

3 M. D. Depot Battalion Regiment

Regtl. No. 02714543

## PARTICULARS OF RECRUIT

### DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname **Morrison,**

2. Christian name **Joseph**

3. Present address **Mallorytown, Ont.**

4. Military Service Act letter and number **Not 19P-16513**  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth **March 25th. 1898.**

6. Place of birth **Glasgow, Scotland,**  
(town, township or county and country)

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

8. Religion **Methodist**

9. Trade or calling **Cheesemaker,**

10. Name of next-of-kin **Gertrude Morrison,**

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

12. Address of next-of-kin **Carsonby, Ont.**

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

14. Particulars of previous military or naval service, if any **None**

15. Medical Examination under Military Service Act :—  
(a) Place **Brockville, Ont.** (b) Date **July 17th/18.** (c) Category **A2**

### DECLARATION OF RECRUIT

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

*Joseph Morrison* (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age.....	<b>20</b>	yrs.....	<b>5</b>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height.....	<b>5</b>	ft.....	<b>7</b>	ins.	
Chest measurement	} fully expanded.....		<b>34</b>	ins.	
		range of expansion.....	<b>30</b>	ins.	
Complexion.....	<b>Medium</b>				
Eyes.....	<b>Brown</b>				
Hair.....	<b>Brown</b>				

Lt.-Col., C. E.

C. E. Engineer Depot

*[Signature]*  
O. C. **ENGINEER DEPOT** Depot Btin.  
**BROCKVILLE, ONT.** Regt.

Place **Brockville, Ont.** Date **July 17th/18.**







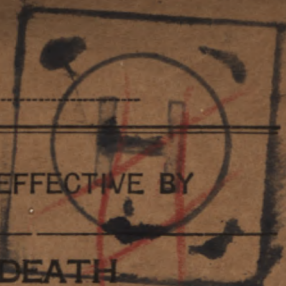
REGIMENTAL DOCUMENTS

23-7-19  
Apr

NAME MORRISON, Joseph

REGT. NO. 2714543 UNIT 3rd Bn

H. Q. FILE NO.



(S)

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

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

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

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

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

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

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*None*

DEATH

Category

DISCHARGE

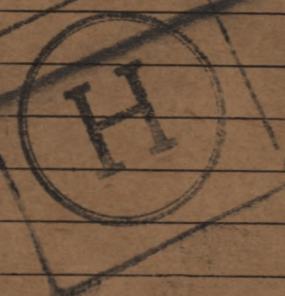
Category

34400

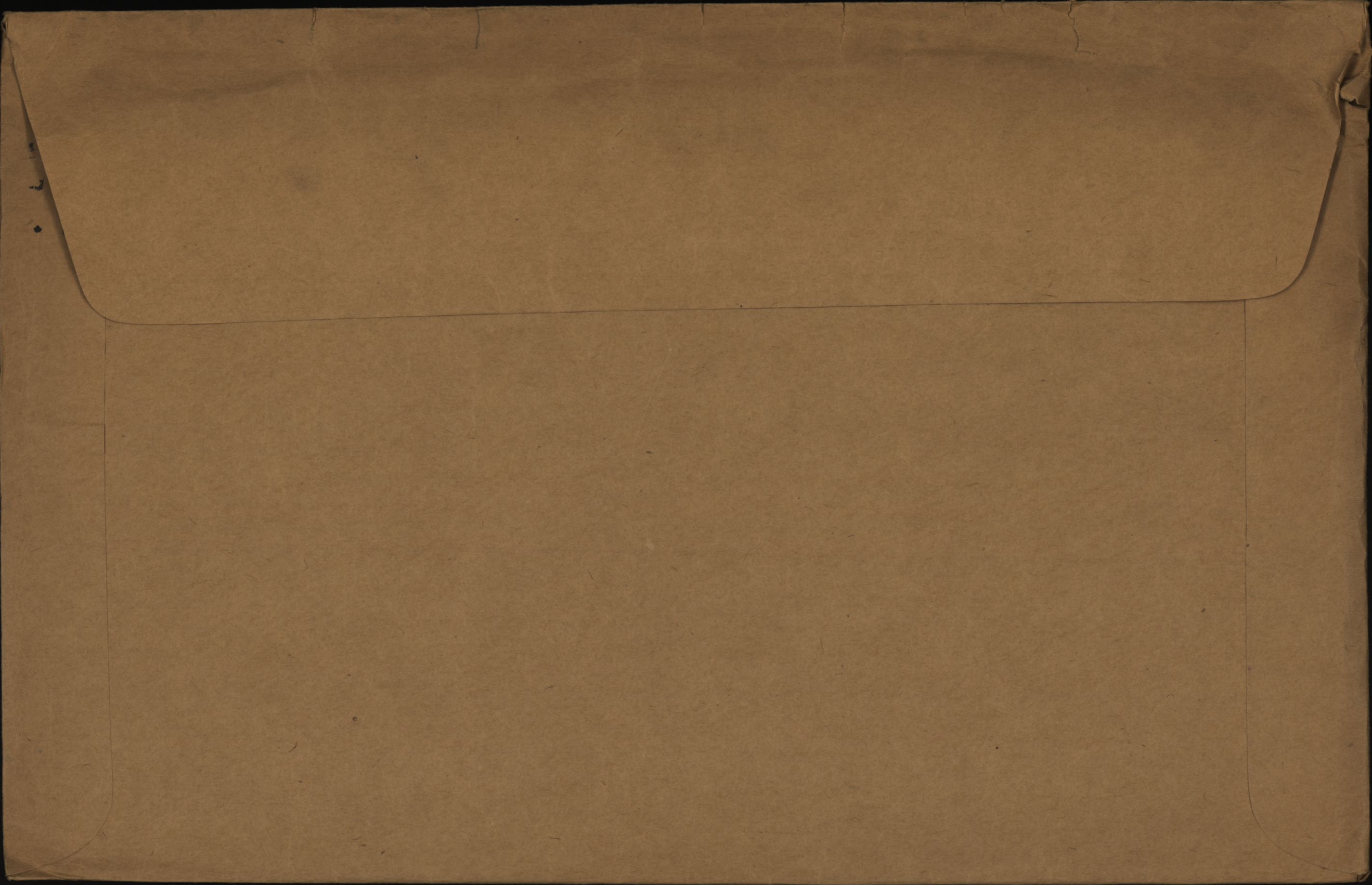
*Demob*

DESERTION

*33-34  
19-24  
11-24*

















encl

RS

Sp <sup>B</sup>

Number. 2714543

Rank.

Surname. MORRISON

Christian Name. Joseph

Units. E. C.

Theatre of War

England

Date of Service. 16-9-18

Remarks.

Latest Address. ~~Rock Springs P.O.~~

~~Dartmoor~~

61 Buell  
Brockville  
Ont.

Roll No. A Page 1352



No.

RANK

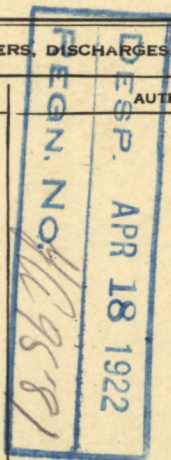
NAME

T. O. S.

UNIT

M. D.

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





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

Canadian Printing and Stationery Services, London

**DIRECTIONS TO  
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) MORRISON, J.  
 REGIMENT 3rd CERB. RANK Sapper No. 2714543  
 Date of Examination in England 4/6/19. 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 3. 14.
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_



HAS HE EVER REFUSED DENTAL TREATMENT? no.

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 \_\_\_\_\_

Signature of Dental Officer \_\_\_\_\_

*[Handwritten Signature]*  
 Capt.  
 C. A. D. C.



STATE OF PENNSYLVANIA

J. ROBERTSON

PAID BY THE STATE

1875





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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

ENGINEER DEPOT

Unit, Regiment or Corps ..... BROCKVILLE, ONT.

Regimental No. *R 91543* Rank *Sapper* Name *Morrison, Joseph*

C. E. F.

Enlisted (a) *17-7-18* Terms of Service (a) *555 Days* Service reckons from (a) *17-7-18*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } *0.*

Extended ..... Re-engaged ..... Qualification (b) *military vivid circumstances*

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				

Proceeded Overseas, Draft No. 122, 20-8-18, D.O. 126.

*Embarked Montreal 31-8-18*  
*Arrived Liverpool 16-9-18*  
*A.M.S. Saturnia*

*28-9-18* 3rd. CERB 105 3rd. CERB from Canada Seaford *17-9-18* Pt. II, D.O. #47.

*28-9-18* 3rd. CERB On Command Frensham Seaford *17-9-18* Pt. II, D.O. #47.

*13-11-18* 3rd. CERB Off Command Frensham Seaford *12-11-18* Pt. II, D.O. #86.

*15/3/19* 36 ERB. On command to Seaford *15/3/19* Pt. II, D.O. 62  
*C.S.M.E.*

*10/5/19* do Off Command to Seaford *10/5/19* D.O. 109  
*C.S.M.E.*

*14/6/19* - do. R.O.S. - O.M.F.C. to C.E.F. in Canada - " - *23/6/19* Pt. 2, D.O. 155 143  
*Abillhi. C.E.*  
*for D.C. and C.E. H.D.*

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



Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<p style="text-align: center;">           MARKED LIVE 1903            BELGIC 23. 1. 19. DISBARRED            HALIFAX (L. 1)             Lt FOR CAPT &amp; ADJUTANT            R. 100/22         </p>			
23-6-19	T.O.S.	# 3DD	Kingston		NO 189
3. 7. 19	S.O.S.	# 3DD	Disch	RD 1420 1894	NO 159

for  
*J. F. Hickney* Lt.  
 Major  
 O. C. Dispersal Area Station H



CANADIAN EXPEDITIONARY FORCE SERVICE BADGE.

DISCHARGE CERTIFICATE

CLASS B.C. No.

THIS IS TO CERTIFY that No. 2714543 (Rank) Apr

Name (in full) Joseph MORRISON enlisted in  
the Canadian Corps

CANADIAN EXPEDITIONARY FORCE at Brockville Ont on the 17<sup>th</sup>  
day of July 1918

HE served in Canada and England with 300 EPS

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 21 yrs

Marks or Scars Birthmark left

Height 5'11-7 in

arm

Complexion medium

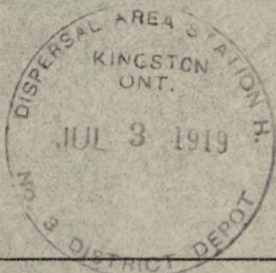
Eyes Brown

Hair Brown

Joseph Morrison  
Signature of Soldier

R. Chapel  
for O. G. Dispersal Area Station II  
Issuing Officer

Date of Discharge



Rank

Date \_\_\_\_\_ 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.







Rank **Name** *MORRISON Joseph* Reg'l No. *2714543*  
 Unit *122 Dft Engineers* If in perm. Corps, }  
 What Unit? } Married or Single *Single*  
 Place and Date of Enlistment *Brockville Ont July 17/18.* Place of Birth *Glasgow, Scotland*  
 Name and Address, Next-of-Kin *Gertrude Morrison*  
*Carsonby, Ont.* Relationship *Sister*  
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship  
 Relationship

N/E. R. B. No. **19690**  
 File R.L.  
 Category **CAN. OR**

Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.,—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
					<i>Arrived in England.</i> <b>16.9.18 SATURNIA</b>
<i>28.9.18</i>	<i>3rd B.C.P.B.</i>	<i>I.O.S from Canada</i>	<i>Seaforth</i>	<i>16.9.18</i>	<i>110.47.</i>
<i>16.3.19</i>	<i>"</i>	<i>On Comm. to C.S.M.C.</i>	<i>"</i>	<i>Apr. 14-3-19</i>	<i>R.O. 63 * PSME 549 5<sup>3</sup>/<sub>19</sub></i> <i>ffes 3.3.19</i>
<i>9.5.19</i>	<i>C.S.M.E.</i>	<i>leave to be attached from 3 C.E.R.B.</i>	<i>"</i>	<i>10.5.19</i>	<i>- 109.</i>
<i>28.6.18</i>	<i>S CE</i>	<b>SOS TO CANADA</b>	<i>Seaforth</i>	<i>28.6.18</i>	<i>DO 148</i>
		<i>41-9-126</i>		<i>23<sup>6</sup>/<sub>19</sub></i>	







2714543

# MEDICAL HISTORY SHEET

Surname Morrison Christian Name Joseph

Examined { on 17<sup>th</sup> day of July, 1918  
at Brockville Ont.  
Birthplace { City or Town Glasgow  
County Scotland

Approved by [Signature]  
Rank Serjeant M.O.

Apparent age 20 - 5  
Trade or occupation Cheesemaker  
Height 5 feet 7 Inches  
Weight 130 lbs.  
Chest measurement { Minimum 34 inches  
Maximum expansion 76 inches  
Physical development Fair  
Small-pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right 0 Left one  
Number

Date	Result	VACCINATIONS
<u>25/7/18</u>		<u>R M Cairns</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1913  
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/7/18</u>		<u>R M Cairns</u> M.O.
<u>27/7/18</u>		<u>R M Cairns</u> M.O.
<u>1/8/18</u>		<u>R M Cairns</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 17<sup>th</sup> day of July, 1918 at Brockville Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Can. Eng.</u>	<u>2714543</u>		
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Brockville, Ont.</u>	<u>Aug 28, 1918</u>	<u>nil</u>	<u>Fit unadvised</u> <u>Capl. atec</u>

Joseph Morrison

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.



Surname *Marrison* Christian Name *Joseph*

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				
No 12 CAN. GENERAL HOSPITAL		28	10	18	20	<del>11</del>	Influenza	22 24	Onset 18.10.18 Adm. T 99.4 occasional sore Pt axilla chest neg Temp normal 4 days - Recovered. To bus	<i>J. H. Lang</i>	
No 12 CAN. GENERAL HOSPITAL	Re-admitted	20	11	18	23	11		4			



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

NAME OF SOLDIER.....

*Manion G.*

REGIMENT.....

RANK *Plt.*

No. *2714543*



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>										<i>2/14</i>											
	<i>7 22</i>																					<i>Cap &amp; Crown 3 Incomplete</i>
	<i>1 22</i>		<i>1/14</i>					<i>1/14</i>														<i>Lent Fulford 3 Incomplete</i>
	<i>2 31</i>		<i>3/14</i>					<i>1/14</i>														<i>Lent Fulford 3 Incomplete</i>







# 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. 2714543 Rank Spr. Surname MORRISON  
 (Given name in full)  
Joseph  
 Unit or Corps 3rd. C. R. B. Birthplace Glasgow Scot.

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

**I. GENERAL DESCRIPTION:**

Physique good Weight 150 lbs. Height 5' 6" ft. Colour of Eyes Brown.  
 Nutrition good  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Birth mark. L. arm.

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.**

Influenza Oct 18 — good recovery



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Seaside (Overseas)

Date 4/6/19

Signed C. J. Hewitt Capt 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 Joseph Morrison

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

Signed ..... M.O.

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

Signature .....

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

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



FRENESHAM

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>MORRISON, Joseph</b>
EFFECTIVE DATE: <b>1.9.18.</b>		EFFECTIVE DATE: -		NUMBER: <b>2714543</b>
AMOUNT: <b>20.</b>		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
<b>Logan, Miss Gema (Cousin)</b>				<b>L.P.C. from Canada</b>
<b>Rock Spring, Ont.</b>				DATE EFFECTIVE <b>1.9.18.</b>
				RANK OR APPOINTMENT <b>Sapper</b>
UNIT AND TRANSFERS				
ORIGINAL UNIT <b>Draft No. 122 Can. Engrs.</b>				
DATE ACCOUNT FIRST OPENED: <b>1.9.18</b>				
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T 57 D
				UNIT TRANSFERRED TO <b>C. E. I. C.</b>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>4/5/19</del>	<del>1556</del>	<del>1st C.R.B.</del>	<del>19.47</del>				
<del>24/11/19</del>	<del>1450</del>	<del>DO</del>	<del>29.20</del>				
			<b>48.67</b>				

**Subd. Bal. 33.46**  
**Spe. Bal. 125.19**

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
<b>L.P.C. from Canada</b>	<b>1</b>	<b>10</b>		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharged to Canada Effect 17. Refund R 10951. 28<sup>th</sup> 19. to Seaford M.D. 30/5/19.**

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.8.18	Bal. from Canada								34.85		
Sept	Spus Pay	33		C.A.P.				20			
				A.R. 6456 Frensham 20.9.18	487			20	42.98		
		33			487						
Oct	Pay	34.10		C.A.P.				20			
				7345. Frensham. 4/10/18	487						
		34.10		7651. " 14/10/18	34.07			20	18.14		
					38.94						
Nov	Pra	33		C.A.P. Nov.				20			
				3/842 D.O.R. Q.H.O.S. 1/10/18	25						
Dec	Pra	34.10		1395. 3 <sup>rd</sup> C.R.B. 27/11/18	9.73						
				1701. " " 15/12/18	14.60						
Jan	Pra	34.10		C.A.P. Dec				20			
				C.A.P. Jan				20	34.76		
		10.20						60			
Feb	Pra	30.80		1988. 3 <sup>rd</sup> C.R.B. 15/1/19	4.87						
				2197. " " 27/1/19	4.87						
				2396. " " 11/2/19	4.87						
				2761. " " 26/2/19	4.87						
				3065. " " 15/3/19	14.60						
				C.A.P. Feb				20			
Mar	Pra	34.10		C.A.P. Mar.				20	25.58		
		64.90						40			
				A.R. 482 25/3/19	9.73						
				" 883 9/4/19	9.73						
				" 1432 29/4/19 1 <sup>st</sup> C.R.B.	4.87						
				" 1091 13/5/19 3 <sup>rd</sup>	4.87						
					29.20						

AUTHORITY  
A.P. NOM. ROLL

M53

COMPILED BY **Alshaw**  
CHECKED BY **Handwick**



NUMBER	RANK	NAME					BALANCE	DEFERRED	SEPARATION	
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.		
					29 20				25 68	
ap <sup>l</sup>	P. Rca	33		b. a. P. ap <sup>l</sup> + May				40 -	92 68	
May	"	34 10							23 48	
		67 10			29 20			40 -		
				1556. 27/9. 100/103	19 47					
				2205. 16 <sup>6</sup> /19 " End	4 67					
				1450. 27 <sup>9</sup> /19 ..	29 20				3006	
					53 54					
				<i>Sol Canada 25<sup>6</sup>/19</i>						
				<i>S.L. 71</i>						





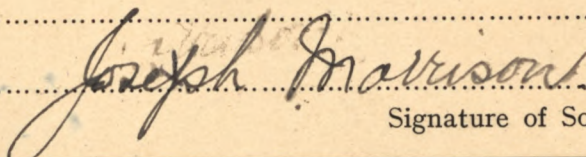

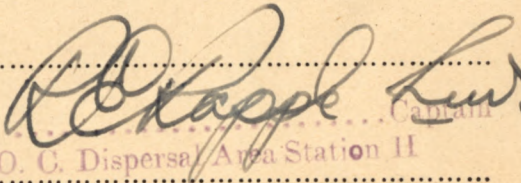
SHORT FORM.

PROCEEDINGS ON DISCHARGE  
(Demobilization.)

War Service Badge Class... C

No. .... Issued  
*Badge not available*

X G

1. No.	2714543	
2. Rank.	SP4	
3. Name.	MORRISON	Joseph
4. Unit.	3rd. CDN. ENGRS. Res. Bn.	
5. Date of Discharge	3. 7. 19	Place Kingston Ont
6. Reason for Discharge	Cessation of Hostilities	
	Desert.	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           WAR SERVICE BADGE.            CLASS B No. ... Dis Area G         </div>	
7. Authority.	OO 1420 1894	
8. Proposed Residence after Discharge	Rock Springs 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. ? B. 39	
	<div style="text-align: right;">             Signature of Soldier.         </div>	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed.	
	Place ..... Date .....	
	<div style="text-align: center;">  </div>	
	<div style="text-align: right;">             for O. C. Dispersal Area Station II            (O. C. Discharging Unit.)         </div>	



DEPARTED LIVERPOOL SS-  
 BELGIC 23. 3. 19. DISEMBARKED  
 HALIFAX 17. 11. 1918  
 CAPTAIN & ADJUTANT





SHORT FORM  
 PROCEEDINGS ON DISCHARGE  
 War Service Badge Class. No. 243  
 No. 243  
 (Classification)



1. Name		MORRISON	
2. Grade		Sgt	
3. Unit		Sgt Cdn Engrs Reg Bn	
4. Date of Discharge		1919	
5. Reason for Discharge		Discharged	
6. Proposed Position after Discharge		None	
7. Remarks		<div data-bbox="508 828 987 1010" data-label="Text"> <p>WAR SERVICE BADGE          CLASS B No. 243</p> </div>	
8. Signature of Soldier			
9. Confirmation		<p>The discharge of the above named man is hereby confirmed</p> <p>1919</p>	
10. Signature of Discharge Unit			



LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate  
 2. Medical History Sheet  
 3. Physical Examination Report  
 4. Laboratory Test Results  
 5. X-ray Reports  
 6. Hospital Discharge Summary  
 7. Medication List  
 8. Referral Letters  
 9. Patient Education Materials  
 10. Social History  
 11. Family History  
 12. Mental Health Assessment  
 13. Substance Use History  
 14. Patient Consent Forms  
 15. Informed Consent  
 16. Advance Directive  
 17. Power of Attorney  
 18. Health Care Proxy  
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 20. Patient Registry



**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group ..... *a 11*  
 No. .... *25*  
 Date ..... *12/6/19*



Date of Enlistment 17-7-18

MILITIA AND DEFENCE

M. 26969 Date of Assignment Sept 1st 1918

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.00			
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PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_ Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name \_\_\_\_\_  
 Battalion Canadian Engineers, Draft 122  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

PARTICULARS OF ASSIGNMENT

Name Miss Ellena Logan,  
 (1.) Address Jellyby, Ontario  
 Change of Address  
 (1.) 1 Ellena  
 MISS ~~ELLEN~~A LOGAN,  
 2 ROCK SPRING,  
 ONT. 20 20.00  
 3 % 2714543 SPR JOSEPH MORRISON  
 4 TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
Sept	U 42879		20	20	✓
(1.) Oct	<del># 54124</del>		<del>20</del>	<del>20</del>	✓ Cancelled. Spelling of Assignee's name changed per Md. 8/18 ruling of H. Tracey on File.
Oct	M 4543		20	20	✓
Nov	U 57323		20	20	✓
Dec	X 67628		20	20	✓ (1.) "Alt. 1071" 12-10-18
Jan	U 72623		20	20	✓ Alt. order 14217 issued 5.11.18. see order #10171. cam
Feb	W 76912		20	20	✓ A.C.O 11756 issued 5.11.18. cam
Mar	M 86155		20	20	✓
Apr	P 3774		20	20	✓
May	J 8247		20	20	✓
June	H 11369		20	20	✓
July	Q 11587		20	20	✓
			220	220	

013136-f-125

A/c Closed 31.7.19  
 Ret'd per... *Belgie*  
 Date 1.7.19 M.F.W. 187  
 Clerk... *Belgie* 8.7.19

*MR P 105804-10-7/19*

AUTHORITY M.D-3-B-9  
 FOR *all Enlist...*  
 NEW ACC'T. 12-9-18

M. F. W. 123.  
 400M. 17-1772-9-1141  
 L. L. 22220-M. & D. 7593.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 123.  
 400M. 6-17-1773 39-1141  
 L. L. 2230-M. & D. 1938.



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

M. OR S.

REGT. No. *2714543*

RANK *Spr.*

NAME (IN FULL)

*MORRISON, Joseph*

NEXT OF KIN  
ADDRESS *Nil*  
RELATIONSHIP  
IS SEPARATION ALLOWANCE PAID?  
TO WHOM PAID  
ADDRESS *Nil*  
RELATIONSHIP  
ADDRESS *Nil*

PARTICULARS  
*Joseph Morrison*  
*Y.P.O. Rock Springs*  
*Out.*  
EFFECTIVE DATE  
AUTHORITY

ORIGINAL UNIT C.E.F. *Can. Engis*  
PLACE OF ATTESTATION  
DATE OF ATTESTATION *17/7/18.*  
ASSIGNED PAY \$ *20.00*  
DATE EFFECTIVE *1/8/19.*  
PAYABLE TO *Miss. Glenna Logan*  
ADDRESS *Jellyby*  
RELATIONSHIP *Cousin*  
ANY CHANGE IN ASSIGNEE OR ADDRESS  
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE  
DISCHARGED *Kingston* PLACE *3/7/19* DATE  
REASON *Demob.*  
AUTHORITY  
IF ENTITLED TO POST DISCHARGE PAY

*M-2061*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
<i>1-6-19</i>	<i>4</i>	<i>10</i>	<i>35.00</i>					<i>487</i>	<i>487</i>				<i>2519</i>	<i>2519</i>	<i>2519</i>	<i>Returned "Belgic"</i>	
<i>8-7-19</i>	<i>1000</i>	<i>4.150</i>	<i>70.00</i>	<i>146.80</i>					<i>70.00</i>	<i>40.00</i>				<i>124.74</i>	<i>3.13</i>	<i>Bal. per Eng. P. C.</i>	
											<i>550</i>		<i>550</i>	<i>8.63</i>		<i>Clothing Allow. and 1st Payment W. S. G.</i>	
																<i>Pay to Estimate date of discharge.</i>	
																<i>Overpaid 5 on discharge.</i>	
																<i>M. Guss 5 Dec</i>	
																<i>1st Payt W.S. Res above</i>	
																<i>By Bal.</i>	
																<i>WR</i>	



