W.	N.Y.D.	233		
28-12-16	<i>Dischg do</i>	<i>do</i>	<i>Inflammation of Pharynx</i>	<i>246</i>		

Morrison *John* *William*
 Name ~~MORRISON~~ Rank *Pte* ✓ Reg. No. *925758*
 Unit *C.G.D. Pool ext. 35 64 Baker C.R.*
 Next of Kin *Canada* *Can*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
5. 12	41 Ste. Hsp. Gailly	Hydrocele Mild				HA 17112
7. 12	Discharged to Base		Do # 488			HA 17192
8. 12	1 (Pres. U.S.A) G. A. Etretat	Orchitis Mild		a91		HA 17260
Please amend to read MORRISON						
1918	not as published			a91		R2
1 2	Discharged to duty		Do H 131			192.13
1919						
22 2	11 Cdn GH 5 Cliffs.	Hydrocele		C. 250		5980
22 2	Discharged.		Do	C. 254		2035

SURNAME.

Morrison

Q-12 GARD NO. ✓

CHRISTIAN NAMES

John, William

S.O.S. Dis. 13-6-19

D.O. 132 FOLL. 12-5-19

Demob. 8 12-5-19

REGL. NO.

925788.

RANK

Pte.

UNIT 152nd.

Bn.

FORMER CORPS

15th. L.H. (3yrs) Mounted Rifles (4yrs) Sgt. (2yrs)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Minnie

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Gen. Heliq. Calgary, Alta.

COUNTRY OF BIRTH

Canada, Pembroke, Ont.

DATE

Oct. 2nd. 1890

PLACE OF ATTESTATION

Regina, Sask.

DATE

May 13th. 1916

Sailed from Halifax per D.S. Missanabil Pte. A/c. 5-4-19 298/20

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Chauffeur.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

25 YEARS

7 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Lt. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Regina, Sask.

DATE

May 13th. 1916.

~~*Present Address. 1761 Hamilton St. Regina, Sask.*~~

NAME

Morrison J.

RANK AND CORPS

Pte

W.
32nd Battr

REG'TL No

925-788

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
233	3rd Lon. Gen. Wandswoth London	9-12-16	(C.A.S.C.) N. Y. D. (3)
246	Discharged	28-12-16	Inflamm. of Pharynx
C.A.S.C. 2.D. 436. C.A.S.C. (U in 8.) 31.	Mil. Sol., Aldershot	15-3-17	Mumps
	Discharged	3-4-17	Mumps
a 86	41st Stat., Gailly	29-11-17 5-12-17	Hydrocele.
a 88 2.	Disch to Base	7-12-17	Hydrocele
a 91-1	#1 Presbyterian USA. Gen. ^{& treatal}	8-12-17	Traum. Orchitis Slb.
a-131-1	Disch to Duty ..	1-2-18	Orchitis Mild
C 250.	11 Can Gen. Moore	15-1-19	Hydrocele.
	Shorncliffe		" " "
C 254	Disch	22-2-19	" " "

*bn
won*

~~B~~
~~X~~

Number. 925788 Rank. Pte

Surname. MORRISON

Christian Name. John William

Units. C.A.S.C. Theatre of war. France

Date of Service. 16-6-17

Remarks.

Latest Address. 1761 Hamilton St

. Regina Sask

Roll No. B Page 7404

No. 1928

RANK

NAME

T. O. S.

UNIT

OCT 1 1928

M. D.

60378 - [Signature]

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

Surname *Morrison* Christian Name or Names *J.W.* Reg. No. *925758*

Rank *Pte* Unit *32nd Btn* Co. *Gen Depot* Troop *Misc.* Batty *Misc.*

Hospital *London Genl, Wandsworth SW* Date of Admission *9-12-16*

Transferred *Aldershot Mil. Isolation Hosp.* *15-3-17*
41 Stab Gailly Hosp. *5-12-17*

1 Pres. U.S.A. General. Etretar Hosp. *8-12-17*

11 G. H. Shoncliffe Hosp. *9-1-19*

Diagnosis *7178*

- (1) Later Diagnosis (if changed) *Inflammation of Pharynx*
- (2) *Hydrocele* *Mumps*
- (3) *Hydrocele* *J*

Additional Diagnosis: if more than one state present

Traum. Orchitis. SIR. / no abs
Hydrocele

DISPOSITION

Date

22-12-16 #233

Dis 28-12-16
REMARKS *3. 4. 17*

17-1-17 246

Dis to Base 7-12-17

22-3-17 436

Dis. to Duty 1-2-18

10-4-17 31

A.M.D. 2 DEPT.

13-12-17 286

15-12-17 288 (2) *Off. of D.G.M.S. O.M.F.C. London.*

19-12-17 291

6-2-18 131.1

25-2-19 250

1-3-19 254

24

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name MORRISON. J.W. Rank Pte. Regtl. No. 925788.
 Original unit Present unit 152Bn. M. or S. Age Religion Fyle Depot
 Ref. H.Q.
 Port, ship, and date of arrival
 Next of kin
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Date and place of enlistment
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
5-4-19.	T.O.S.#12D.D.and posted to Casualty Coy. 30-4-19.	125-760.
12-5-19	Posted from Casualty Coy. to Discharge Sec.	132-803
13-5-19	Discharged-On demob.	132-802

*—Name will be given in full; surname first.

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

P.A.

Ottawa, Ont.
Date Jan. 27, 1965

Attention of

NAME MORRISON, John William

SERVICE 925788 WW1
NUMBER

C.P.C. No. 135318
W.V.A. No.

NAVY
ARMY ~~XXX~~
R.C.A.F.

The DEPARTMENT has received information from
Commonwealth of Australia, Repatriation Dept. Victorian Branch, 151-169 King's Way,
South Melbourne, S.C.5, Australia letter d/Jan. 20, 1965

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Box 218 0 131 d

Date of Death December 5, 1964
Cause of Death _____
Place of Death Austin Hospital, Melbourne, Australia

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~XXX~~
~~XXX~~
H.O.

} Destroy form if advice of death already received.

E.P. Richards
for
Chief, Central Registry

Office of
Jan 27, 1962

John W. ...

1958-1961
1962-1963

Department of Veterans Affairs, Washington, D.C. 20330
South Carolina, S.C. 29, 1962

John W. ...
Department of Veterans Affairs, Washington, D.C. 20330

1962
1963
1964

W.S.B. CLASS 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

War Service Badge
Class "A" No. 1772-39-920

Unit, Regiment or Corps 152nd OVERSEAS BATTALION

Regimental No. 925788 Rank Pte Name Morrison John William
C. E. F.

Enlisted (a) 13/5/16 Terms of Service (a) Generative of War Service reckons from (a) May 13/16

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) Chauffeur COM

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				
3/10/16	OC 152 Bn	EMB'D HALIFAX	27.9.16 5-10-16		<i>[Signature]</i> Lieut. Asst. Adj. for O.C. 32nd Battalion, CANADIAN EXPEDITIONARY FORCE.
13/10/16		DISEMB'D LIVERPOOL	10.13 13-10-16		
21 OCT 1916		Taken on the Strength of the 32nd Battalion, C.E.F.			
4-1-14	3rd 15th Bn	S.O. 32nd Bn	to Lt. C. Sandling	21.10.16	PT II FORDS NO 270 D/31.10.16
4-1-17		S.O. S. 15th Gen. Bn	Delegate	4-1-14 4-1-17	Cast II 1. 4-1-17
11.2.17	OC 15th Gen Bn	trans to 15th	to Lt. Harting	10.2.17	PT II 39. 24.10.2.17
			to Lt. Harting		<i>[Signature]</i> for O.C. 15th CANADIAN RESERVE BATTALION.
FEB 12 1917	O.C., C.A.S.C.T.D.	Taken on strength of C.A.S.C.T.D.			
			Shorncliffe	FEB 10 1917	PT II 43. V

W.S.B. CLASS A.

(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.]

W. S. B. CLASS A.

Casualty Form - Active Service

CERTIFIED CORRECT.
21 JUL 1917
17 1917
CAN. RECORDS, LONDON

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				
4/5/17	of case to case to	20s of case 2.D. on posting to case RD.	Shorncliffe	14/5/17	PHI Orders 154a ✓
25/7/17	of case RD	20s from G.A.S.C. 2.D	Shorncliffe	14/5/17	PHI Orders I ✓
17 1917	G.C., G.A.S.C.R.D.	On draft overseas to G.A.S.C.	Shorncliffe	JUN 16 1917	PART II ORDER No. 34 for G.C., G.A.S.C.R.D.
21.6.17	of 1st Base M.T. Dept	DISEMBARKED Having arrived at Can Base Depot as Reinforcement is taken on the strength of G.A.S.C. Pool	HAVRE Field	19/6/17	N/R 117. PHO 37. 25/6/17
	adm set	PHO as in W.E. to 4 th Bn CRT		23.8.17	K.R. 11657. PHO 58.4.9.17
30.11.17	No 5 CCS.	Orchitis adm	Field	29.11.17	A361 81156
	"	Trans to No 12 Amb. S.		30.11.17	" "
	"	ceases to be att. to 4 th Bn Ballon G.R. 7 as in No 6 on adm to CCS	"	29.11.17	" " PHO 3d/15.12.17
8.12.17	of No 1 Gen Hosp	Traumatic Orchitis adm	8R37/18	8.12.17	N3034/62039
7.12.17	41st Stas Hosp	Hydrocele adm	"	5.12.17	N3034/62602
"	"	" 20.7.A.7	"	7.12.17	" "
5.12.17	"	" adm	"	5.12.17	N3034/62674

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

W. S. B. CLASS A.

Unit, Regiment or Corps _____

Regimental No. _____ Rank _____ Name _____
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				
20.9.18	Gen Depot	bond can I com com	Leut	2.9.18	00210
20.9.18	"	leaves bond Reserve	"	21.9.18	00227.
30.10.18	"	bond can Fla com com	"	26.10.18	00258.
18.9.18	Gen Dep.	40.S. 4th D. 9th. 1/2	Witley	17.9.18	PO 222
7.3.19	Gen Dep	30.S. to 666 Rhyl	Witley	6.3.19	PO 5561

W. S. B. Class A
..... LIEUT.
OFFICER i/c RECORDS,

TAKEN ON STRENGTH Part 11 Ord No: 63

EMBARKEED FOR CANADA 29 MAR 1919

14/3/19.

W. S. B. Class A
..... LIEUT.
i/c Records, M.D: 12.

ARR 1.11 MAR 29 1919
APL 5..
M. 7. CARONIA

W. S. B. Class A
..... LIEUT.
OFFICER i/c RECORDS,

(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.]

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				
		T. O. S. of Halifax Depot clearing services command part II Order No. 98 Dated 8-4-19 as from 29-3-19			<i>[Signature]</i>Lt. Col O. C., HALIFAX DEPOT CLEARING SERVICES COMMAND
		S. O. S. of Halifax Depot clearing services command part II Order No. 117 Dated 27-4-19 as from 26-4-19		Lt. Col O. C., HALIFAX DEPOT CLEARING SERVICES COMMAND
5.5.19.	D.D.O. Part II 125-760	T.O.S. No. 12 DISTRICT DEPOT From: Clearing Depot.	REGINA	30.4.19	<i>[Signature]</i>Lt. Col O.C. Casualty Company, No. 12 District Depot
13.5.19	Cas. Coy.	Discharged on demobilization	Regina Sark	13.5.19	K.O. 1422 (132-802)
		<i>[Signature]</i>			
		Lieut. & Adj. Adit. No. 12 District Depot			

Casualty Form - Active Service.

Regiment or Corps... *6456*

Rank... *Pte* Surname... *Marrison* Christian Name... *J. William*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>5/2/18</i>	<i>OC No 1 Gen Hosp.</i>	<i>To Duty "A"</i>	<i>Field</i>	<i>1/2/18</i>	<i>NR 17/15 letter</i>
<i>6/2/18</i>	<i>OC. C. S. B. D.</i>	<i>From No 1 Gen Hosp</i>	<i>"</i>	<i>6/2/18</i>	<i>NR 681</i>
<i>12/2/18</i>	<i>OC 6456</i>	<i>To 6th Corps R. Camp</i>	<i>"</i>	<i>12/2/18</i>	<i>NR 963</i>
<i>12/2/18</i>	<i>OC. C. C. R. C.</i>	<i>Arrived</i>	<i>C. C. R. C.</i>	<i>12/2/18</i>	<i>NR 53</i>
<i>6/3/18</i>	<i>"</i>	<i>To 6th Corps S. Col.</i>	<i>Field.</i>	<i>6/3/18</i>	<i>NR 86 NR 11657 2/3/18</i>
<i>9/3/18</i>	<i>A.A.S.</i>	<i>Posted to 4th Cdn Div S. Col. as Recruit</i>	<i>"</i>	<i>5/3/18</i>	<i>BA 13a NR 11657 2/3/18</i>
<i>9-3-18</i>	<i>4th C. D. S. C.</i>	<i>J. O. S. of columns as re. inforcement from 6456 Pool</i>		<i>6-3-18</i>	<i>B213a NR 11657 A.U.O. # 17 d/21/3/18</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) Signaller, Shoeing Smith, &c.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 925788 (Rank) Pte.

Name (in full) Morrison John William enlisted in
the 152nd Bn.

CANADIAN EXPEDITIONARY FORCE at Regina on the 13th
day of May 1916.

HE served in C.A.S.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 28 $\frac{5}{12}$

Height 5ft. 8"

Complexion Fair

Eyes Blue

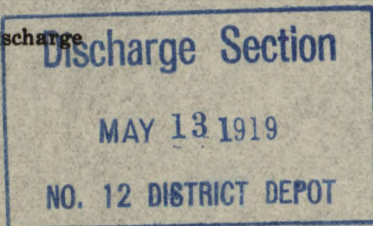
Hair L. Brown

Marks or Scars Vacc: L. 2

J W Morrison
Signature of Soldier

R. R. Bennett
Issuing Officer

Date of Discharge



Rank

Rank

Date May 13th 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.

240539 A. No. 240539

War Service Badge, Class

issued

B. No.

EXCHANGE CERTIFICATE

EXEDITIONARY FORCE

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

enlisted in

the

CANADIAN EXPEDITIONARY FORCE at

on the

day of

He served in

Demobilization

and is now discharged from the service by reason of

Medical Reasons

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age

Mark or Scar

Height

Complexion

Eyes

Hair

Signature of Soldier

Issuing Officer

Date of Discharge

Rank

DAY 1 1918

NO 12 DISTRICT 3610

Date

A duplicate of this Certificate will be issued, any person finding same is requested to forward it to the nearest post office to the Secretary, Military Council, Ottawa, Canada.

FORM 100-1-1-1
1918

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 12.

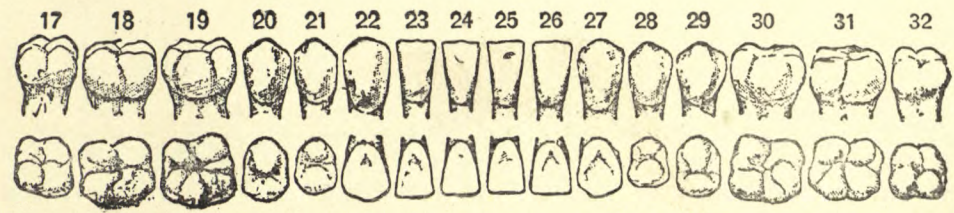
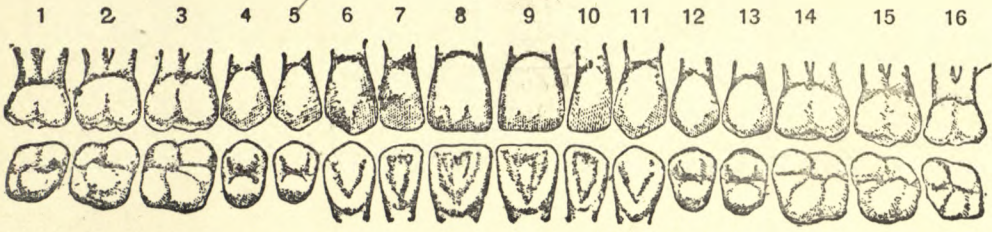
DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MORRISON, J.W.

REGIMENT Gen Depot RANK plc No. 925788

Date of Examination in England 25/2/19 Date of Examination in France _____

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

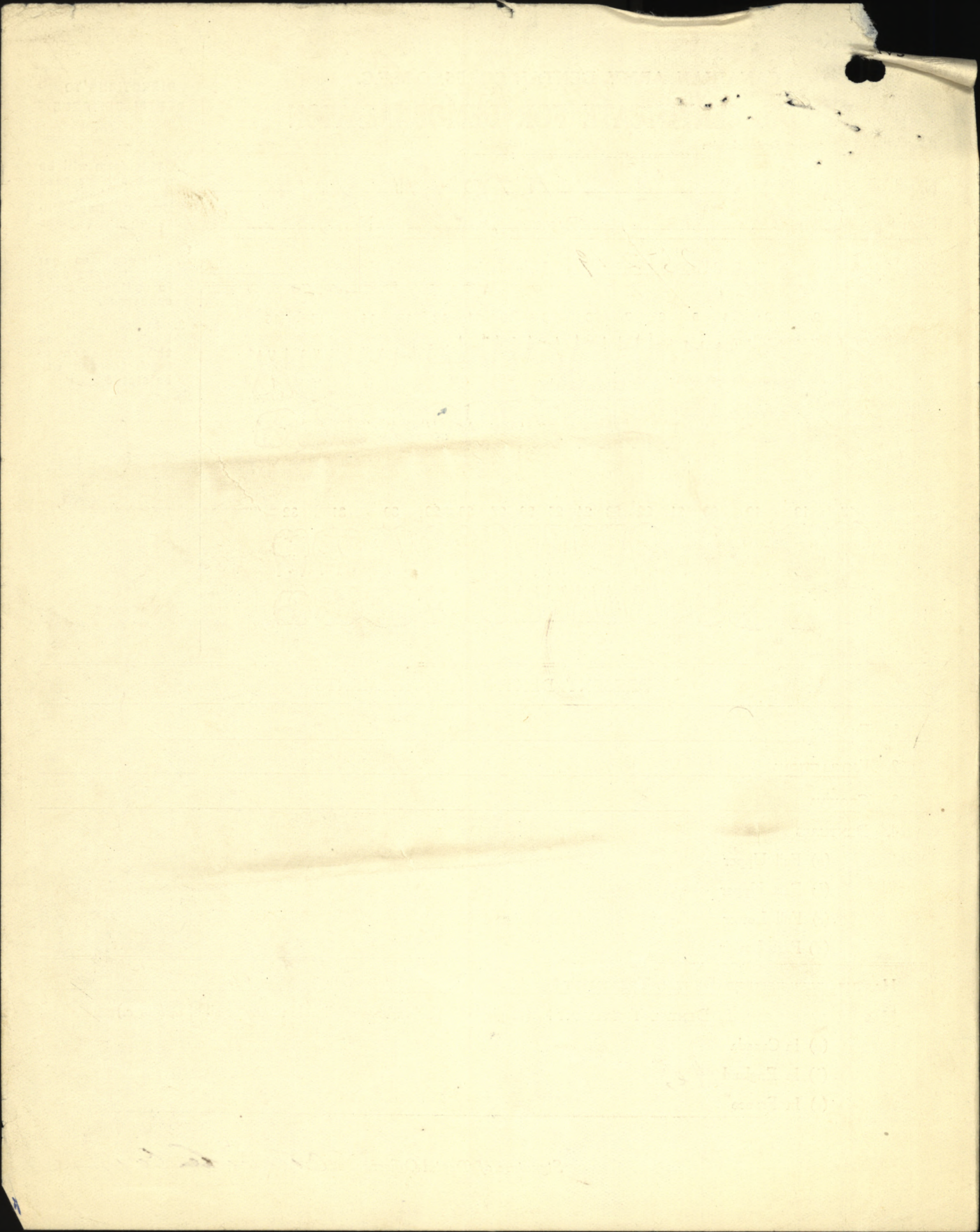
1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 *C. M. ...*



CHS Rank

Name MORRISON John William

Reg'l No.

Unit 152nd. Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Regina. May. 13th. 1916.

Place of Birth Pembroke. Ont.

Name and Address, Next-of-Kin Mrs. Minnie Morrison

G.P.O. Calgary. Alta.

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.	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.
Arr.	in ENGLAND	S.S. MISSANABIE		13-10-16	
20.10.16	152 BN.	TRANS. 32 Bn	E sandl'g	21-10-16	Pt. 2 268
21-10-16	O/C 32nd	Taken on strength.	"	21-10-16	Pt. II O. 270
14-12-16	6232nd	Admit 3rd London Gen. Hospital	London	9-12-16	62.233 No P II 327 N.Y.D.
29-12-16	O.C. 32nd	Discharged from hospital	"	29-12-16	P II 331 C. 246.
[4.1.17	32nd	S.O.S to 15th Res Bn.	E Sandling 4	-17	Ft. II, O, 4
4.1.17	15th R. Bn.	T.C.S 15th Res Bn.	E Sandling 4	-17	Ft. II, O, 4
11-2-17	"	S.O.S to 6 ASB TD	S'bliffe	10-2-17	" 39.
12-2-17	enlist	TOE from 15 Res Bn	"	10-2-17	" 43
22-3-17	C/O ASCTD	Admit Mil Isolation Hosp	Aldershot	15-3-17	C. 436 (umps) 62.233. 103. 13-1-17.

you kept

2016

925/88

Morrison J. W.

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.				
6.3.17	Case	attached to unit from ^{case} ID.	Braunshott	21-2-17	PII W.57
10.4.17	Ch.	Discharged from IR	Adeshot	3.4.17	Chet 31. ^{with 106. enc'd} ^{16.4/17}
14.5.17	Case	S.O.S. to case RD	Shorncliffe	14-5-17	PII 134 {PII 1, case RD}
30.5.17	Case	Case RD ceases to be eff. on reporting to case Crowden	Bramshott	30.5.17	PII 129
8.6.17	CASRD	T.O.S. from Case Crow.	Shorncliffe	7.6.17	PII 25. {Case RD PII 162}
10.6.17	CASRD	PII 25 cancelled	"	8.6.17	PII 27
19-6-17	Case	S.O.S. on proceeding spec.	"	16-6-17	JDB 36
25.6.17	CASRD	T.O.S. from England	Field	19.6.17	PII 39
4.9.17	"	Att'd as in W.E. CABN CRT	"	Pte 23.8.17	" 58 4PII 064 ^{4CRT} 5.9.17
12-11-17	Case	adm so #41 Stat Hosp.	Gailly	" 5-12-17	C.L.A 86
14-12-17	"	DISCH. to Base	"	" 7-12-17	" 88 Hydracela
18-12-17	"	adm so PRESBYTERIAN U.S.A. Gen. Hosp. Etihad	"	" 8-12-17	" 91 Trauma Ophthalmia Slt.
15.12.17	Case. Pool	ceases att. Jof. Btkm. C.R.T. ad inv. E. on adm. so Cao. Chan. Stat.	Field	" 29-11-17	PII 93 + PII 091 ^{4CRT} 16.12.17
21.3.18	4 D.S. Col.	T.O.S. from CASC Pool.	Do	Pte 6.3.18	" 169 PII 0337/21.3.18. case Pool.
1.5.18	4 DMT Coy.	T.O.S. from 4 D.S.C.	"	" 14.4.18	" 1.4 ^{4 DSC} PII 34 d. 1.5.18
11.7.18	"	Awarded one good cond. Dase	"	" 13.5.18	" 21
13.8.18	"	Trend. to England as "low category specialists" + posted to 1st Depot Group Bshott.	"	" 10.8.18	" 30.

Rank _____ Name *Morrison, John William* Reg'l No. *925788*
 Unit *152nd Bn* If in perm. Corps, What Unit? _____ Married or Single *Single*
 Place and Date of Enlistment *Regina, May 13th 1916* Place of Birth *Rembrook, Ont.*
 Name and Address, Next-of-Kin *Mrs. Minnie Morrison,*
G.P.O. Calgary, Alta. Relationship *Mother*
 Assigned Pay Monthly \$ _____ Payable to _____
 Separation Allowance \$ _____ Payable to _____
 Relationship *Ret. from France "Low Category"*

N/E. R.B. No. *8037*
 File R.L. _____
 Category *OR Can.*

Discharge, Date and Place _____ Reason _____ Character _____

1st Sheet filed in Envelope 10-9-18 97

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>C</i>			<i>Perm. grade "PTE"</i>		<i>Act/Rank "Nil"</i>
<i>3.9.18</i>	<i>Gen. Depot T.O.S from ^{4th D.M.T. Coy} Sat Post</i>	<i>amended by D.O. 222d/18.9.15 of Gen. Depo</i>	<i>Pte S'cliffe</i>	<i>11.8.18</i>	<i>D.O. 209</i>
<i>4.9.18</i>	<i>Gen. Depot On Com. Field Comforts Comm.</i>		<i>Pte S'cliffe</i>	<i>3.9.18</i>	<i>D.O. 210</i>
<i>3.9.18</i>	<i>Gen. Depot On Com. B.R.D.G. B'shott</i>		<i>Pte S'cliffe</i>	<i>11.8.18</i>	<i>D.O. 209 (Alta R.D. 209d/12.8.18)</i>
<i>3.9.18</i>	<i>Gen. Depot Ceases Com. B.R.D.G. B'shott</i>		<i>Pte S'cliffe</i>	<i>29.8.18</i>	<i>D.O. 209</i>
<i>24.9.18</i>	<i>Gen. Depot Ceases Com. Field Comforts Comm.</i>		<i>Pte S'cliffe</i>	<i>21.9.18</i>	<i>D.O. 227</i>
<i>30.10.18</i>	<i>Gen. Depot On Com. Field Comforts Comm.</i>		<i>Pte Witley</i>	<i>26.10.18</i>	<i>D.O. 258</i>
<i>15-3-19</i>	<i>Gen Dep 1.0.1. L.M.D.12 Rhyt</i>		<i>" "</i>	<i>14-3-19</i>	<i>D.O. 619 M.D.12 N.O.65d/15.3.19.</i>
		<i>34-0-97</i>	<i>Sailing</i>	<i>29.3.19</i>	
<i>15.5.19</i>	<i>M.D.12 B.W. S.O.S. to M.D.12 in Canada</i>		<i>Pte Rhyt</i>	<i>29.3.19</i>	<i>Entered in Euro</i>
<i>26.2.19</i>	<i>Gen Dep Ceases on com Field Comforts Comm</i>		<i>Pte Witley</i>	<i>22.2.19</i>	<i>16047</i>

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.				
29-3-19.	2nd Lt. Wing	S.O.S. to Canada.	Pt. A. Park.	29-3-19	P7075

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.....

152nd Overseas Battalion Weyburn

(2) Regimental Number.....

925788

(3) Full Name of Soldier.....

John William Morrison

(4) Place of Birth.....

Pembroke 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?

(8) Have you any children?.....

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 *Mr James Morrison*
Calgary Alta

(10) Is your Mother alive? *Yes*
If so, state name and address *Mrs. Minnie Morrison*
Gen. Delivery Calgary Alta.

(11) If your Mother is a widow *✓*
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.
✓

(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.
✓

(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? *✓*
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.

[Signature]
Officer Commanding Officer Commanding.
152nd Overseas Battalion.

Date *May 13th 1916*

CASE HISTORY SHEET.

1718 04/655

Rockhead HP Hospital. Station. Halpin evs
No. 925788 Rank. Plt Name. Morrison John Age. 28
Unit. 6 C D Completed years of service 35 Where and how long }
Date of admission. 5-12-19 Date of discharge. APR 25 1919
Diagnosis. Gonorrhoea Epididymis - orchitis Place of origin. London

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Urethral discharge. Right testicle swollen + tender

History: Gonorrhoea 4 yrs ago - exposed last 2 wks ago. Discharge appeared one week ago - testicle became sore + swollen about same time following a fall on slippery road on the beach

Pres. Condition: Profuse urethral discharge. Gonococci present Rt. testicle + epididymis swollen + quite tender. Hydrocele on left side

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

none

TREATMENT

(Especially any specific or special form.)

Rest. Ice cap + support to testicle
Vaccinia
Syrup
cpt. 1800 not used

CONDITION ON DISCHARGE

(and disposal made of case.)

No urethral discharge. Smears negative. Fistulae normal. Hydrocele on left not treated. Patient wishes it treated in future. Supt. M.D.

Date. 26. 4. 19

Medical Officer i/c case.

234491

CASE HISTORY SHEET

287
P
T

APR 28 1978



[Faint, illegible handwritten notes]

ORIGINAL MEDICAL HISTORY SHEET.

Surname Morrison Christian Name John William

Examined { on <u>15th</u> day of <u>May</u> 191 <u>6</u> at <u>Regina</u> Birthplace { City or Town <u>Pembroke Ont.</u> County _____ Apparent age <u>25 yrs 7 mths</u> Trade or occupation <u>Chauffeur</u> Height <u>5</u> Feet <u>8</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>36</u> inches. Maximum expansion <u>37 1/2</u> inches. Physical development _____ Small-Pox Marks _____ Vaccination Marks { Arm <u>Right</u> <u>Left</u> Number _____ When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by <u>J. A. Morrison</u> Rank <u>Capt. C. A. M. C.</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Fit or Unft.</th> <th>EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;"><u>6 1 SEP 1916</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>10/8/16</u></td> <td><u>Good.</u></td> <td><u>J. N. Trupp</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>10/8/16</u></td> <td><u>Good</u></td> <td><u>J. N. Trupp</u> M.O.</td> </tr> <tr> <td><u>17/8/16</u></td> <td><u>Good</u></td> <td><u>J. N. Trupp</u> M.O.</td> </tr> <tr> <td><u>24/8/16</u></td> <td><u>Good</u></td> <td><u>J. N. Trupp</u> M.O.</td> </tr> </tbody> </table>	Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.			<u>6 1 SEP 1916</u> M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date.	Result.	VACCINATIONS.	<u>10/8/16</u>	<u>Good.</u>	<u>J. N. Trupp</u> M.O.			M.O.			M.O.	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	<u>10/8/16</u>	<u>Good</u>	<u>J. N. Trupp</u> M.O.	<u>17/8/16</u>	<u>Good</u>	<u>J. N. Trupp</u> M.O.	<u>24/8/16</u>	<u>Good</u>	<u>J. N. Trupp</u> M.O.
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Enlisted on 13th day of May 1916 at Regina.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1520 B</u>	<u>925788</u>		<u>12/5/16</u>
Transferred to	<u>32nd Battalion C. I. F.</u> <u>base</u>			<u>21 OCT 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.	18 FEB 1919	<u>Hydrocele left Pt.</u>	<u>W. A. Scott</u>
	19 FEB 1919	<u>APPROVED</u>	<u>W. A. Scott</u> COLONEL A. A. D. M. S. CANADIANS, SHORNCLIFFE ARR.

N. B.—This sheet 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.

CANADIAN

J Mo

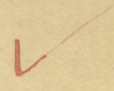
Christian Name John William

Surname Morrison

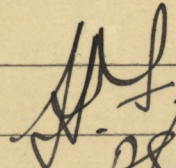
STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury 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				
C. Hughes		9	8	16	9	8	16	Varicocele	1	Rest suspensory bandage	
Isolation (H/6) Aldershot		14	3	17	3	4	17	Mumps	21	Recovery	E. Brown Capt. name
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.		28	Jan	1919	22	2	19	Hydrocele Orchitis	26	Left side of scrotum swollen. transparent size of egg. a suspensory band. Banded BT discharged to duty last day	Quartermaster Capt
SS. Coronia		3	4	19	5	4	19	Orchitis		acute orchitis (right) - To Hospital at Halifax	Quartermaster Capt
Halifax Halifax		5	4	19	24	4	19		20	Rest heat support to testis Vaccine drops. Left sided hydrocele not treated. L. treated in the office of the M.D.	Quartermaster Capt

C.6.

21



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
H7 Col Year 1916	925788	Pte	Morrison.	J.W.
		Unit.		Age.
		32 nd (Res) Canadian.		25.
				Service.
				6/12.
Station and Date.	Disease			
LONDON GENERAL WANDSWORTH	Laryngitis			
9.12.16	On journey; has not been abroad; 33 & 32 nd Regts at East Sandling.			
	Taken in with laryngitis			
	Via home & put in hospital			
26/12/16	Via char. into			
		In hospital		
		26/12/16		
		M.S.		
	Indep 574			
	 28/12/16			
Urine Test.	Spec: Gravly 1025, Reac: Alcal, nil.			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

No. XI CANADIAN
GENERAL HOSPITAL
MOORE BARRACKS
TORONTO

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book <i>4228</i>	Regimental No. <i>925788</i>	Rank <i>Pt</i>	Surname <i>Morrison</i>	Christian Name <i>J</i>
Year <i>1919</i>	Unit <i>Can Gen Depot</i>	Age <i>28</i>	Service <i>32/12</i>	
Station and Date <i>28/1/19</i>	Disease <i>Hydrocele</i> <i>Meth</i>			
<i>Complaint: Pain & tenderness</i>				
<i>Part History:</i>				
<i>Operated left inguinal hernia. Had old hydrocele which by a sudden strain began to enlarge.</i>				
<i>Present Condition:</i>				
<i>Subjective: Pain & swelling & tenderness of testis & scrotum</i>				
<i>Objective: Swelling of left side scrotum. Testis & epididymis filled with fluid. Translucent.</i>				
<i>Treatment: Urtrispin 5 8.5.</i>				
<i>Mag Lithol & Belladonna</i>				
<i>Drapping & elevation</i>				
<i>P. Quinney Capt</i>				
<i>Bandaged Pt. Discharged to duty</i>				
<i>P. Quinney Capt</i>				

22 FEB 1919 DISCHARGED TO DUTY

ASSIGNED PAY ENGLAND OR CANADA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

NAME: MORRISON John Wm

EFFECTIVE DATE:-

EFFECTIVE DATE:-

NUMBER:- 925788.

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

DATE EFFECTIVE

RANK OR APPOINTMENT

UNIT AND TRANSFERS

ORIGINAL UNIT - 182nd Bn.

DATE ACCOUNT FIRST OPENED - 1/10/16.

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S' D

UNIT TRANSFERRED TO

NO 1349 1/17.

1/6/17.

1.6.19

Base Rtd.

ban det

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
24/2	807	Witley	973				
25/2	973		1160				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

1 - 10

Red Bal 459.60 Rtd. 1415.00

PARTICULARS OF RENDERING NON-EFFECTIVE:

Disb Canada 28.2.19 WRS 3903 Witley 28.2.19 Witley md 12

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March	Disb Wks								362 67 270		
Apr.	P.P.	33		47 6686 374.	446				391 71		
				170. 4 Sig 601 20/4.	357				387 64		
		33			803						
May	P.P.	3410		1435. 3. MVBay 7/5.	446				421 74		
				4 557. 4. D Sig 60 18/5	357				413 71		
		3410			803						
June	P.P.	33							446 71		
				AR 1023 10 MTC. 4/6 2	357				446 11		
				" 1237 " 18/6 6	357				439 57 315		
		33			714						
JULY		3410							473 67		
				AR 1451 " 2/7 1	446				469 21		
				" 1661 " 16/7 7	357				465 64 330		
				DN 6822 CEA 31/7 15	446				461 18		
		3410			12 09						
Aug		3410							495 28		
				CP 22959 13/8 2	121 67				373 61		
				AR 7379 CGBD 11/8 2	446				369 15		
				" 1198 Br Shott 12/8 4	487				364 28		
				" 1744 " 28/8 10	973				354 55 385		
		3410			140 73						
Sept		33							387 55		
				" 2857 Det. Can. 12/9 6	973				377 82		
				" 7538 CGD 26/9 11	973				368 09		
		33			19 46						

COMPILED BY ARMOR
CHECKED BY

War Service Badge
Class "A" No. 240,539



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

*13-m-86

14/19 leave 24th

1. No. 925788

2. Rank. Pte

3. Name. MORRISON John William

4. Unit. 152nd Battn Gen Depot

5. Date of Discharge 13.5.19. Place Regina Sask

6. Reason for Discharge Demobilization

7. Authority. G.O. 1420. Category B132-882

8. Proposed Residence after Discharge
 Next of Kin Mother
 Intended Town of Residence Regina
 Occupation Chauffeur 4
 Service in France 14



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.? SLI-111L M.R 29/19
ARR MIX APL 5
H M T *CARONTA*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Signature..... (O. C. Discharging Unit.)

R

PROCEEDINGS ON DISCHARGE

(Continuation)

221782

MR. RYSON

Place

Person for Discharge

Authority

Proposed Residence after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the abovesaid place and date I received my discharge Certificate

211-1711 M.R. 2019
ARR. SIX APR 5
H.M. T. CARON

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

D. C. Discharge Clerk

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

C.D.3.
✓ P. 880.

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. 5009a). ✓
6. Field Conduct Sheet (A.F.B. 122) ✓
7. Proceedings on Discharge (M. 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 Gratuity (Form M.F.W. 2595), ✓
15. Sundry Documents.

Group... **A**
 Checked by **Wark**
 Date **28-3-1911**

[Handwritten Signature]

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

(Leave for Depot) STATION No 11 C. G. N. DATE Leby. 13. 1919

1. 1 (a) Unit C. A. S. C. (b) Regimental No. 925788 (c) Rank Pte

(d) Surname MORRISON (e) Christian name John William.

(f) Home address General Delivery, Regina, Sask Canada

(g) Next of Kin Mrs James Morrison (h) Relationship MOTHER.

(i) Address of Next of Kin General Delivery, Calgary, Alta Canada

2. Age last birthday 28 Date of birth Oct. 2. 1890.

3. Enlistment, or Appointment (if an Officer) (a) Place Regina Sask Can (b) Date May 13. 1916

4. Personal description:

(a) Height 5'8" (b) Weight 140 (c) Complexion Medium

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar 2" on side of ankle. 2 vaccinations, most left

5. Former trade or occupation Chauffeur Left Penis Penon Injured.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>24</u>	<u>107</u>

	PERIODS	
	From	To
Canada	<u>13-5-16</u>	<u>3-10-16</u>
England	<u>14-10-16</u>	<u>14-6-17</u>
France or other theatres of War	<u>14-6-17</u>	<u>11-8-18</u>

7. Original disease, or injury Left Inguinal Hernia
LEFT INGUINAL HERNIA.

(a) Date of origin June, 1913. (b) Place of origin Edmonton, Alta Canada

(c) Cause Accident while riding a horse

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Hydrocele Left.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Subjective: Complaint of a dragging weight in left side of scrotum.

Objective: Swelling of left side of scrotum with fluid in the Tunica Vaginalis transparent, about size of an ^{egg} orange. No tenderness nor pain present. No sign of hernia nor any other condition.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No Cardio-Vascular System... No Genito-Urinary System... No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... No Respiratory System... No Integumentary System... No
Disturbances of Mentality... No Digestive System... No Muscular System... No
Osseous and Joint Systems... No Any other general condition... No

10. (a) History (of the condition referred to in Section 9 (a).)

Hydrocele Left June 1913 Operated on 24 of May 1916. Gen Hosp Regina result good. Say a few days after operation both sides of scrotum swelled immensely. The right reduced to normal in a week. The left reduced to size of an egg, and on a sudden strain says that it begins to swell and gets to size of an orange. Has had it tapped twice, the last time Jan 1918, there was no fluid came away.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Occupation: Camp Hughes 9/8/16 to 9/8/16 Haricople, Isolation Hosp Aldesham, 4/3/17
to 3/4/17 Mumps, No XI, G. N. 28/1/19 to Lake Hydrocele.
Statement: Dec 1916 Influenza 3 1/2 weeks, fever 30 days.
Nov 29/17 Feby 5/8, No 3 Gen Hosp, France, Hydrocele.

(c) (Here give a description of wounds, scar, and deformities. Scar over left inguinal region
which healed operation was performed 4" long.

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)
No,

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

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

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

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

Restricted, Supervisory, Use of Iodine, belladonna and Strapping

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes. Possibly operative measures would relieve the condition

16. Can the former trade or occupation be resumed? (If not, briefly state why) Yes.

17. Recommendations: B I

D. Queneey Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *John W^m Morrison* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

Pte John W^m Morrison Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

19. Is the invalid fit for

- | | | |
|--|--------------|-------------------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) <i>BT</i> |
| (c) Home service (Canada only), | (" C) | (Yes or No.) <i>n.a</i> |
| (d) Temporarily unfit. | (" D) | (Yes or No.) <i>n.a</i> |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) <i>n.a</i> |

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable.)

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

*Boarded for Return to Canada Authority Telegram No. 4083
 of 11-11-19.*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

**No. XI CANADIAN
 GENERAL HOSPITAL,
 MOORE BARRACKS,
 SHORNCLIFFE.**

PLACE.....

DATE.....

18 FEB 1919

[Handwritten signatures]

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Wallace G. Scott

APPROVED BY

a/a Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

10 FEB 1919

DATE.....

M-643

Caronia 4/4/19

AUDITOR PAYMASTER

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

REGT. No. 925788 RANK Pte NAME (IN FULL) MORRISON J. W.

M. OR S.

Form with fields for ADDRESS, RELATIONSHIP, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, DATE OF ATTESTATION, ASSIGNED PAY \$, DATE EFFECTIVE, PAYABLE TO, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, ADDRESS, STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, NO. OF DAYS, RATE, PAY AND F.A. AMOUNT, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1-3), CASH PAYMENTS (COL. NO. 1-3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT

I certify that all payments due on this account have been completed. Auditor, Paymaster War Service Gratuity Military District No. 12

Campbell CAPTAIN For Asst. Director of Pay Services Military District No. 12

SEP 2 1919 SEP 13 1919 OCT 13 1919

NO. 12 DISTRICT COURT