

card  
x R. 11/8/16

Duplicate

ATTESTATION PAPER.

No. 888521.

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? *Norman McLeod*
- 1b. What is your present address? *Kamsack Sask*
2. In what Town, Township or Parish, and in what Country were you born? *Glasgow Scotland*
3. What is the name of your next-of-kin? *West Spring Bishopbriggs Catherine Morrison*
4. What is the address of your next-of-kin? *Glasgow Scotland*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *July 15 1890*
6. What is your Trade or Calling? *Plumber*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
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*

188 IH 'B.N.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Norman McLeod 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.

*N.M. Morrison* (Signature of Recruit)

Date *April 1st* 1916 *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Norman McLeod 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.

*N.M. Morrison* (Signature of Recruit)

Date *April 1st* 1916 *[Signature]* (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 *Kamsack* this *1st* day of *April* 1916

*[Signature]* (Signature of Justice)

Description of Norman Morrison Enlistment.

Apparent Age 26 years ..... 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 1/2 ins.

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Light

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

None

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 ..... April 1st 1916

Place ..... Ramsack

Chas. E. Brown  
 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.

Norman 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.

J. G. McVean ..... (Signature of Officer)

Date ..... 1st April 1916

Major  
188th Op. Batta. C.E.F.

MORRISON NORMAN MCLEOD

888521

5C.1. BN

34515



C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



*John*  
*John*

*B*

*P*

Number. . . . . 888521 . . . . . Rank. . . . . Pte

Surname. . . . . MORRISON . . . . .

Christian Name. . . . . Norman . . . . . M<sup>c</sup>Leod

Units. . . . . 5<sup>th</sup> Bn Can Inf . . . . . Theatre of War. . . . . France

Date of Service. . . . . 25/4/17 . . . . .

Remarks. . . . .

Latest Address. . . . . ~~Hampshire~~

Roll No. . . . . *Page 7457*

*21 - Springfield*  
*Bishopbuggs*  
*Glasgow*  
*Scot.*

No.

RANK

NAME

T. O. S.

UNIT

M. D.  
 DEC 30 1921  
 No. 5623  
 AUTHORITY

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

SIG.  
OR  
REC'T

PAID  
TO

PAID  
FROM

Reg. No. *888521* Name *Morrison K. M.*  
Rank *Pte* Corps *188 Bn* Age \_\_\_\_\_ Service \_\_\_\_\_  
Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

HOSPITALS

DATE

DIAGNOSIS

*Camp Hughes*  
*Dis Unit*

*11.8.16*  
*15.8.16*

*Tonsillitis*

*6*

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.











REGT'L NO 888521.

NAME Morrison, Norman McLeod

H. Q. FILE NO. 649-

RANK AND CORPS Pte (Form 188th Bn) now 5th Bn

FOLLOWS NO. FOLLOWES

CABLE

No. DATE

NATURE OF CASUALTY

M5954 27-8-17  
136-5

#22 General Hospital Camero  
Aug 17<sup>th</sup> 1917 GSW right arm

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
17.	Westcliffe'ban E. & E., Folkestone	30-12-16	Tonsillitis
18	" "	13-1-17	Discharged
A 731 <sup>2/</sup>	#22 Gen. Dannes, Camiers	17-8-17	G.W. R. Arm, mild
A 734 <sup>2/</sup>	#6 Cons. Depot, Etaples	20-8-17	G.W. R. Arm.
A 737 <sup>1/</sup>	#5 Cons. Depot, Cayeux	22-8-17	G.W. R. Arm
A. 26. 2.	1. South African Gen. Abbeville	22-9-17.	G.W. R. Arm.
A. 34. 2.	Discharged to Base.	4-10-17	G.W. R. Arm (Slt)
A. 89. 1	No 1 Can. Fld. Amb	8-12-17	P. U. O
A 102 <sup>1/</sup>	Disch to duty	23-12-17.	P. U. O.
A 253	no 2. Can. Fld. Amb.	24-6-18	Influenza
A 256	Disch. to Duty 27	6-18	Influenza.

*Lask Regt*



Name **MORRISON,** Rank Pte. Reg. No. 888521

Unit **Norman McLeod  
5th. Bn.**

Next of Kin **Mrs Catharin Morrison, West Springfield,**

**Bishopsbriggs Glasgow**

Date	Movement	Place	Casualty	Notified No. N/K O.	W.O. List
1917					
17-8.	No 22 G.H. Dames	Caniers	GSW.R. Arm	A731 M.5954	
			Mild	25-8 27-8	
20-8-17	cr 6 Com. Depot	Stables	sp-	A 734	
22-8-17	cr 5 Com. Depot	Bayes	SA	A 737	
22-9-17	1 <sup>st</sup> S.A. G.Y. Abbeville		sp.	A 76	
	(2ba 14328)				
4-10-17	Dis to Base	(2ba 14748)		A 34	





SURNAME.

*Morrison*

CARD NO.

*M 12 0*

CHRISTIAN NAMES

*Norman M<sup>c</sup>Leod*

*SOS Dep. 24-4-19*  
*Demob FOLL. # 12 00*

REGL. NO.

*888521*

RANK

*Pte.*

*00 115-25-4-19*

UNIT

*188th*

*Bw.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Morrison Mrs Catherine*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*West Spring, Bishopbriggs, Glasgow  
Scot.*

COUNTRY OF BIRTH

*Scotland Glasgow.*

DATE

*July 15<sup>th</sup> 1890*

PLACE OF ATTESTATION

*Kamsack Sask.*

DATE

*Apr. 1<sup>st</sup> 1916*

*Sailed from Halifax 12-10-16*

L L 94504. M. & D. 6512

*o/s. 12-10-16 <sup>0912</sup>/<sub>14</sub>*



*per B. S. Olympic, 305 Pte*  
**RIC** *19-4-19* *82*

M. F. W. 22.

250M.-2-16

H. Q. 1772-30-339

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Plumber.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

26 YEARS

MONTHS

HEIGHT

5 - FEET

8  $\frac{1}{2}$  INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3. INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Kamsack Sask.

DATE

Apr. 1<sup>st</sup> 1916

Present address: Kamsack. Sask.

No. 985 525 RANK  
985521 Sgt. paylist.

Pte

NAME Morrison, Norman. M

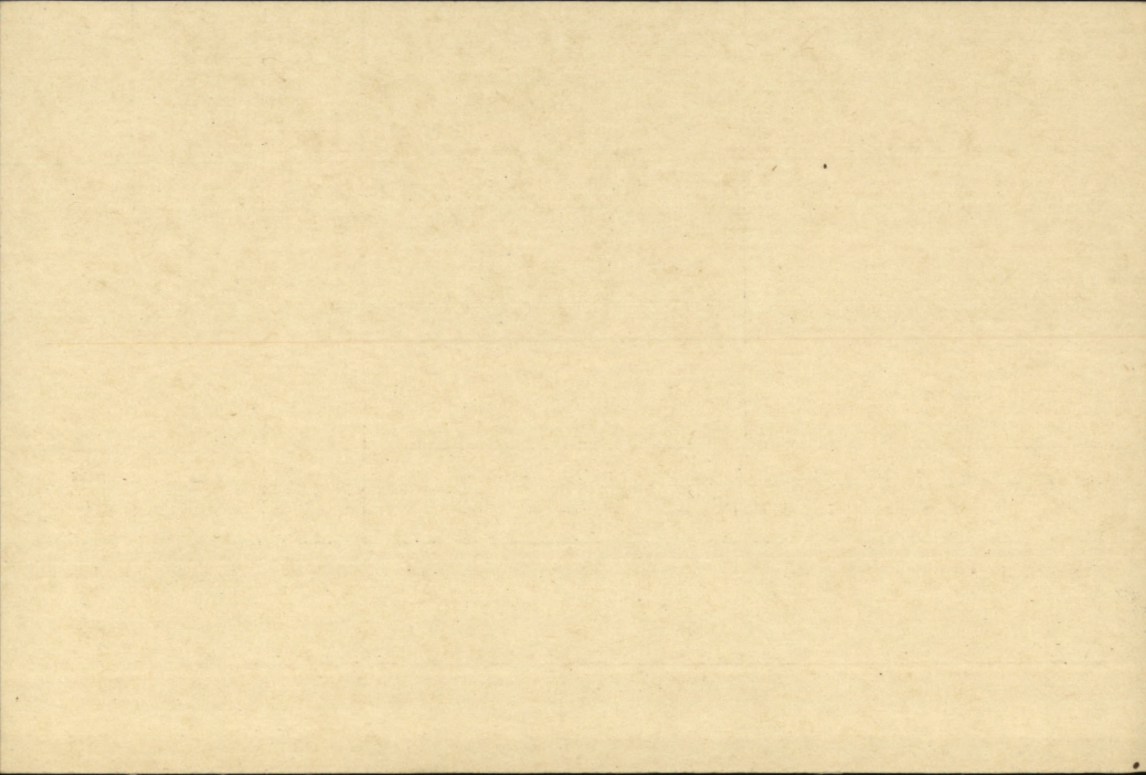
T. O. S. 1-4-16  
D.O. 55 of 6-4-16

UNIT

198th Battalion. G. E. F.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April 1	1916 April 30	✓	Kamrack. Unit	
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		



Surname *Morrison* Christian Name or Names *N. M. L.* Reg. No. *888521*  
 Rank *Pte* Unit *(188th Batt)* Co. Troop Batty.  
 Hospital *6th Bn Sask.* Date of Admission

Transferred *Westcliffe Eye & Ear.* Hosp. *30-12-16.*  
*No. 22 Gen. Dames Cairn* Hosp. *17-8-17*  
*6. Gen. Depot. Staples.* Hosp. *20.8.17.*  
*No. 5 Gen. Depot. Cayeux* Hosp. *22-8-17*

Diagnosis *Tonilitis*  
 (1) *G. S. W. Pt. Arm. Guild.*  
 Later Diagnosis (if changed)  
 (2) *P. U. C. Co.*  
 (3) *Influenza*  
 Additional Diagnosis: if more than one state present *Re.*

DISPOSITION

Date	REMARKS
<i>17. Dis. to Base</i>	<i>Sick 13-1-17</i>
<i>e.l. 10-1-17</i>	<i>4-10-17</i>
<i>- 17-1-17</i>	<i>Dis to Duty 23-18-17</i>
<i>24-8-17 A 4310</i>	<i>" " 27.6.18.</i>
<i>30. 8. 14 a 724(2)</i>	
<i>" 2-9-17 A 737</i>	
<i>3.10.17 a 226(2)</i>	
<i>12.10.17 a 34-2</i>	
<i>15.12.17. A 89</i>	
<i>2-1-18. a 1021</i>	
<i>2.7-18 @ 253 ①</i>	
<i>5. 7. 18 a 256.</i>	

*16*  
*90*  
*26*

A.M.D. 2 DEPT.  
 Dep. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 1. S. R. Gen. Abernille

22.9.17

1. Gen. F. Amb.

8.12.17

2. 2. Gen. Fld. Amb.

24.6.18

3.

4.

5.

6.

7.

War Service Badge *RU*

Class "A" No. *RU*  
 Fill in only: Unit, Number, Rank and Name.

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

350M. 5-16  
 H. Q. 1772-39-920.

*4/3*

# Casualty Form—Active Service.

Unit, Regiment or Corps 188th. Overseas Battalion

Regimental No. 888521 Rank Pte Name Monison, James Norman McLeod  
 C. E. F. 1st Coy

*am* Enlisted (a) 1/4/16 Terms of Service (a) 1 year Service reckons from (a) 1/4/16

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) Plumber

Date	Report From whom received	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
		<i>Embarked</i>	<i>Halifax</i>	<i>13/10/16</i>	
		<i>Arrived</i>	<i>Liverpool</i>	<i>19/10/16</i>	<i>S.S. "Olympic"</i>
<i>4/1/17.</i>	<i>O.C. 188th, Batt.</i>	<i>Transferred to 15th, Res. Batt.</i>	<i>East Sandling.</i>	<i>4/1/17.</i>	<i>Part 11. B.O.4.</i>
<i>4-1-17.</i>	<i>O.C. 15th, Res Battn.</i>	<i>Taken on Strength of 15th, Res. Battalion.</i>	<i>Dibgate.</i>	<i>4-1-17.</i>	<i>ADJUTANT CAPTAIN Part 11 OVERSEAS BATT. C.E.F. B.O.I. 4-1-17</i>
<i>18-2-17</i>	<i>" "</i>	<i>Transferred to Cavalry Corps</i>	<i>St. In. Plain</i>	<i>18-2-17</i>	<i>Capt. &amp; Adj. 15th for O.C. and Battalion, C.E.F.</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) e.g. Signaller, Shoing 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				
28-2-17	O.C. 14th Res. Bn.	Attached from 15th Res. Bn.	Dibgate	19-2-17	Part 2 B.O. #55 Para. 9

CERTIFIED CORRECT  
 18 MAY 1917

17-4-17	O.C. 14th Res. Batt.	Ceases to be attached on returning to 15th Reserve Battalion.	Dibgate	17-4-17	pt. 2 O. 103 <i>W. J. Young</i> Capt. Adjt., 14th Reserve Battalion.
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18-4-17	OC 15th Can Res Bn	Taken on the Strength of the 15th Can. Res. Battn	Bramshott	18-4-17	Pt II 102
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25-4-17	OC 15th Res Bn	Proceeded overseas for service with 5th Batt	Bramshott	25-4-17	Pt II 109
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Lieut. Adj. Adjt.  
 O.C.  
 15th CANADIAN RESERVE BATTALION.

26-4-17	C. B. D.	ARRIVED C. B. D.	FRANCE	26-4-17	N.R. 25-4-17
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13-5-17	C. B. D.	LEFT C. B. D. FOR	5th Bn	13-5-17	N.R. D 25-4-17
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16-5-17	O.C. 5th BN	ARRIVED 5th BN.	FIELD	16-5-17	B. 213 D.C.S. 13.6.17
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18-8-17	5th CAN BN.	Wounded to hospital	"	15/16-8-17	B 213. D.C.S. 5th d/-
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20-8-17	226th	Adm 206	Can Dep	20/8/17	W 8113-
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17-8-17	"	"	Adm	17-8-17	3843
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21-8-17	100th	"	Adm 15/17	20 80T.	" 66489
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20-8-17	207th	"	Adm	16-8-17	26682
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*Sp 1st Lt*

# 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. *888521* Rank *Sp 1st Lt* Surname *MORRISON*  
(Given name in full) *Norman McKead*  
Unit or Corps *5<sup>th</sup> B. I. Bn.* Birthplace *Glasgow Scot.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *150* <sup>*estimated*</sup> lbs. Height *5* ft. *8* in. Colour of Eyes *Blue*  
Nutrition *Good*  
Pulse *68* Regular  
Condition of arteries *Soft*  
Vision Rt. *6/20* Left *6/20*  
Hearing (conversational voice) Rt. *20* ft. Left *20* ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
*Small scar 3" below Rt. Cat condyl of humerus. result of G.S.C. 15.8.17.  
Small scar 3" above styloid process of Left radius, result of boil year ago.*

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

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 Sytem *No* Cardio-Vascular System *No*  
Special Senses *No* Integumentary System *Yes* Respiratory System *No*  
Disturbance of mentality *No* Muscular System *Yes* Digestive System *Yes*  
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.

*G.S.C. Rt forearm 15-8-17. Fully recovered. Now small-scar 3" below Rt cat epicondyl of humerus. (Cas form. Good recovery)  
P.U.O. 8.12.17 Fully recovered. (Cas form)  
Influenza 24.6.18 Fully recovered (Cas form)  
Head tonsillitis 11.8.16. to 15-8-16 and 29.12.16. to 13.1.17.  
Tonsilectomy performed. Fully recovered.*

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Wiltford Camp (Overseas)

Date March 18<sup>th</sup> 1919

Signed J. C. Hutchins 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 N. M. 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 Medical Board.)

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

*Handwritten signature*

J.P.

Rank Name MORRISON, Norman McLeod, - Reg'l No. 888521. -  
 Unit 188th Bn. If in perm. Corps, }  
What Unit? } Married or Single Single. -  
 Place and Date of Enlistment Kamsack 1st. April. 1916. - Place of Birth Glasgow Scotland, -  
 Name and Address, Next-of-Kin Mrs Catherine Morrison. -  
 West Springfield. Bishopbriggs Glasgow. Scotland. Relationship Mother. -  
 Assigned Pay Monthly \$ Payable to

Relationship Relationship  
 Separation Allowance \$ Payable to

Relationship Relationship  
 Discharge, Date and Place Reason Character

N/E. R.B. No. 11760  
File No.  
O.R. Car.  
Category

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>					
		Arrived In ENGLAND S, S, OLYMPIC		19.10.16	
29.12.16	188 <sup>th</sup> Bn	Admit Moore Bkts. Hosp.	W'hangey	28.12.16.	M. II O. 297. <i>Tonsillitis.</i>
10-1-17	"	Trans to Westcliffe C. & E. Hosp.	Folkstone	30.12.16	C.L. 17.
4.1.17	188th Bn	S.O.S to 15th Res Bn.	E. Sandling	4-1-17	Pt. II, C, 4
4.1.17	15th R. Bn	T.O.S from 188th Bn.	E. Sandling	4-1-17	Pt. II, O, I
17.1.17	188 <sup>th</sup> Bn	Discharged from Hosp.	Folkstone	13-1-17	C.L. 18, Also 15 <sup>th</sup> Res Bn P II 10
<del>18-2-17</del>	<del>15th Res</del>	<del>S.O.S. to ban Forestry Corps</del>	<del>Sh. Cliffe</del>	<del>18-2-17</del>	<del>Pt II 46</del> <i>Cancelled at P II 102 d/18 17</i>
18-4-17	15 <sup>th</sup> Res	In Command 14 <sup>th</sup> Co. pending Trans C.O.F.	B. Shott.	18-4-17	Pt II 102.
18.4.17	14 <sup>th</sup> Res	Census to be att'd on return to	B. Shott.	17.4.17	- 104.
25-4-17	15 <sup>th</sup> Res	S.O.S. to 5 <sup>th</sup> Bn. France.	B. Shott.	25-4-17	Pt II 109. 5 <sup>th</sup> Bn. Pt II 55 d/2 17 9-66!

RECEIVED  
MAY 15 1917

888521 Morrison N. McL.

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.				
27-8-17	62 5 <sup>th</sup> Bn	Adm No. 22 Gen Hospital	Damesbarniers	15-8-17	62a781 GSWRT drn Mtd
30-8-17	"	Trans to No 6 Bon Depot	Etapes	20-8-17	62a734 do
2-9-17	"	Trans No 5 Bon Depot	Bayeux	22-8-17	62a737 do
2-10-17	Sask Reg	" S. Africa Genl Hospl	Pte Abberville	22-9-17	CL A26 G.S.W.R. Arm Mtd
11-10-17	Sask Reg	Dischgd to BASE	Pte Field	4-10-17	CL A34 G.S.W.R. Arm Mtd
14-12-17	Sask Reg	Not Can. Field Amb.	Pte Field	8-12-17	CL A39 P.U.D.
19 3 19 5 BN PROC TO ENGLAND				15 3 19	DO 23
22 3 19 CCJ PEND RET TO CANADA				16 3 19	DO 15
ecc 10 4 19 5BN SOS TO CAN HWMg With 5 Bn.				10 4 19	DO 24
To Canada 10-4-19.				45-0-68.	

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book <b>3340</b> Year <b>1916</b>	Regimental No.	Rank.	Surname.	Christian Name.
	<b>888521</b>	<b>plc</b>	<b>Morrison</b>	<b>Wm.</b>
	Unit.	Age.	Service.	
	<b>188th Battalion</b>	<b>26</b>	<b>8/12</b>	

Station and Date.	Disease
<b>29 Dec</b>	<b>Tonsillitis</b>
	<b>Tonsils enucleated under local Saturday Dec 30<sup>th</sup> - Has not been to France</b>
<b>Jan 7.</b>	<b>Throat healing nicely.</b>
<b>Jan 12</b>	<b>Throat healed.</b>
<b>Jan 13</b>	<b>Summary - Entered West Cliff suffering from recurring tonsillitis. Tonsils removed. Throat healed. fit for duty.</b>
	<b>J. A. Stewart Capt</b>

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

**lines**  
**13.1.17**

Station  
and Date.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins... *188<sup>th</sup> Batt. C. E. F.*

(2) Regimental Number... *888521*

(3) Full Name of Soldier... *Morrison, Norman McLeod.*

(4) Place of Birth... *Glasgow Scotland.*

(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.....

War Service Badge  
Class "A" No. ....

(9) Is your Father alive? *No*

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

(10) Is your Mother alive? *Yes*

If so, state name and address. *M<sup>rs</sup> Catherine Morrison*

*West Springfield, Bishop Briggs, Glasgow*

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

Are you her sole support, or not? *Yes*

(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.

*Twenty Dollars a month.*

*Only Son supporting*

(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.

*Yes*

(15) Are you insured? *No*

If so, in what Company? .....

Have you made arrangements for payment of your Insurance premium? .....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Sept 20<sup>th</sup> 16.*

*S. J. Donaldson Lt. Col*  
Officer Commanding.

28



CANADIAN ARMY DENTAL CORPS, O.M.F.C. War Service Badge  
DENTAL CERTIFICATE FOR DEMOBILIZATION Class "A" No. OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON, N.M.  
REGIMENT 5th B.S. Bn. RANK pt No. 888521

Date of Examination in England 19-3-19 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 18.
2. EXTRACTIONS
3. CROWNS
4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower 17.19.20.21.28.32.

E.W. Mountees Capt  
A.D.D.S., C.A.D.C., M.D. 12

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 yes
- (c) In France

Signature of Dental Officer N. B. Rutledge Capt.

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

ADDS CADG M.D. 11

10/15/47

# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 240762

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 888521, (Rank) PTE.  
 Name (in full) Morrison, Norman McLeod enlisted in  
 the 188<sup>th</sup> Battalion  
 CANADIAN EXPEDITIONARY FORCE at Kamsack on the 1<sup>st</sup>  
 day of April 1916  
 HE served in 5<sup>th</sup> C. I. Bn. France  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

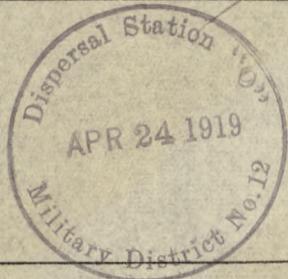
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 28  
 Height 5'5 1/2"  
 Complexion Fair  
 Eyes Blue  
 Hair Light  
N. M. Morrison  
 Signature of Soldier

Marks or Scars Small scar 3" below  
R. Cat. condyl of humerus. Result  
of S.S.W. 15-8-17. Small  
scar 3" above styloid  
process of left radius. Result  
of boil years ago.

[Signature]  
 Issuing Officer

Date of Discharge



MAJOR  
 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.	
Name (in full) _____	
the _____	
CANADIAN EXPEDITIONARY FORCE	
on the _____	
day of _____	
His service in _____	
and is now discharged from the service by reason of _____	
Medical Certificate _____	
The DESCRIPTION OF THE SOLDIER on the DATA below is as follows:—	
Age	_____
Height	_____
Complexion	_____
Build	_____
Signature of Soldier	_____
Date of Discharge	_____
Rank	_____
Date _____	
Rank _____	
Signature of Officer _____	

*Mark or scars: none*

*Height: 5 ft 11 in*

*Complexion: fair*

*Build: thin*

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# ORIGINAL MEDICAL HISTORY SHEET

888521

Service Badge  
Class "A" No.

Surname Morrison Christian Name Norman

Examined { on 1st day of April 1916  
at Kamsack, Sask.

Approved by Chas. E. Zan

Birthplace { City or Town Glasgow  
County Scotland

Rank Capt AMB M.O.

Apparent age 26

Trade or occupation Carpenter

Height 5 feet 8½ Inches

Weight 148 lbs.

Chest measurement { Minimum 33 inches  
Maximum expansion 3 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date	Result	VACCINATIONS
26-6-16	±	Chas. E. Zan M.O.
4-7-16	-	Chas. E. Zan M.O.
12-7-16	-	Chas. E. Zan M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26-6-16	2/3	Chas. E. Zan M.O.
4-7-16	+	Chas. E. Zan M.O.
12-7-16	+	Chas. E. Zan M.O.

Enlisted on 1st day of April 1916 at Kamsack, Sask.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>188th. Battn</u>	<u>888521</u>		
Transferred to	<u>4000th Bn.</u> <u>15th Can Res Bn</u> <u>5th Batt</u>		<u>all</u>	<u>Apr 18/16</u> <u>4. 1. 17.</u> <u>25. 4. 17.</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
28			

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.

Christian Name Norman

Morrison

Surname

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				
Camp Hughes man	6.6.16	11	Aug	1916	15	Aug	1916	Tonsillitis	5	Severe attack. Temporary recovery. Recurred. Local treatment only Thos. E. Iron	
		29	12	16	13	1	17	Tonsillitis	16	Tonils removed. Good Result. Luis. Macleod	

WEST CLIFF CANADIAN EYE AND  
EAR HOSPITAL, FOLKESTONE

## SEPARATION ALLOWANCE

1/4/16

Name *Mrs Catherine Morrison*

Address *West Springfield  
Bishopbriggs, Glasgow  
Scotland*

Relation to Soldier } *widowed*  
wife, child or mother } *mother*

160

Name of Soldier *Morrison Norman M.L.*

Regtl. No. *888521*

Rank *Pte*

Corps *189<sup>th</sup> Bn*

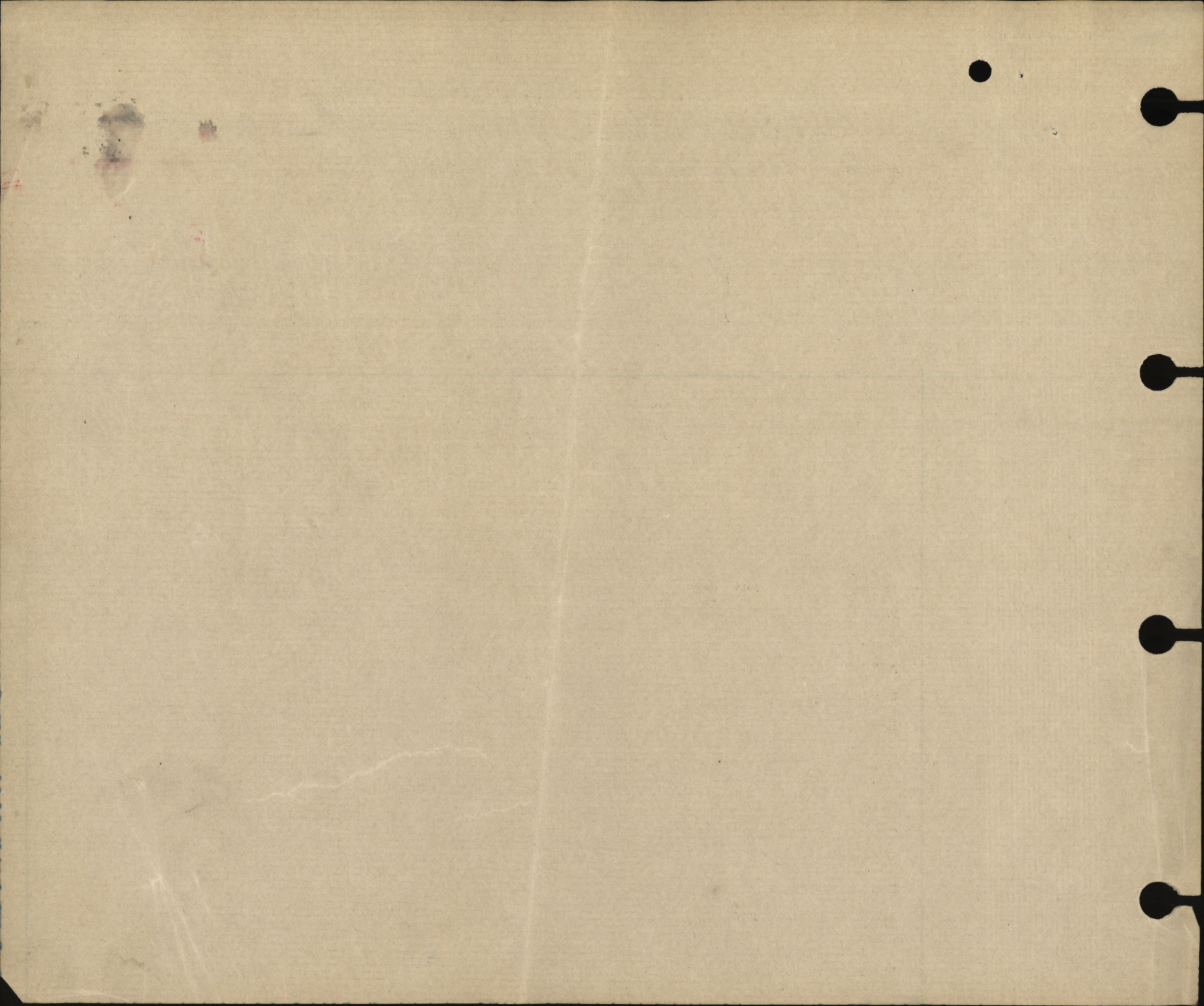
To what Corps belonging }  
when called out }

## PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Duplicate sent to England</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

AUG 18 1916





## SEPARATION ALLOWANCE

Sheet No. 2

Mr Catherine Morrison Widow  
OVERSEAS CONTINGENTS  
PAYMENTS.

Name of Soldier

Morrison Norman M L  
PE

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Duplicate sent England</i> AUG 18 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
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Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
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## SEPARATION ALLOWANCE

*1/4/16* *Duplicate* *28102*

Name *Mrs Catherine Morrison* Name of Soldier *Morrison Norman M.L.*  
 Address *West Springfield* Regtl. No. *8885-21*  
*Bishopbriggs, Glasgow* Rank *O/C*  
*Scotland* Corps *189th Bn*  
 Relation to Soldier } *Widowed* To what Corps belonging }  
 wife, child or mother } *Mother* when called out }



## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Y + SD. 14.9.16</i> Marriage Certificate Produced
Sept.				SEP 27 1916
Oct.				<i>Mar. 1-12-73,</i>
Nov.				
Dec.				<i>Not Eligible see Stat Decln. AOS</i>
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

FILE

## SEPARATION ALLOWANCE.

Name of Dependant

Name of Soldier

Relation to Soldier

Regtl. No.

1

3

Rank

Corps

P.O.

P.O.

To what Corps belonging

2

4

when called out

P.O.

P.O.

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS.		
			\$	c.		£	s.	d.
		Brought Forward ...						
Apl.	1916							
May								
June								
July								
Aug.								
Sept.								
Oct.								120
Nov.								
Dec.								
Jan.	1917							
Feb.								
Mar.								
Apl.								
May								
June								
July								
Aug.								
Sept.								
		Carried Forward ...						

MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

*Duplicate*M. F. W. 11a.  
50m.-4-16.  
1772-39-818.

Sheet No. 2

*Mrs Catherine Morrison**Mother*

Name of Soldier

*Morrison Norman**Pe*

L. L. Job 310.—Req. 6574.



Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				120
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACTED ON  
 PER *J. S. D.*  
 14/9/16

MILTIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

40542

## MILITIA AND DEFENCE ASSIGNED PAY.

To whom	Catherine Morrison,	✓	By whom assigned	N. M. Morrison,
Address	West Springfield, Bishopbriggs, Glasgow, Scotland.		Regtl. No.	888521,
			Rank	Private,
			Corps, &c.	188th Battalion.
Rate	\$15.00			
Date to Commence	1st October, 1916.			

### PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.	3000	261296	30	✓	Oct + Nov \$30
Dec.		281860	15	✓	
Jan.	1917	323963	15	✗	
Feb.		368711	15	✗	
Mar.		416115	15	✗	
April			90		
May					
June					
July					
Aug.					

S

# ASSIGNED PAY.

By whom assigned *Morrison N. M.*  
 Regtl. No. *88521* *9TE* *188<sup>th</sup> Bn*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					







ASSIGNED PAY.	ENGLAND OR CANADA	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/10/16	EFFECTIVE DATE:-	
AMOUNT:-	15 <sup>00</sup>	AMOUNT:-	

NAME:- **MORRISON, Norman the Lead.**  
NUMBER:- **888521.**

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.

Mrs. Cath. Morrison (Mother)  
West Springfield, Bishopbriggs  
Glasgow Scot.  
*Stopped 4/5/19*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte.</i>

UNIT AND TRANSFERS  
ORIGINAL UNIT:- *188 Bn.*  
DATE ACCOUNT FIRST OPENED:- *1/11/16.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>5 Batta Can Sec</i>

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
<i>7/3</i>	<i>6163</i>	<i>mar. 2406</i>	<i>4 66</i>			<i>L P 6 Bal</i>	<i>2 40</i>
<i>20/3</i>	<i>1518</i>	<i>Hccc Apr.</i>	<i>43 80</i>			<i>Debit</i>	<i>12 60</i>
			<i>48 46</i>				
		<i>April A.P.</i>	<i>15 00</i>				
			<i>63 46</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>100</i>	<i>10.</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transf to Can 31/3/19 B'shatt F5021 MD12 25/3/19 B'shatt*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Bal fwd.</i>								<i>2333</i>		
<i>April</i>	<i>Pt.</i>	<i>33</i>		<i>B25183. £3 1/8.</i>			<i>15</i>				
				<i>AR 41 5<sup>th</sup> Bn 4/4/18</i>	<i>4 46</i>						
				<i>AR 151 " 24/4/18</i>	<i>3 57</i>				<i>3330</i>		
		<i>33</i>			<i>8 03</i>		<i>15</i>				
<i>May</i>	<i>pt pay</i>	<i>34 10</i>		<i>A 74576 £ 3.1.8</i>			<i>15</i>				
				<i>AR 240.1<sup>st</sup> Div 5/5/18</i>	<i>4 46</i>						
		<i>34 10</i>		<i>AR 346 " 20/5/18</i>	<i>3 57</i>		<i>15</i>		<i>4437</i>		
					<i>8 03</i>						
<i>June</i>	<i>P Pay</i>	<i>33</i>		<i>B 74586. £ 3.1.8</i>			<i>15 00</i>				
				<i>AR 376. 5<sup>th</sup> Bn 15/6/18</i>	<i>8 03</i>						
		<i>33</i>		<i>AR 223 7<sup>th</sup> Bn 29/6 2<sup>nd</sup> Div</i>	<i>4 46</i>		<i>15</i>		<i>4988</i>		
					<i>12 49</i>						
<i>July</i>	<i>✓</i>	<i>34 10</i>		<i>B 81389. £3.1.8.</i>			<i>15</i>				
				<i>AR 126 2<sup>nd</sup> Div 26/7/18</i>	<i>3 57</i>		<i>15</i>		<i>6541</i>		
		<i>34 10</i>			<i>3 57</i>						
<i>Aug</i>	<i>✓</i>	<i>34 10</i>		<i>B 27488 £3.1.8</i>			<i>15</i>				
				<i>AR. 230. 1-8.18. 2<sup>nd</sup> Div</i>	<i>3 57</i>		<i>15 00</i>		<i>8094</i>		
		<i>34 10</i>			<i>3 57</i>						
<i>Sep</i>	<i>✓</i>	<i>33 00</i>		<i>B 83564. £3.1.8.</i>			<i>15</i>				
				<i>AR 418. 5.9.18. ✓</i>	<i>7 14</i>						
		<i>33</i>		<i>✓ 495. 14.9.18 ✓</i>	<i>3 57</i>		<i>15 00</i>		<i>8823 agreed</i>		
					<i>10 71</i>						
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>B 33082. £3.1.8</i>			<i>15 00</i>				
				<i>AR. 726. 20.10.18 ✓</i>	<i>3 73</i>						
		<i>34 10</i>		<i>✓ 994. 30.10.18 5 Bn</i>	<i>3 73</i>		<i>15 00</i>		<i>9987</i>		
					<i>7 46</i>						

NUMBER

888521 RANK

NAME

MORRISON Norman CW Lead

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Balance fwd								99 87		
	P 19a	33.00		D88517 3.1.8			15.00				
Dec	✓	34.10		AR. 1228. 10.11.18. 5.20	3.73						
Jan	✓	34.10		E37010. 3.1.8			15.00				
				✓ 1424. 19.11.18 5.20	3.73						
				✓ 1802. 16.12.18 ✓	9.08						
				E91288 £3.1.8			15		139.53		
		101.20			16.54		45.00				
Feb		30.80		✓ 2209. 3.1.19. ✓	11.32						
Mar	✓	34.10		✓ 2528. 19.1.19 ✓	7.46						
				✓ 296. 20.1.19 ✓	97.33						
				✓ 2468. 16.1.19 ✓	3.73						
				F14063			15.00				
				E38565			15.00				
				✓ 3174. 1.9.19 ✓	3.73				50.86		
				✓ 6163 12.3.19 ✓	4.66				46.20		
				✓ 1517 2/3 ✓	43.80				2.40		
		64.90			172.03		30.00				
				A10134 £3.1.8			15		12.60		
							15				

S.O.S. Canada. 10-4-19 S.L. 45.

War Service Badge

Class "A" No. 240782

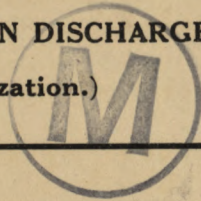
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. *d.*

*Da 22/10/03*



1. No. 888521

2. Rank. *Pte.*

3. Name. *Morrison, Norman W. Lead,*

4. Unit. *5th C. I. Bn.*

5. Date of Discharge **REGINA, SASK. APR 24 1919** Place

6. Reason for Discharge *Demobilization*



7. Authority. *R.O. 1420 (D.D.O. 115 Para. 70) 9*

8. Proposed Residence after Discharge *Shamsack, Sask.*

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. ?

*N. M. Morrison*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



*[Signature]*

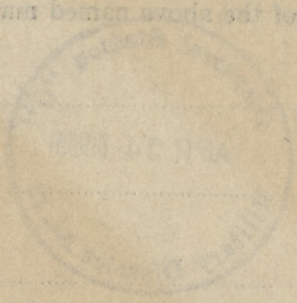
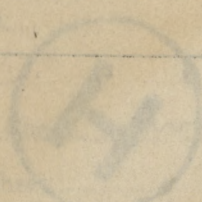
MAJOR

Signature

(O. C. Discharging Unit.)

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1. No. 111111	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undersigned place and date I received my discharge Certificate</p> <p style="text-align: right;">M. F. W. T.</p> <p>Signature of Soldier</p>	
<p style="text-align: center;">CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed</p> <p>Date</p> <p>Place</p> <p style="text-align: right;">Signature</p> <p style="text-align: right;">(O. C. (Residence Part))</p>	



*Handwritten signature*

*Handwritten signature*

LIST OF DISCHARGE DOCUMENTS

Medical Report	M. R. W. 129 or D. M. 2. 1875
Medical History Sheet	Military Form N. 485
Proceedings of Medical Board	M. R. W. 327, A. E. R. 179 or A. E. A. 40
Medical History Sheet	Military Form D. 315 or A. E. R. 178
Certificates that missing documents are unobtainable	Military Form W. 44
Commissary Form	Military Form W. 54 or A. E. R. 108
Field Conduct Sheet	Military Form W. 108 or A. E. R. 102
or Particulars of History	Military Form W. 103
Attestation Paper, Particulars	Military Form W. 25

1. Particulars of History (M. R. W. 103)
2. Commissary Form (W. 54)
3. Medical History Sheet (M. R. W. 315 or A. E. R. 178)
4. Proceedings of Medical Board (M. R. W. 327 or M. R. W. 129)
5. Field Conduct Sheet (W. 108)
6. Proceedings on Particulars (M. R. W. 108)
7. Discharge Certificate (M. R. W. 29)
8. Certificate in special envelope (3000)
9. Copy of Discharge Certificate (M. R. W. 29)
10. Statement Certificate (O.D. 3)
11. Statement of M.G. Form (M.G. 2)
12. Particulars of History (P. 103)
13. Medical History Sheet (M. R. W. 315)
14. Proceedings of Medical Board (M. R. W. 327)
15. Medical Report (M. R. W. 129)

**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). *o.p.m.*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

Checked by No. .... *[Signature]*

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



Army Form B. 103.

War Service Badge

Regimental Number *80021*Class "A" No. *5th Canadian Bn*  
Casualty Form - Active Service.Regiment or Corps *5th Canadian Bn*  
Rank *Pte* Surname *Morrison* Christian Name *Norman McLeod*

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 { *W.S.D. CLASS. A* } 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 B213, 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>22.8.17</i>	<i>6 Con Dep</i>	<i>Gen Arm R</i>	<i>To 5 Con Dep</i>	<i>22.8.17</i>	<i>W 8316.</i>
<i>"</i>	<i>5 " "</i>	<i>" "</i>	<i>Adm</i>	<i>22.8.17</i>	<i>W 488</i>
<i>20.8.17</i>	<i>6 " "</i>	<i>" "</i>	<i>"</i>	<i>20.8.17</i>	<i>7971</i>
<i>22.9.17</i>	<i>1 Sa Gen</i>	<i>" "</i>	<i>Adm</i>	<i>22.9.17</i>	<i>A 153.</i>
<i>"</i>	<i>5 Con Dep</i>	<i>" "</i>	<i>To 1 Sa Gen</i>	<i>22.9.17</i>	<i>A 813</i>
<i>5.10.17</i>	<i>1 C 9 B D</i>	<i>Arrived Base</i>	<i>1 C 9 B D</i>	<i>5.10.17</i>	<i>WR 101</i>
<i>4.10.17</i>	<i>1 Sa Gen</i>	<i>Gen Arm R</i>	<i>To Base</i>	<i>4.10.17</i>	<i>A 3749</i>
<i>11.10.17</i>	<i>1 C 9 B D</i>	<i>Left for CERC</i>	<i>705</i>	<i>11.10.17</i>	<i>WR 629</i>
<i>13.10.17</i>	<i>CERC</i>	<i>Arrived 2nd Bde Depot</i>		<i>13.10.17</i>	<i>WR 18</i>
<i>24 NOV 1917</i>	<i>5TH CAN BN.</i>	<i>JOINED UNIT</i>		<i>24 NOV 1917</i>	<i>B 213. D. C. S.</i>
<i>8.12.17</i>	<i>3C 7a.</i>	<i>P.M.O.</i>	<i>Adm to 1C 7a</i>	<i>8.12.17</i>	<i>C 562</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, &amp;c.

W. 5527-M2095 1000m 7/17 (25698) C. P. &amp; S., Ltd. Forms B.103 E/1555.

[P.T.O.]

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				
8.12.17	5m Br	TO HOSPITAL.	Fls	8.12.17	B773
6.12.17	1C7A.	Pro.	Adm	8.12.17	C185
15.12.17	5m Br	To Hospital	Fls	8.12.17	B773
23.12.17	1C7A	Pro.	In duty	23.12.17	C410/1
29.12.17	5m Br	Rejoined Unit	Fls	23.12.17	B773
19.1.18	"	GRANTED 14 DAYS LEAVE	to UK	17.1.18	B773 Pro 10
9.2.18	"	RETURNED FROM LEAVE	Fls	3.2.18	"
4.5.18	"	To 1st Divl Army CERC	"	1.5.18	"
6.5.18	CERC	Joined	"	2.5.18	WR a 720
4.6.18	"	Left for Unit.	"	4.6.18	WR
8.6.18	5m Br	Joined	"	5.6.18	B773
25.6.18	2C7A	Influenza	Adm Remg	24.6.18	W4470
"	"	"	In duty	27.6.18	W4702
27.6.18	5m Br	TO HOSPITAL.	Fls	24.6.18	B773
"	"	JOINED UNIT	"	27.6.18	"
25.1.19	"	14 days leave to UK	"	22.1.19	" Pro 10.
1.3.19	"	From leave	"	22.2.19	"
		Proceeded to England		15/3/19	N.R.
		Embarked - Sailing			Pl. 2 O.No.
		Disembarked - No. 2			
		Proceeding to Canada.			
		Pl. 11 rdn No. 22 d/.		10 APR 1919	

REGINA DISPERSAL AREA  
 T.O.S. R.O. (D.D.O.)  
 S.O.S. R.O. (D.D.O.)

Para 7.0.5  
 Para 7.0.6  
 Para 7.0.7  
 Para 7.0.8

MEDICALLY UNFIT,  
 DEMOBILIZATION.

LIEUT.

LIEUT.  
 FOR LT COL.  
 A.A.G.

1.30 ARMANIA Sailing  
 Disembarked 18 4  
 No. 9 conducting

H. W. M. & J. P. Skelton  
 10 APR 1919

FILE M-651. 5/barmenia 18-4-19

AUDITOR PAYMASTER

M. OR S. Co A Knowles

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

REGT. No. 888521 RANK plc NAME (IN FULL) MORRISON, N. ME

Form containing personal and family information: NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY.

Form containing unit and transfer information: ORIGINAL UNIT, PLACE OF ATTESTATION, TRANSFERRED TO, ASSIGNED PAY, PAYABLE TO, DISCHARGED.

Main payment ledger table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, BALANCE, PARTICULARS OR REMARKS.

I certify that all payments due on this account have been cancelled. H. N. ... Paymaster War Service Dept. Military District No. 12

Signature: J. P. Campbell, CAPTAIN, Asst. Director of Pay Services, Military District No. 12

GENERAL AUDITING DIVISION AUDITED OCT 7 1919 DISTRICT ASSIGNED M. D. 12

