

#1 M. D. 1st Depot Battalion

Regiment
Regtl. No. 3134419

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname MORRISON

2. Christian name Neil Joseph

3. Present address R. R. #7, Parkhill, Ont.

4. Military Service Act letter and number APPREHENDED-24-6-18. 19 A.75038
(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 October 14th. 1897

6. Place of birth Parkhill, Middlesex Co., Ont.
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Farmer

10. Name of next-of-kin Angus C. Morrison

11. Relationship of next-of-kin Father

12. Address of next-of-kin R.R.#7, Parkhill 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 London, Ont. (b) Date June 26th. 1918. (c) Category E-44

DECLARATION OF RECRUIT

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

June 26th. 1918.

Neil Joseph Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs. 8 mths.

Height 5 ft. 6 ins.

Chest measurement } fully expanded 33 ins.
range of expansion 30 ins.

Complexion Medium

Eyes Blue

Hair Brown

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

Right Eye D 50 / 20 Left Eye D 50 / 20

Hearing R. 25 ft. L. 25 ft.

J. H. Young, Lt Col
O. C. Depot Btin.
wo Regt.

Place London, Ont. Date 25-6-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military service No. (if any) and number

5. Date of birth

6. Place of birth

7. Married (state age)

8. Religion

9. Trade or calling

10. Name of last employer

11. Relationship to next of kin

12. Address of next of kin

13. Is he or she at present a member of the Forces? (If so, in what capacity?)

14. Particulars of any other military or naval service (if any)

15. Medical Examination under Military Service Act

(Signature of Recruiter)

DECLARATION OF RECRUIT

I, the undersigned, being the person named in the above particulars, hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	Height	Weight	Complexion	Build	Complexion	Build	Complexion	Build

Distinctive marks, and marks indicating congenital peculiarities or previous disease

Date of issue

Place

M. J.

28-1-19

S

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

MFW 160

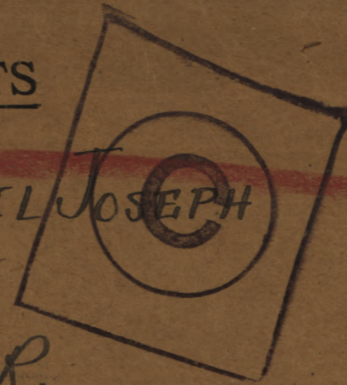
QFB 122

DISCHARGE DOCUMENTS

Name MORRISON NEIL JOSEPH

Regt. No. 3134419 Rank Pte

Corps 1st Depo. Bn. W.O.R.



R. O. No.
H. Q. No.

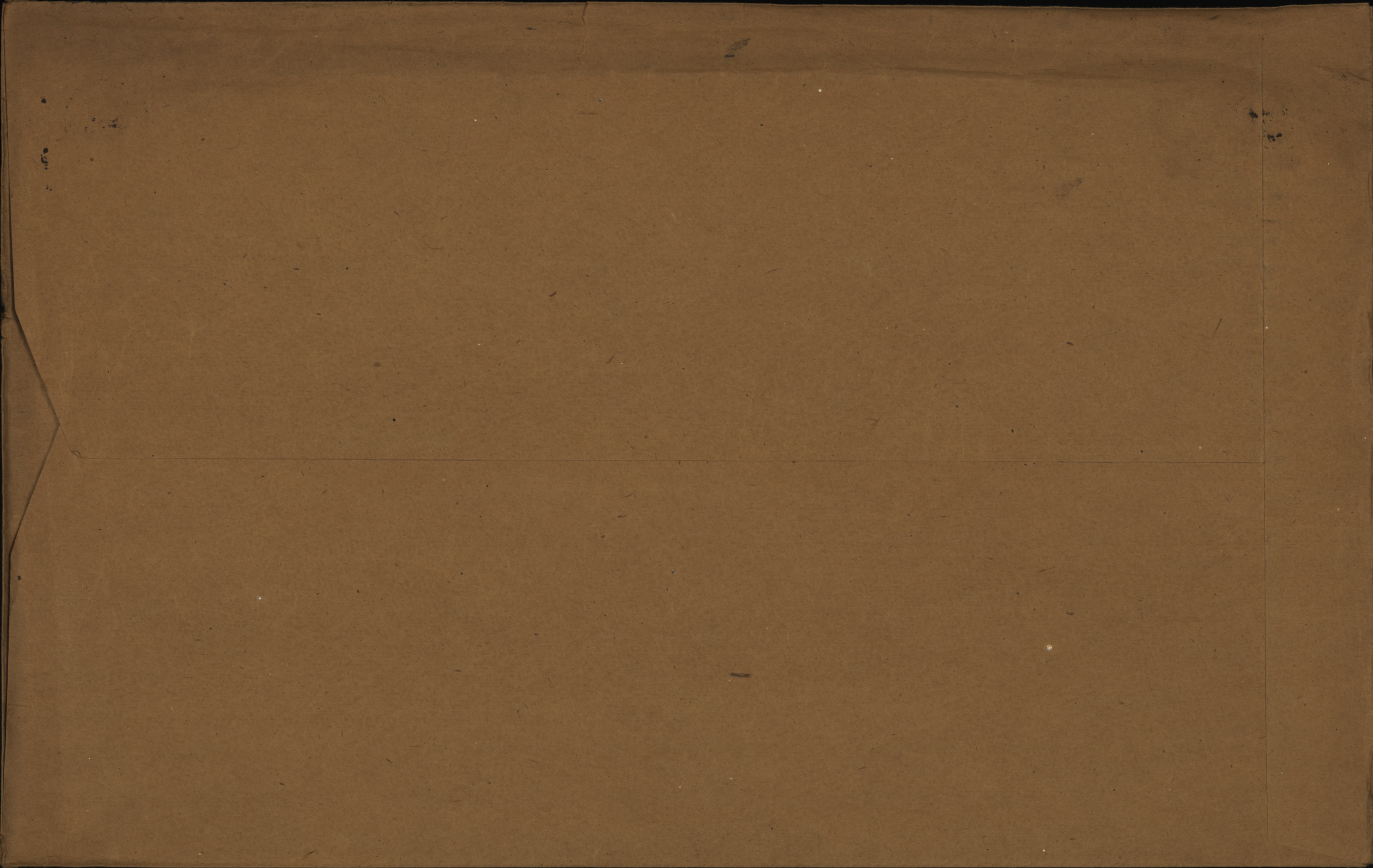


DEMOB'N

34563



1 Paul



Surname *Morrison*
Christian names *Neil Joseph*
Regtl. No. *3134419* Rank *Plt*
Unit *West Ont Regt 1st Wp. Bn*

H. Q. ✓
M. D. No. *1*
T. O. S. *June 25 1918*
D. O. Pt. II *178* of *276-18*
S. O. S. *31/8/18*. 19.....
Reason *R to B*
Auth. *DO-211/30/7/18*

Next of kin *Morrison Angus C*
Address *R. R. no 7 Parkhill*
Ont.

Relationship *Father*
Also notify:

BORN—Place *Canada Parkhill Ont.* Date *Oct. 14th 1897*
ATTESTED—Place *London Ont* Date *June 25th 1918*
O/S..... R/C.....



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET

Military District No. 1
30 M 1514
JUL 6 1918

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname MORRISON Christian name Neil Joseph
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any)..... Parkhill, R.R.#7, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of June 1918, by the undersigned medical board sitting at London, Ont.

- 5. Age as stated 20 Years 8 Months.
- 6. Apparent age 20 Years 8 Months
- 7. Height 5 Feet 6 Inches.
- 8. Weight 108 1/2 Pounds.
- 9. Chest measurement { Minimum 30 Ins. Maximum 33 Ins.
- 10. Complexion Medium { Eyes Blue Hair Brown
- 11. Physical development. Fair { Good Fair Poor
- 12. Smallpox marks. NONE
- 13. Number of vaccination marks { Right arm 0 Left arm 1
- 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

44 Right Eye D 50 Left Eye D 50
20 20
E Hearing R. 15 feet L. 21 ft

W. S. Simpson Capt. President.
W. E. Russell Capt. Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 25th day of June 1918 at London, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Co. W.C.</u>	<u>3134419</u>		<u>25-6-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT
<u>London, Ont..</u>	<u>4-7-18.</u>	<u>T.B. Lungs.</u>	<u>Pres. Cat. "E". S.M. Board.</u>

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Neil Joseph Morrison

227

CANADIAN CONTINGENT EXPEDITIONARY FORCE

#5 7-16

LAST PAY CERTIFICATE

Aug No. 12

August

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

Regimental No. 5134419 Rank Private Name MORRISON Neil Joseph
 Transferred to the Records of the
 Corps. 1st Depot Batt'n WOR who was* Registrar and struck off strength
with effect from-- Military District No. 1
 On 31-7-18 191... to 31-8-18
 *Insert "discharged" or "transferred."

AUG 14 1918
 I. B30 19-1214

The following is a statement of the account of the above named from August P/L 1918
 to 30-7-18 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	11	50
Advances } No.....			Regt'l Pay..... days at \$..... c.....		
by } No.....			Field Allow. days at \$..... c.....		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Other charges			Other Credits*		
Payment on transfer or discharge No <u>115</u>	11	50	Other Credits*		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	11	50	Total.....	11	50

Granted Leave with out pay from 31-7-18 to 31-8-18 *Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191... }
 { and Sep'n Allce. for month of 191... } (to) Assignee.....
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 25.6.18
 (2) if married and if a Separation Allowance Card has been submitted..... No No
 (3) cause of discharge..... authority.....
 (4) authority for transfer DC #211 1D 30M 1214 d 26-7-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date..... August 7th. 1918

Place..... London, Ontario

E. D. ...
 Paymaster, 1st Depot Batt'n, W. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

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.

1st Depot Battalion, W. O. R.

Unit, Regiment or Corps.....

Regimental No. 3134419 Rank Pte Name Morrison, Neil Joseph

C. E. F.

Enlisted (a) 25-6-18. Terms of Service (a)..... Service reckons from (a) 25-6-18

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) Farmer

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				
<u>30/7/18</u>	<u>Struck off strength - on transfer to records of 10 B W R</u>			<u>31/8/18 - G.C.F., R.O. 4784 - 49/1/18.</u> <u>London Dist Authority - 10.30.77-1214 - 4/6/18.</u> <u>D 211</u> <u>J. Morrison</u> <u>for G.I.s.</u> <u>Capt. Adjt.</u> <u>1st Bn., W. O. R.</u>	

Capt.

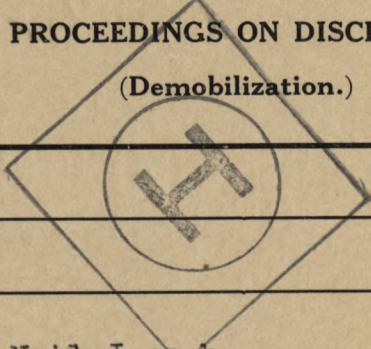
For D of R.

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties.

m.a.g.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

224



1. No. 3134419

2 Rank. Private

3. Name. MORRISON Neil Joseph

4. Unit. 1st Depot Battn., W.O.R.

5 Date of Discharge ~~30-8-18~~
31-8-18. Place London, Ontario.

6 Reason for Discharge..... Demobilization. Struck off strength on return
 to Registrar's records ³¹⁻⁸⁻¹⁸ ~~2-8-18~~. D.O.#211, para M. 30-7-18.
 Discharged under auth. of P.C.3051 of 11-12-18.

7. Authority.

8. Proposed Residence after Discharge..... R.R.#7, Parkhill, Ontario.

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Headquarters, Military District No.1, London, Ontario.

Date January 9th, 1919.

Signature *W. B. Swan*
 Major,
 (O.C. Discharging Unit)
 M.F.A. D.O. M.D.#1

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
2 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