

ORIGINAL

2498472

RAILWAY CONSTRUCTION & FORESTRY DEPOT. ATTESTATION PAPER. Indian draft Forestry Depot

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

2498472

- 1. What is your surname? Morrison
1a. What are your Christian names? Laurence Graham
1b. What is your present address? Rupert House, James Bay, Ontario
2. In what Town, Township or Parish, and in what Country were you born? Rupert House, James Bay, Ontario
3. What is the name of your next-of-kin? Jane Morrison
4. What is the address of your next-of-kin? Rupert House, James Bay, Ontario
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? August, 5th, 1899
6. What is your Trade or Calling? Laborer
7. Are you married? Single
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Laurence Graham 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.

Laurence Graham Morrison (Signature of Recruit)

Date August, 9th, 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Laurence Graham 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.

Laurence Graham Morrison (Signature of Recruit)

Date August, 9th, 1917 (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 Toronto, Canada this 9th day of August, 1917

(Signature of Justice)



ORIGINAL

Description of Laurence Graham Morrison on Enlistment.

Apparent Age.....19.....years 1.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 4 ins.

Chest measurement { Girth when fully expanded.....34 ins.  
 Range of expansion.....3 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

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

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.)

Scar on r. shin. Small scars back of neck.

Hearing O.K. R. 20 L. 30  
 Nose and throat O.K.

**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.

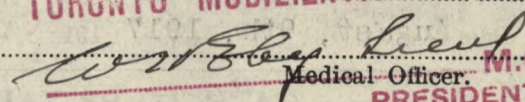
I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date.....August 24th.....1917.

Place.....Toronto, Canada

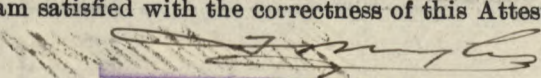
\*Insert here "fit" or "unfit."

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:—

DECLARED FIT BY MEDICAL BOARD  
 TORONTO MOBILIZATION CENTRE  
  
 Medical Officer: M.O.  
 PRESIDENT

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....Laurence Graham 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.

  
 MAJOR (Signature of Officer)  
 O. C. FORESTRY DEPOT M. D. No. 2

Date.....SEP 19 1917.....1917



2498472  
**SIN/NAS**

MORRISON  
**Surname/Nom**

Laurence  
**Given names/Prénoms**

**CANADIAN FORCES  
FORCES CANADIENNES**

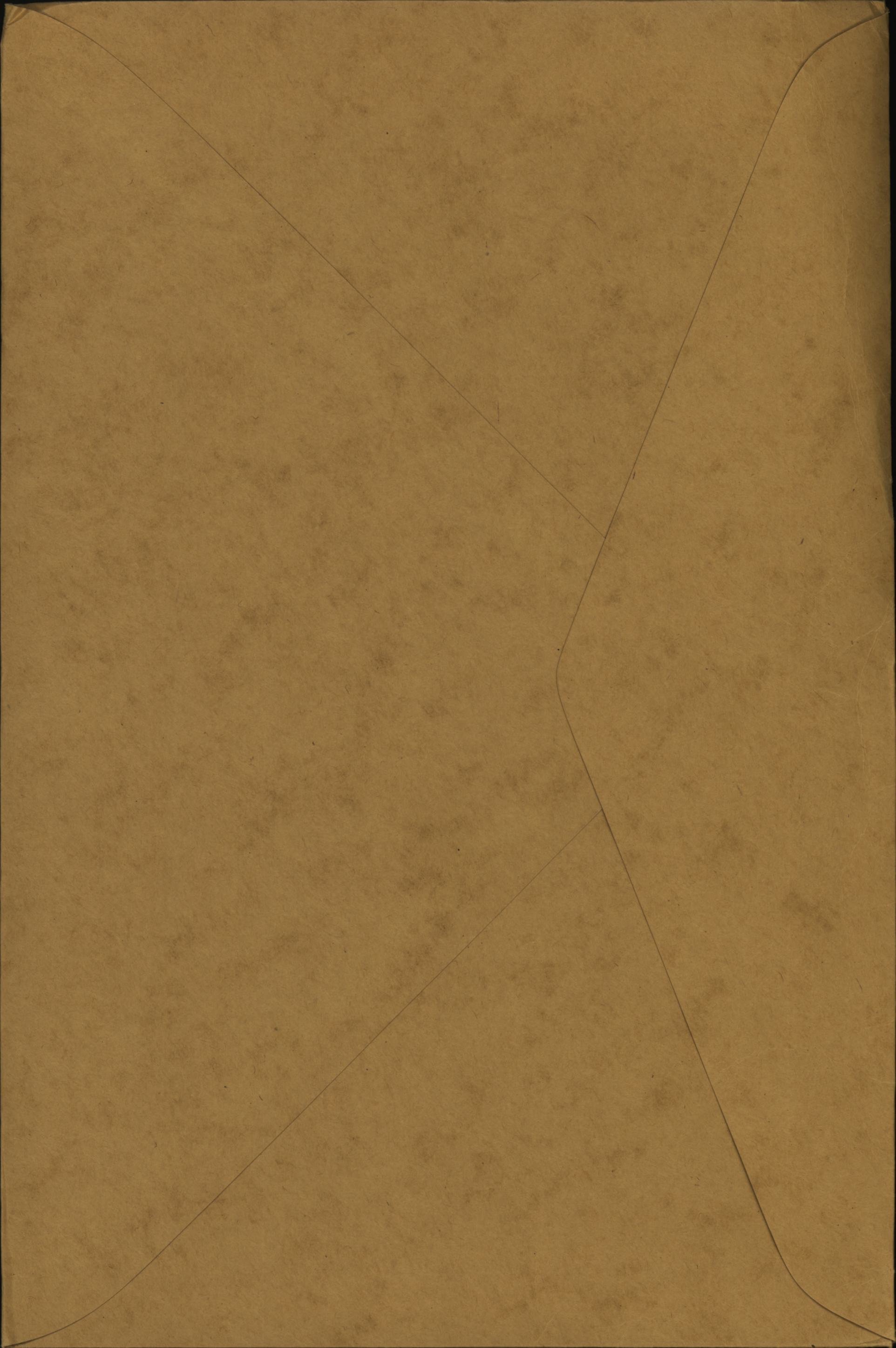
**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

480141

**"CONTENTS CONFIDENTIAL"  
"CONTENU CONFIDENTIEL"**

**COMPONENT  
ÉLÉMENT** \_\_\_\_\_







SURNAME.

*Morrison.*

CARD NO.

*92*

CHRISTIAN NAMES

*Laurence Graham*

*505 Div 18-6-19 Demol  
DO 174 POLL 23-6-19  
#280*

REGL. NO.

*2498472.*

RANK

*Pte*

UNIT

~~*Rly. Co. 2nd Coy (S 2) 5th Div (S 3) 5th A.D.*~~ *#604.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison Mrs. Jane.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*Rupert House  
James Bay, Ont.*

COUNTRY OF BIRTH

*Canada. James Bay Ont*

DATE

*Aug. 5<sup>th</sup> 1899.*

PLACE OF ATTESTATION

*Toronto, Ont.*

DATE

*Aug. 9<sup>th</sup> 1917.*

*05.4-12-17 1/4 3*

*R/C. 17-6-19 348  
26 Pk.*



From Halifax per SS Metagama 4-12-17

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Laborer.*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*18* YEARS

*1* MONTHS

HEIGHT

*5* FEET

*4* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Black.*

DISTINGUISHING MARKS

*Scar on rt. shin. Small scars back of neck.*

MEDICAL EXAMINATION.

PLACE

*Toronto, Ont.*

DATE

*Aug. 9<sup>th</sup> 1917.*

*Present Address - Rupert House  
James Bay, Ont.*



*Yd*  
*Coll*

*D*

*pte*

Number. *2498472* . . . Rank. . . .

Surname. . . . *MORRISON* . . . .

Christian Name. *Laurence Graham* . . . .

Units . . . *C. F. C.* . . . Theatre of War. *Eng.*

Date of Service. . . . *14/12/17* . . . .

Remarks. . . . .

Latest Address. . . . *Ruperts House*

*James Bay*

*Ont.*

Roll No. *A Page 10 19*



DESP. JUN 20 1922

REGN. NO.

1922160



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2498472 (Rank) Pte.

Name (in full) Morrison Lawrence Graham enlisted in  
the C. F. C. Rly. Conatr.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 9th  
day of August 1917

HE served in C. F. C. England UK

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 19 years

Height 5 ft 5 inches

Complexion dark

Eyes brown

Hair black

L. G. Morrison

Signature of Soldier

Marks or Scars

nil

Date of Discharge

No. 2 DISTRICT DEPOT

JUN 18 1919

TORONTO

[Signature]  
Issuing Officer

O.C. No. 2 District Depot.

Rank

Date JUN 18 1919 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.



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

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THIS IS TO CERTIFY THAT *[Name]* (Rank) *[Rank]*  
Name (in full) *[Name]*  
the *[Rank]*  
CANADIAN EXPEDITIONARY FORCE  
day of *[Month]* 19*[Year]*  
He served in *[Regiment]*  
and is now discharged from the service by reason of *[Reason]*  
*[Signature]*  
*[Signature]*

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:  
Age *[Age]*  
Height *[Height]*  
Complexion *[Complexion]*  
Eyes *[Eyes]*  
Hair *[Hair]*  
*[Signature]*  
Signature of Soldier

Date of Discharge *[Date]*  
Time of Discharge *[Time]*  
*[Signature]*  
*[Signature]*  
Date *[Date]*  
Place *[Place]*  
Regimental Officer  
G.O. No. 1 District Depot

IN WITNESS WHEREOF, the undersigned, with the necessary powers, has hereunto set his hand and seal at *[Place]* this *[Date]* day of *[Month]* 19*[Year]*.

M.P. 201  
1917-1918  
1919-1920



DUPLICATE

2498472

To be made out in duplicate.

RAILWAY CONSTRUCTION & FORESTRY DEPOT 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.....

Forestry & Railway Construction Depot.

(2) Regimental Number 2498472.

(3) Full Name of Soldier Lawrence Graham Morrison.

(4) Place of Birth Rupert House James Bay, Ont.

(5) Are you married, or not? No.

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

(b) Present Postal Address.....

(7) Are you a widower? No.

(8) Have you any children? No.

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

Also their names and ages.....



(9) Is your Father alive?.....**No.**.....

If so, state name and address .....

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

If so, state name and address.....**Jane Morrison.**.....

.....**Ruperts House, James Bay, Ont.**.....

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

Are you her sole support, or not?.....**No. One third of support.**.....

(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.

.....**everything earned**.....

(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.

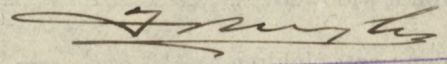
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....**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.

  
.....**MAJOR**  
**O. G. FORESTRY DE** Officer Commanding.

Date **20th Sept. 1917.**.....



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

THIS SECTION FOR USE OVERSEAS

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. 2498472 Rank P.T.E. Surname MORRISON  
(Given name in full)

LAWRENCE GRAHAM

Unit or Corps C.F.C. Birthplace JAMES BAY CANADA

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 125 lbs. Height 5 ft. 4 in. Colour of Eyes BROWN  
 Nutrition good  
 Pulse 75  
 Condition of arteries soft  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Nil.

Opinion as to general health and physical condition.....

**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 no

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



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at *Dunsmuir* (Overseas)

Date ... *29/4/19* .....

Signed ... *J. W. Harper 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 .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed *L. J. Morrison* M.O.

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

Signature .....

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

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

[OVER]



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Dentistry and Stationery Services, London

NAME OF SOLDIER (Block Letters) **MORRISON, L.G.**

REGIMENT **C.F.C.** RANK **Pte** No. **2498472**

Date of Examination in England **1-7-17** Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

*None*

2. EXTRACTIONS

*None*

3. CROWNS

*None*

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*None*

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

(b) In England

(c) In France

*yes*

Signature of Dental Officer

*[Handwritten Signature]*



MORRISON, L.G.

1948

C.R.C.

1948

1948



ORIGINAL

32 A4

MEDICAL HISTORY SHEET

2498472

RAILWAY CONSTRUCTION & FORESTRY DEPT.

Surname Morrison Christian Name Lawrence Graham

Examined on 9th day of Aug 1917 at Toronto

Approved by

DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

Birthplace City or Town Rupert house County James Bay, Ontario

Rank

PRESIDENT M.O.

Apparent age 18 yrs 1 mos

EXAMINED FOR RE-ENGAGEMENT Date 24/11/17 Fit or Unfit A.H.R. L.H. Roberts M.O.

Trade or occupation Laborer

Height 5 feet 4 Inches

Weight 112 1/2 lbs.

Chest measurement Minimum 31 inches Maximum expansion 34 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number nil

Table with columns: Date, Result, VACCINATIONS. Entry: 27-9-17, Murgery Lt M.O.

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

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Entries: 21/9/17, 28-9-17, 4-10-17, Murgery Lt M.O.

(b) Slight defects but not sufficient to cause rejection Hearing O.A. R.D. 20 L.D. 30 Nose and throat O.A.

Enlisted on 9th day of August, 1917 at Toronto, Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Entries: Indian Draft, 19-8-17, R. B. & F. Refot Brockville, 5-10-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: STATION, DATE, DISEASE, RESULT. Entries: Brockville 27-10-17, Sunningdale 29-4-19, Bil Cabulaw capt Res, J.W. Auper Capt C.A.M.B.

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.







TLH Rank Name MORRISON, Laurence Graham Reg'l No. 2498472  
 If in perm. Corps, }  
 What Unit? }  
 Unit No 3. For Dft, Brockville To B D C F C Married or Single Single  
 Place and Date of Enlistment Toronto, Canada Augt. 9th. 1917 Place of Birth Rupert House, James Bay, Ontario.  
 Name and Address, Next-of-Kin Jane Morrison,  
 Rupert House, James Bay, Ontario. Relationship Mother.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

N/E. R.B. NO 17727  
 File R.L. C.F.C.  
 Category

Discharge, Date and Place Reason Character

H. W. V., Ld.-11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
	Arrived in England			14-12-17	S/S Metagama
17.12.17	B.D.C.F.C.	T.O.S. from Canada	Stale	14.12.17	Pt. II 0200
3-1-18	"	S.O.S. to 52 Dist. C.F.C.	"	2-1-18	" 3. P-II.0.1. 79118 Pt. T.O.S. 52 Dist C.F.C.
<del>19.2.18</del>	<del>52 Dis</del>	<del>S.O.S. to 52 Dist. (Adm. Ld.)</del>	<del>Stale</del>	<del>19.2.18</del>	<del>" 7 P-II.0.8 28-4-19</del>
2.5-4-19	52 Dist	SOS to B D C F C	- Canby	24-4-19	- 34 (P-II.0.1. 28-4-19 B.D.C.F.C. TOS)
15-5-19	B.D.C.F.C.	SOS to 2 MDCW R hyl	- Soale	15-5-19	- 135-
16-5-19	2 MDCW S.I.C.F.C.	TOS purg R T C	- R hyl	14-5-19	- 116
9.6.19	M.D.2	SOS to Canada Sail 82	" "	7.6.19	- 136
				82-1-47	7.6.19







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

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

350M.—5-16

H. Q. 1772-39-920.

2498472

# Casualty Form—Active Service.

Unit, Regiment or Corps. Forestry & Railway Construction Depot.

Regimental No. 2498472. Rank Private. Name Morrison, Lawrence Graham.

C. E. F.

Enlisted (a) 9/8/17. Terms of Service (a) Duration of War. Service reckons from (a) 9/8/17.

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) Labourer.

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				
		Embarked	Stalyfox	27/4/17	N.M.F. Metzger
		Disembarked	Liverpool	14/12/17	"
		<del>17-12-17 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 14/12-17 Pt. II D.O. 250</del>			
		<del>3-1-18 O.C. C.F.C. S.O.S. BASE DEPOT C.F.C. SUNNINGDALE. 3-1-18. Pt. II. D.O. No. 5.</del>			
		<del>on posting to District 52. Coy. 133.</del>			
		<del>for O.C. C.F.C.</del>			
9.1.18	O.C. No. 52 Dist. C.F.C.	J.O.S. No. 52 Dist. C.F.C. at No. 133 Coy on posting from Base Depot.	Carlisle	2.1.18	Part II D.O. No. 1
19-2-18	O.C. No. 52 Dist. C.F.C.	O.C. No. 52 Dist. C.F.C. at 133 Coy on posting to Base Depot	Carlisle	19-2-18	Pt II D.O. No. 4 Capt & adjt for O.C. No 52 Dist C.F.C.
15-1-19	do	Phys. leave with Free Warrant.	do	20/12/18	Pt II D.O. No. 4

(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				
25-4-19	Obkoss Dutche	S.O.S. No. 52 District, Carlisle, at <sup>133</sup> Coy. on Posting to Base Depot <i>Fred Morse</i>		24-4-19	Part 11, D.O. No. 34 Capt. & Adjt. No 52 Dist., G.F.C.
25/4/19	O.C. C.F.C.	O.S. Base Depot, C.F.C. Sunningdale from 52 Dist. 133 Coy.		24/4/19	PT. 11 D.O. 115
14.5.19	O.C.	C.F.C. S.O.S Base Depot C.F.C. on Transfer to M.D. 2 CANADIAN CAMP, BHYL		S'DALE 14.5.19	PT II D.O. 134 <i>W.M. Grinnell</i> Lt. for O.C. C.F.C.
9/6/19	T.O.S. S.O.S.	M.D. 2 to Canada	K.P.C.	D.O.	*136 <i>Edgemoor</i> Capt M.D.
		SAILING NO. 52 S.S. ROYAL GEORGE L.M.B, L'POOL, 7.6.19			
		<i>Street</i>			
					Capt. Adjt., No. 14, C.T.C.S.



2

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

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

500M.—9-16

H. Q. 1772-39-9 0.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 249872

Rank Plt

Name Morrison Lawrence G.

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

Date of promotion to present rank }.....

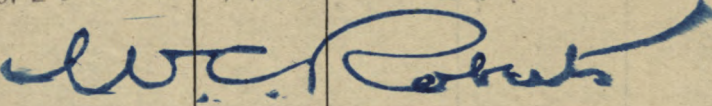
Date of appointment to lance rank }.....

Numerical position on roll of N. C. Os. }.....

Extended .....

Re-engaged. ....

Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JUN 7 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO	1919	PART II D. 174
JUN 18 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 S. DEPOT,		PART II 174
					
Lieut. For O. C. No. 2 District Depot.					

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































LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Philadelphia	Philadelphia, Pa.
or Particulars of Health	Philadelphia, Pa.
Field Conduct Sheet	Philadelphia, Pa.
Locality Form	Philadelphia, Pa.
Last Pay Certificate	Philadelphia, Pa.
Certificates that military documents are authentic	Philadelphia, Pa.
Medical History Sheet	Philadelphia, Pa.
Proceedings of Medical Board	Philadelphia, Pa.
Medical History Sheet	Philadelphia, Pa.
Medical Board History Sheet	Philadelphia, Pa.
Departmental Conduct Sheet	Philadelphia, Pa.
Company Conduct Sheet	Philadelphia, Pa.



LIST OF DISCHARGE DOCUMENTS.

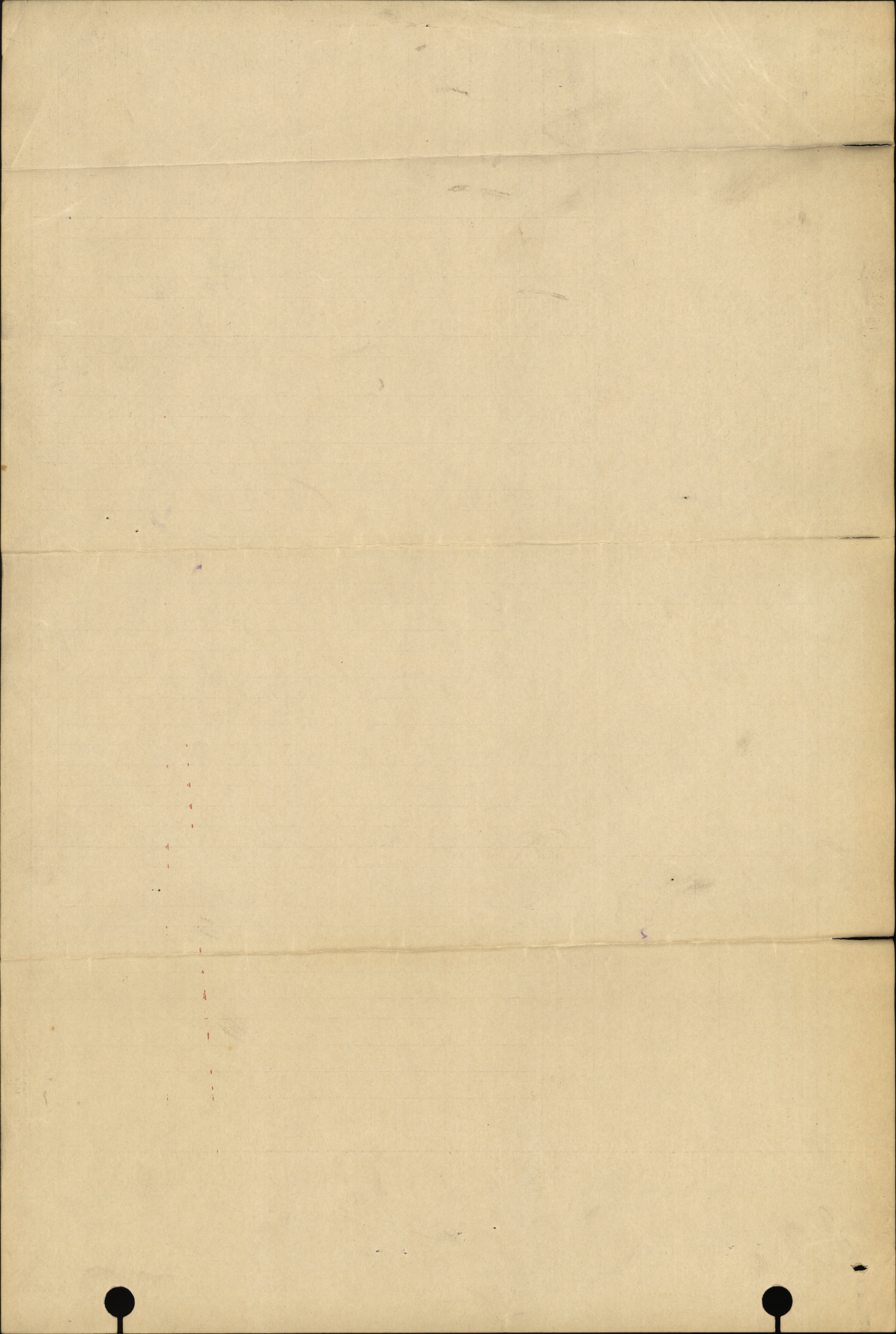
Attestation Paper, Triplicate..... Militia Form W. 23  
or Particulars of Recruit..... Militia Form W. 133  
Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122  
Casualty Form..... Militia Form W. 54 or A.F.B. 103  
Last Pay Certificate..... Militia Form W. 44  
Certificate that missing documents 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

Group A.  
Checked by No. 20.  
H. H.  
Date 27-5-19.











Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# M 20040

Dec 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

8			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 2498472  
 Rank *Plt* Promoted Reverted Discharge  
 Soldier's Name *L. J. Morrison*  
 Battalion *1st East. Ont. Dist. Batta*  
 Beneficiary  
 Relationship  
 Address

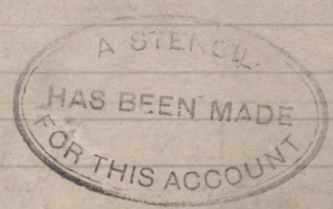
## PARTICULARS OF ASSIGNMENT

Name *Mrs Jane Morrison*  
 Address *Rupert House James Bay Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Jan</i>	<i>E 53099</i>		<i>8</i>	<i>8</i>	<i>l. mailed 17/12/17</i>
<i>Jan 18th</i>	<i>64720</i>		<i>8</i>	<i>8</i>	<i>Hd</i>
<i>Feb.</i>	<i>O 75057</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Mar.</i>	<i>N 92453</i>		<i>8</i>	<i>8</i>	<i>→ cancelled.</i>
<i>Mar.</i>	<i>Z 90268</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Apr.</i>	<i>N 10498</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>May</i>	<i>R 17722</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>June</i>	<i>N 21953</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>July</i>	<i>H 31366</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Aug</i>	<i>P 40655</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Sep</i>	<i>U 42941</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Oct.</i>	<i>T 54186</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Nov.</i>	<i>X 57384</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Dec.</i>	<i>X 67676</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Jan</i>	<i>X 72676</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Feb</i>	<i>W 76959</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Mar.</i>	<i>M 86199</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>Apr.</i>	<i>P 3809</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>May</i>	<i>B 8277</i>		<i>8</i>	<i>8</i>	<i>✓</i>
<i>June</i>	<i>H 11382</i>		<i>8</i>	<i>8</i>	<i>✓</i>
				<i>8152</i>	<i>152</i>

013137-L-10

*md*  
*#2*  
 A/c Closed *30-6-119*  
 Ret'd per *Royal George*  
 Date *23-6-119*  
 Clerk *M. F. W. 187*  
*101/0 Destroy*  
 JUN 23 1919 C



M. F. W. 128.  
 40mc. 6-17-1779-38-1141  
 L. L. 22230-M. & D. 1891

*9 x 11 m 24*  
*Ed*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## 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
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M. F. W. 128.  
 400M. 6-17-1772-89-1141  
 L. L. 22320-M. & D. 7593.