

*smul.  
18/6/18.*

**PARTICULARS OF RECRUIT**  
**DRAFTED UNDER MILITARY SERVICE ACT, 1917**

(Class 1)

1. Surname..... Morrison

2. Christian name..... Peter John

3. Present address..... Woodville, Ont. R.R.#5

4. Military Service Act letter and number..... EC.925233

5. Date of birth..... 28/8/96

6. Place of birth..... Eldon Tp. Victoria County Ont.  
(town, township or county and country)

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

8. Religion..... Presbyterian

9. Trade or calling..... Farmer

10. Name of next-of-kin..... Peter Morrison

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Woodville, Ont. R.R.#5

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

14. Particulars of previous military or naval service, if any..... No.

15. Medical Examination under Military Service Act:—  
(a) Place..... Lindsay, Ont. (b) Date..... Oct. 19th. 17<sup>th</sup> (c) Category..... A.2

**DECLARATION OF RECRUIT**

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

Peter John Morrison (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age..... 21 yrs..... 9 mths.

Height..... 5 ft..... 4 $\frac{1}{2}$  ins.

Chest measurement } fully expanded..... 36 ins.  
                                  } range of expansion..... 4 ins.

Complexion..... dark

Eyes..... blue

Hair..... brown

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

[Signature]  
O.C. 1st Depot Bn., E.O. Regt., C.E.F.  
O.C. Depot Btln.

Place..... Barriefield, Ont. Date..... May 15th. 18.

DUPLICATE

Residence

Basic Education

M. D.

Recruit No.

# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Christian name

3. Present address

4. Military Service Act letter and number

5. Date of birth

6. Place of birth

7. Married widow or single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether in present a member of the Active Militia

14. Particulars of previous military or naval service if any

15. Medical examination under Military Service Act

(a) Place (b) Date

## DECLARATION OF RECRUIT

I do solemnly declare that the

above particulars refer to me and are true

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Distinctive marks, and marks for tattooing, on arms, hands, feet, and previous scars

inches

feet

inches

inches

Apparent age

Height

Chest

Measurement of range of expansion

Complexion

Eyes

Hair

Direct Blue

Red

Date

Place

M. D. 1917

MADE IN CANADA

29-8-18

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.....

ATB 122 - /  
MFW 39a - /

1-Pay C

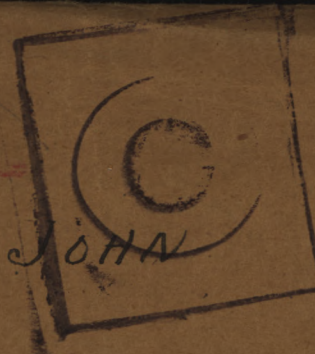
# DISCHARGE DOCUMENTS

Name MORRISON PETER JOHN

Regt. No 3059659 Rank Private

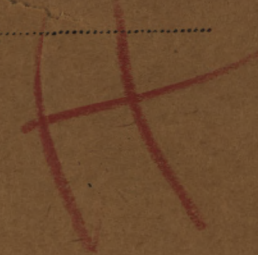
Corps 1st Depot Bn. E.O.R. C.E.F.

*Medically Unfit*



R. O. No. ....

H. Q. No. ....



34534





No. *3059659* RANK*Pte*

NAME

*Morrison P. J.*T. O. S. *15-5-18*

UNIT

*1st Depot Bn Co. Regt.**Dec. 13/14. 5-18.*

M. D.

*3*

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

*1917**1918**n**Leave from 16. 5-18**Dec. 13/14. 5-18**May 15**May 15**n**June*



7  
NAME.

*Morrison, Peter  
John*

RANK.

*Pt.*

REC. FILE.

*3 4*

No.

*3059659*

CORPS.

*1st. Dep. Bu.*

H. Q. FILE.

*May 15 1918*

ENLISTMENT, PLACE.

*Barrie field Ont*

DATE.

*May 16th 1918*  
D.O. Part II No. *34*

DISCHARGE, PLACE.

*Canada Eldon Sp. Ont.*

DATE.

*Aug. 28th, 1896*

REASON.

*S.O.S. Dec 19-8-18, D0232 of 8/18*

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

*Morrison, Peter*

RELATIONSHIP

*Father.*

ADDRESS

*R.R. #5 Woodville, Ont.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED  
BY

DATE

TO

DATE

BY

RECEIVED  
BY

DATE





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.

Unit, Regiment or Corps 1st Depot Bn., E.O. Regt., C.E.F.

Regimental No. 3059659 Rank Pte Name Morrison Peter John  
C. E. F.

Enlisted (a) 15/5/18 Terms of Service (a) 6.6.7 Service reckons from (a) 15/5/18

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				
		DISCHARGED MEDICALLY UNFIT FOR FURTHER SERVICE. Aug. 19. 1918.			<i>J. P. Wood</i> Capt & Adj 1st Depot Bn., E.O. Regt., C.E.F.

(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. I.P.T.O.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3059659 (Rank) Private

Name (in full) Morrison, Peter John enlisted in  
the 1st Depot Battalion, Eastern Ontario Regt.  
CANADIAN EXPEDITIONARY FORCE at Barrie field on the Fifteenth  
day of May 1918

HE served in The 1st Depot Bn. C.O. Regt.  
and is now discharged from the service by reason of Being medically unfit  
for further service, Auth. R.O. 579 of 7/5/18.

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

Age 22 years

Height 5ft. 4 1/2 in

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars nil

P J Morrison

Signature of Soldier

R W Smart  
Issuing Officer Lt.-Col.  
O. C. 1st Depot Bn., E. O. Regt., C. E. F.  
Rank

Date of Discharge August 19/1918

Appointment

Signed at Barrie field, Ont. this nineteenth day of August 1918

in Military District No. Three

File Reference No. 3rd. 66-m-328

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

No. 3059659 (Rank) Private Name Morrison, P.J.

Unit 1st Depot Bn. C.O. Regt.

Address on Discharge Rt. #5 Woodville, Ontario, Canada

Character and Conduct Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life ml

Medals and Decorations ml

Remarks ml

Signed at Carrieville, Ont this Nineteenth day of August 1918

R.W. Smart Ex.-Col.  
Name of Officer  
O. C. 1st Depot Bn., E. O. Regt., C. E. F.

Rank

Appointment

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 3059659 Rank Pte Name P.J. Morrison.

Corps. 1st Depot Bn, E.O. Regt, CEF who was \*discharged

On August 19th 1918, to

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1st 1918, to August 19th 1918, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month.....		37	40
Advances by Cheques { No.....				Reg'tl Pay.....19..... days at \$1.00c.		19	00
				Field Allow. 19..... days at \$.10c.		1	90
	No. <u>Cash</u>		35	00			
Assigned Pay and Sep'n Allce. No.....				Separation Allowances* (Monthly).....			
Other charges <u>Q.M. Chgs.</u>			65	Other Allowances*.....			
Payment on transfer or discharge No <u>4635</u>			33	Other Credits*.....			
			65	Bal. Dr. (to be deducted by new unit).....			
Balance Cr. (to be paid by the new unit).....							
<b>Total.....</b>			<b>58</b>	<b>Total.....</b>		<b>58</b>	<b>30</b>

\* Give particulars.

A monthly stoppage of \$ nil (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }  
{ and Sep'n Allce. for month of..... 191..... }  
(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 May 15th, 1918.  
 (2) if married and if a Separation Allowance Card has been submitted..... no  
 (3) cause of discharge Medically unfit. authority 3.M.D.66-M-328.og  
 (4) authority for transfer..... 17/8/18.

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 21st, 1918.

Place Barriefield Camp, Ont.

*J. M. Thomson* Capt.  
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.



This space to be for numbers

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	3059659	
Rank	Private	
Surname	MORRISON,	
Christian Name	Peter James.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	D Co., 1st Depot Bn., E.O.R., C.E.F.	
Date of Discharge	August 19th 1918.	
Place of Discharge	Barriefield Camp, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	22 years.....	-- months.
Height.....	5 feet.....	4 $\frac{1}{2}$ inches.
Complexion	Dark	
Eyes	Blue	
Hair	Brown	
Trade	Farmer	
Intended place of residence	R.R.#5, Woodville, Ontario.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
Being medically unfit for further service.		
Auth. 3MD.66-M-328 of 17/8/18. and R.O.529 of 7/5/18.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Good</i>		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
<i>Nil</i>		

M. F. B. 218.

100M.-1-17.  
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

-----NIL-----

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Barriefield Camp.

(Date) August 19th 1918.

R. W. Smart Lt.-Col.  
Commanding O. C. 1st Depot Bn., E. O. Regt., C. E. F.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Barriefield Camp. P. J. Morrison (Signature of Soldier.)

(Date) August 19th 1918. P. J. Morrison (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 95 days.

Total.....years 95 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Barriefield Camp.

(Date) August 19th 1918.

(Signature) R. W. Smart Lt.-Col.  
O. C. 1st Depot Bn., E. O. Regt., C. E. F.



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

----- L I N -----

Military Form B-232

Signature of Soldier

B-218

Signature of Witness

In the case of recruits who are rejected on final approval, the discharge documents will consist of

Military Form B-213

(a) Proceeding on Discharge

B-217

(b) Attestation

D-877

(c) Medical History Sheet (in the event of such having been prepared)

\*Only if discharged "Medically unfit"

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

12-8-72  
-525  
J

Reservations referred to at Part B. (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

# List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Attestation Paper, Militia Form B. 235.

Squadron }  
Battery } Conduct Sheet, " B. 263a.  
Company }

Proceedings on Discharge " B. 218.

Copies of Convictions, by C. P. in MS.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

Med. Hist. Sheet, Militia Form B. 313

(a) Proceedings on Discharge.

Medical Report for Invalid\* " B. 227.

(b) Attestation.

Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

(c) Medical History Sheet (in the event of such having been prepared.)

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

## Statement of Service.

Service toward Engagement to (the date to which the Record of Service is completed) year 5 days  
Total year 5 days

## Confirmation of Discharge.

The discharge of the abovesaid man is hereby confirmed.  
Place: Barrickville Camp.  
Date: August 12th 1918.

1313 P-3 COPY. for main file BY.  
**MEDICAL HISTORY OF AN INVALID**

**INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS**

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition: They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Barriefield DATE Aug. 15/18.

1. (a) Unit 1st. Bn. E.O.R. (b) Regimental No. 3059659 (c) Rank Pte.  
 (d) Surname Morrison (e) Christian name Peter John

2. Age last birthday 22 yrs. Date of birth Aug. 28/1895.

3. Enlisted at Barriefield on May 15/18.

4. Personal description:—

(a) Height 5' 4½" (b) Weight 132 (c) Complexion Dark.  
(stripped)  
 (d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners).....

Woodville, Ont. R.R. No. 5.

6. Former trade or occupation Farmer.

7. (a) Service

	Years		Days
	PERIODS		
	From	To	
<u>1st. Depot Battn. E.O.R.</u>	<u>May 15/18.</u>	<u>Date.</u>	

(b) Has he been overseas? No. 8. Original disease or disability Trachoma.

(a) Date of origin Since childhood. (b) Place of origin Ontario.

(c) Cause\* Usual cause.

(d) Present disease or disability Trachoma.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Specialists Report as follows:— #3059659 Pte. Morrison P.J. -Reported

upon July 29/18. and discharge recommended. Has Trachoma in more active condition than when previously examined. This case may infect men who are

9. Present condition.—(Continued.)

in contact. Recommend discharge at once. Category "E".  
(Sgd.) J.C. Connell Lieut. Col. A.M.C. Aug. 14/18.

(b) Are the following systems normal? If not, briefly state abnormality.....  
Nervous Normal Digestive Normal Respiratory Normal Cardiac Func. murmur.  
Genito-Urinary Normal Skin, Middle Ear, Eye or any other part. As above.

10. History: (a) of Condition referred to in "a" section 9.

Great Grandfather and mother had same condition.  
Contracted measles in army.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.  
This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

According to Specialists Report: Yes.

12. Was the disability caused or aggravated by negligence, by vice or, by misconduct, or by unreasonable refusal to accept treatment? No.

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

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

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

K.G.H. for measles.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No.

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

17. Recommendations

Category "E" with some disability due to service.

(Sgd.) J.C. Greenhesy, Capt. AMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned P.J. Morrison have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

(Sgd.) P.J. Morrison.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the soldier fit for

- (a) General service, ~~(Category A) (Yes or No).~~
- (b) Service abroad, not general service, ~~(XXXXXX B) (Yes or No).~~
- (c) Home service, (Canada only), ~~(XXXXXX C) (Yes or No).~~
- (d) Temporarily unfit, ~~(XXXXXX D) (Yes or No).~~
- (e) Unfit for service in Categories A, B and C, ~~(XXXXXX E) (Yes or No).~~

Yes "E"

20. It is certified that the soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued):

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

Category "E" With some disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

(Sgd.) J.F. Ryan, Capt. A.M.C. President.

PLACE Barriefield

" O. Blakslee, Capt. A.M.C.

Members.

DATE Aug. 15/18.

APPROVED BY

APPROVED BY

(Sgd.) N.F. Craig, Capt. A.M.C. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE Aug. 5, 1918.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness

Signed

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

President.

PLACE

Members.

DATE