

Triplicate

6th M. D. First Depot Battalion Nova Scotia Regiment

Regtl. N 4051048

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Triplicate

(Class One)

1. Surname Morrison
2. Christian name Ruben
3. Present address New Aberdeen
4. Military Service Act letter and number Defaulter
5. Date of birth December 25 1896
6. Place of birth Christ Church Barbadoes
7. Married, widower or single Married
8. Religion Anglin
9. Trade or calling Miner
10. Name of next-of-kin Margaret Morrison
11. Relationship of next-of-kin Wife
12. Address of next-of-kin Tupper Street Sydney
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 Sydney (b) Date June 7th 1918 (c) Category A2

DECLARATION OF RECRUIT

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

Ruben Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 6 mths.
Height 5 ft 7 ins.
Chest measurement fully expanded 54 ins. range of expansion 3 ins.
Complexion Black
Eyes Black
Hair Black

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

J. A. Macpherson Major For O. C. First Depot Btl. Regt.

Place Sydney N.S. Date June 7 1918

DATE OF BIRTH

DATE OF DEATH

Name: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Contribution: \_\_\_\_\_  
 Description of service: \_\_\_\_\_  
 Date of discharge: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

DESCRIPTION OF SERVICE

From birth to date of death

DESCRIPTION OF RESUME

- (a) Place of birth
- (b) Date of birth
- (c) Country of birth
- 12. Medical Examination under Military Service Act—
- 14. Particulars of previous military or naval service—
- 13. Address at present & address of the service—
- 15. Address of next-of-kin—
- 11. Relationship to next-of-kin—
- 10. Name of next-of-kin—
- 9. Trade or calling—
- 8. Religion—
- 7. Method of service—
- 6. Place of birth—
- 5. Date of birth—
- 4. Military service—
- 3. Present address—
- 2. Civilian name—
- 1. Signature—

Class

ENROLLED UNDER MILITARY SERVICE ACT, 1917

PARTICULARS OF RESUME

113-20-1134





405 1048

SIN/NAS

MORRISON

Surname/Nom

RUBEN

Given names/Prénoms

34548

**CANADIAN FORCES  
FORCES CANADIENNES**

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

"CONTENTS CONFIDENTIAL" Box

"CONTENU CONFIDENTIEL" 6413

**COMPONENT  
ÉLÉMENT**

CEF



*100*  
*Call*

*B*

Number *4051048* Rank *Spr.*

Surname *MORRISON*

Christian Name *Reuben*

Units *C.P.T.* Theatre of War *Eng*

Date of Service *12/10/18*

Remarks

Latest Address ~~*400 Sidney*~~

*Apt #62 Cape Breton*

Roll No. *A Page 1024* *330 Christine Place*

*31/10/41*

*Montreal P.Q.*

DESP. NOV 8 1941

REGN No.

314



# 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. 4051048 Rank 1st Lt. Surname Morrison  
 (Given name in full) Robert  
 Unit or Corps 1st Regt. Cav. Birthplace Barkhamstead, Ont.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 148 lbs. Height 5-7 ft. Colour of Eyes brn  
 Nutrition good  
 Pulse 80 regular  
 Condition of arteries soft  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 50 ft. Left 20 ft.

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

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
- Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of Mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition 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.

nil

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at London (Overseas)

Date 25/1/19

Signed Jamesell Lint 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 Robertson

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

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

Signature .....

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

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

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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) RUE BEN MORRISON. M.D.C.  
 REGIMENT 1<sup>st</sup> D.B. N.S. RANK PLT No. 4051048  
 Date of Examination in England 4/6/19 Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1, 17, 18, 31.
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_



HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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 \_\_\_\_\_

KINMEL PARK,  
NORTH WALES

Signature of Dental Officer Rue Ben Morrison  
Capt

1883  
R. B. Johnson  
R. B. Johnson  
R. B. Johnson



# CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

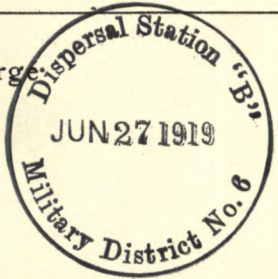
THIS IS TO CERTIFY that No. 4051048 (Rank) Plt  
 Name (in full) Reuben Morrison enlisted in  
 the 1st D.B. N.S. Regt.  
 CANADIAN EXPEDITIONARY FORCE at Sydney N.S. on the 7  
 day of June 19 18  
 HE served in England with CTC  
 and is now discharged from the service by reason of  
 Demobilization.  
Medical Unfitness.

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

Age <u>22 years 6 mos</u>	Marks or Scars.....
Height <u>5 ft 7 in</u>	.....
Complexion <u>Colored</u>	.....
Eyes.....	.....
Hair.....	.....
<u>R. Morrison</u> Signature of Soldier.	<u>[Signature]</u> Major D.C. Dispersal Station "B" Issuing Officer.

Date of Discharge JUN 27 1919

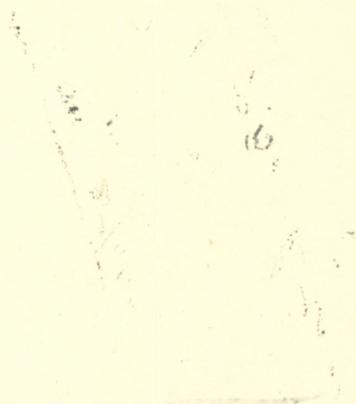
Rank.....  
Date JUN 20 1919 19.....



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.



*[Faint, illegible handwriting]*



- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

MEDICAL HISTORY SHEET.

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 Mansour Christian name Reuben

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) New Aberdeen 9. B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7 day of June 1917, by the undersigned medical board sitting at Sydney

5. Age as stated 31 Years 6 Months. 6. Apparent age 31 Years 6 Months

7. Height 5 Feet 7 Inches. 8. Weight 148 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins. 10. Complexion Black { Eyes Black Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks —

13. Number of vaccination marks { Right arm — Left arm 2 14. When vaccinated last 1908

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 A2

W. Sparrow President. W. K. ... Member. ... Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 23/6/18 and 25/6/18.

Joined 7 day of June 1918 at Sydney B. B.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries for 1st Depot Bn and 4051048.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries for Aldershot June 7/18 and Sussex July 6/18.

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 W. Sparrow

Handwritten notes at the bottom: Sydney NB 16-9-18, Thames 28/5/19, Admiral ...





Rank \_\_\_\_\_ Name **MORRISON, RUBEN.** Reg'l No. **4051048**  
 Unit **174th Dft B.Y. Troops** If in perm. Corps, What Unit? \_\_\_\_\_ Married or Single **Married**  
 Place and Date of Enlistment **Sydney N.S. June 7/18** Place of Birth **Christ Church Barbados**  
 Name and Address, Next-of-Kin **Margaret Morrison**  
**Tupper St. Sydney N.S.** Relationship **Wife**  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_

N/E. R.B. No. **19951**  
 File R.L. \_\_\_\_\_  
 Category \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

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.				
					<b>HUNTSEND</b> <b>CITY OF CAIRO</b>
		<i>Arrived in England</i>	<b>12 10 18 S</b>	<b>8</b>	
<b>24.10.18</b>	<b>CRID</b>	<b>D.O.S. on arrival from Panama</b>	<b>Sp Proflex</b>	<b>12.10.18</b>	<b>PTII 295</b>
<b>8-1-19</b>	<b>GRID</b>	<b>SOS to MDC W.C. Rhyll</b>	<b>Witley</b>	<b>8-12-18</b>	<b>PTII 8</b> <b>PII D.O. 26</b> <b>4.31.19. C.R.T.D.</b>
<b>27.2.19.</b>	<b>M.D.B.</b>	<b>leaves att. on train to M.D.S. Camp.</b>	<b>Rhyll.</b>	<b>26.2.19</b>	<b>D.O.S. 8</b>
		<b>85-B-2</b>		<b>14-6-19</b>	
<b>25.3.19.</b>	<b>5 Wing.</b>	<b>T.O.S. of P.C.</b>	<b>Pte. Rhyll</b>	<b>1.2.19</b>	<b>-14</b>
<b>17.6.19</b>	<b>"</b>	<b>SOS to Canada</b>	<b>" "</b>	<b>17.6.19</b>	<b>- 49</b> <b>{ also after order CPO. M.O.I. d. 22.7.19.</b>



KINMEL PARK

ASSIGNED  
PAY.

ENGLAND or  
CANADA.

SEPARATION  
ALLOWANCE.

ENGLAND or  
CANADA.

NAME:- MORRISON Reuben

EFFECTIVE  
DATE:- 1-10-18

EFFECTIVE  
DATE:-

NUMBER:- 4051048

AMOUNT:- 20.00

AMOUNT:-

PARTICULARS\*OF RANK OR APPOINTMENT

AUTHORITY  
A.P. NOM. ROLL

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE  
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY

DATE  
EFFECTIVE

RANK OR APPOINTMENT

Margaret Morrison (Wife)  
67 Upper St  
Sydney N.S.

L.P.C. from Canada

1-10-18

Wife.

M. Morrison Wife  
Upper St  
Sydney N.S.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 174 Can. Ry Troops

DATE ACCOUNT FIRST OPENED:- 1-10-18

AUTHORITY

DATE  
EFFECTIVE

DATE LEDGER  
SHEET T'S'P'D

UNIT TRANSFERRED TO

Stopped 1/7/19

C.R.I.F.D.

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
10-5-19	3500	Kinmel	7.30			Ledger Bal	29.92
29/5/19	5788	"	7.30			L.P.C. Bal	171
4/4/19	5653	"	17.05			Ledger Bal	31.63
			31.63			Ledger Bal	43.90 Credit
						L.P.C. Bal	4.89 Debit

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	GENERAL	SEPARATION
30-9-18	Bal. from Canada								26.60		
Oct	PP	3410		60P				20	40.40		
				445 14/10 Kinmel Pk	44	4.89			35.83		
				60P				20	15.83		
Nov		33		2664 13/11 ✓	1	4.93			10.90		
				8944 2/12 ✓	34	48.44			4.89		
Feb	Dec Jan Feb PP	33		60P Dec-Feb		53.72		20			
Mar	PP	3410		2053 2 1/2 KP	77	9.73			24.38		
				784- 7/19 CRT	90	9.73					
				0985- 23/20 ✓ KP	90	9.73			19.02		
				1050 7/2 ✓	125	9.73			9.29		
Apr	PP	33		60P		38.92		80			
				2706 KP (Head)	11/4	9.73		20	22.29		
				2126 29/11/19. CRT	51	4.87			12.56		
				25511 25/3/19 "	A	4.87			7.69		
May	PP	3410		60P				20	16.92		
						19.47		40			
June	PP	33		60P				20	29.92		
				5258 29/5. Rhyll.	B.	7.30			22.62		
				Carried Forward		7.30		20			

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
May				Balance Forward					16.92		
June	Brought forward.	33.			7.30			20.	22.62		
				5623. 2/6/19. Rht.	15.	17.03			5.59		
				3500. 14.5.19. ✓	35.	✓ 30			1.71		
		33.			31.63			20.			
				D.S. 14.6.19 L.L. 85							

*Aquitania 20.6.19*

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

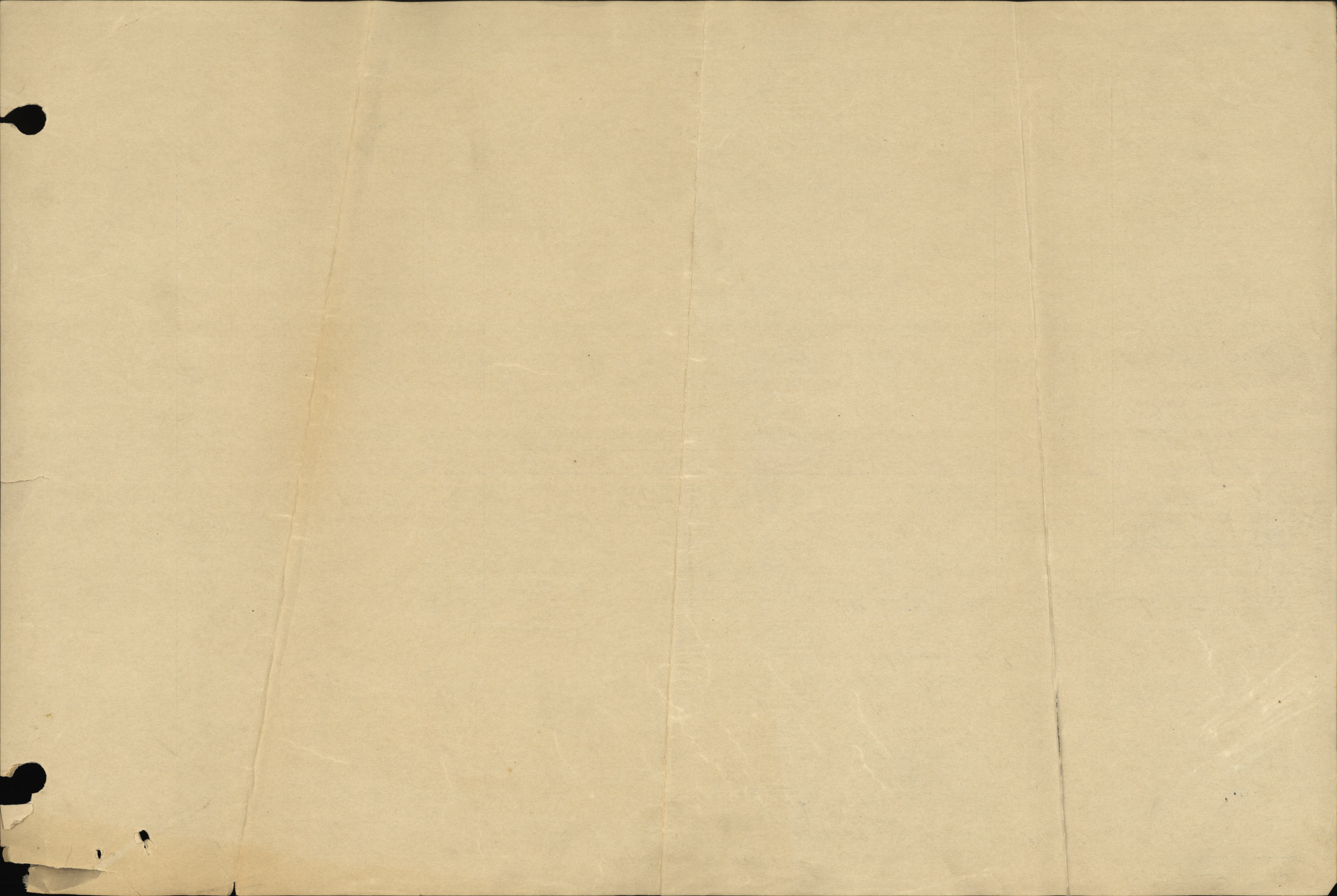
REGT. No. *4051048* RANK *Spv.* NAME (IN FULL) *Morrison, Reuben*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN					<i>C. R. Troops</i>	
ADDRESS		<i>2m 74-6-19</i>	<i>6m 176</i>		PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
<i>S. 3000</i>	<i>1.7.19</i>				ASSIGNED PAY \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				<i>2000</i>	<i>1.7.19</i>
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
<i>James as A.P.</i>	<i>wife</i>				<i>Margaret Morrison</i>	<i>wife</i>
<i>E. L. P. C.</i>					ADDRESS	<i>Royal Bank of Canada</i>
					<i>129 Breighton St. Sydney N.S.</i>	<i>Whitney Pier</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	<i>129 Breighton St. Sydney N.S.</i>
					DISCHARGED	DATE
					<i>NSX</i>	<i>JUN 27 1919</i>
					REASON	AUTHORITY
					<i>Demob</i>	<i>D.O. 200</i>
					IF ENTITLED TO POST DISCHARGE PAY	<i>29/7/19</i>

BALANCE FROM PREVIOUS ACCOUNT	adj MONTH to.	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT		CREDIT
	<i>30.6.19</i>	<i>110</i>		<i>35 00</i> <i>70 00</i>	<i>105 00</i>				<i>4 87</i>	<i>8 00</i>	<i>93 42</i>				<i>1 71</i>	<i>105 00</i>	<i>105 00</i>		<i>De Bal C/o Allec</i> <i>Acc W.S.G.</i> <i>Acc Boat Col. 1. 17</i> <i>Bal Dis Col. 3</i>	
	<i>122 days</i>			<i>280 00</i>	<i>120 00</i>	<i>400 00</i>						<i>70 00</i>							<i>1st Pmt W.S.G.</i> <i>Overpaid 3 days</i> <i>Overpaid 1 day</i> <i>overpaid 2 days</i>	
				<i>280</i>	<i>120</i>	<i>400</i>						<i>66 70</i>	<i>57 00</i>	<i>3 00</i>		<i>140 - 60</i>			<i>29/7/19 # 889874/5</i>	
												<i>70 - 30</i>				<i>70 - 30</i>			<i>22/8/19 # 1125269/70</i>	
												<i>70 - 30</i>				<i>nil</i>			<i>22/9/19 # 12495689/70</i>	
												<i>276 70</i>	<i>117</i>	<i>6 30</i>		<i>400</i>				
																<i>400 00</i>				

Certified that all payments due on this acct. have been paid.  
*[Signature]*  
For Senior Officer Pay Services, M. D. 6

JUL 25 1919



Date of Enlistment 11-11-17

MILITIA AND DEFENCE

M 27393

Date of Assignment

# Separation and Assigned Pay Branch

1st Oct. 18.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<del>25</del>	30		
---------------	----	--	--

1.9.18  
O.C. 2753.

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_  
 Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name \_\_\_\_\_  
 Battalion 1st Depot Battr. N.B. Regt. Dpt. 174.  
 Beneficiary Margaret Morrison  
 Relationship wife  
 Address Tupper St. Sydney, N.S.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address \_\_\_\_\_  
 1 MARGARET MORRISON,  
 TUPPER ST., 50.00  
 2 SYDNEY, N.S. 20 30 ~~20.00~~  
 3 % 4051048 PTE REUBEN MORRISON  
 4 TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct	254225		20	20	✓ Remailed 30-11-18.
Oct	M4410	25		25	✓ Mailed 7-11-18 PAY S. A. FOR ONE MONTH REQUEST, M. G.
Nov	257423		20	20	✓
Nov	22920	133		133	✓ Mailed 2-12-18.
Dec	X67706		20	20	✓ ✓ Pay S.A from 10.6.18. auth P.M.L. dated 28.10.18 and
Dec	0530	30		30	✓ Mailed 18/12/18. S.A card. M.C. inspected by P.M. comm. 26.11.18
Jan	272715	30	20	50	✓ Alteration order 41418 issued 26.11.18 comm
Feb	276995	30	20	50	✓ A.C.O 10956 issued 26.11.18 mailed 2-12-18.
Mar	M86235	30	20	50	✓
Apr	P3838	30	20	50	✓
May	G8300	30	20	50	✓
June	H11396	30	20	50	✓
		8368	180	548	

013138-R-37

Alc Closed 20.6.19  
 Ret'd per Aquitania  
 Date 20.6.19 M.F.W. 187 25.6.19  
 Clerk B. Stotesbury

WRORP+ 10,133 Destroy

AUTHORITY FOR NEW ACCT. N.R.-M.W. 7-B-1  
 G. Raymond 5-10-18





SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



D.A. B.  
M.D. 6

Lat A. V

1. No. 4051048

2. Rank. Pte

3. Name. Morrison Ruben

4. Unit.

5. Date of Discharge JUN 27 1919 Place Halifax N.S.

6. Reason for Discharge. Memob.  
Wife  
Miner  
b.o.c.

7. Authority. R.O. 1420

8. Proposed Residence after Discharge. G.P.O. Sidney  
Cape Breton  
N.S.

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.?

R. A. Morrison  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place. HALIFAX, N.S. JUN 20 1919

Date.

Signature. Major  
O. C. Dispersal Station (O. C. Discharging Unit.)

4051048 Morrison R

Feld  
3-2-11

D.G. 18

PROCEEDINGS ON DISCHARGE

(Description)


CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the enclosed place and date I received my discharge papers.

M. A. W.

Signature

CONFIRMATION

The discharge of the above named man is hereby confirmed.

For

Date

(Signature)



LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	2. Discharge Certificate
3. Discharge Certificate	4. Discharge Certificate
5. Discharge Certificate	6. Discharge Certificate
7. Discharge Certificate	8. Discharge Certificate
9. Discharge Certificate	10. Discharge Certificate
11. Discharge Certificate	12. Discharge Certificate
13. Discharge Certificate	14. Discharge Certificate
15. Discharge Certificate	16. Discharge Certificate
17. Discharge Certificate	18. Discharge Certificate
19. Discharge Certificate	20. Discharge Certificate
21. Discharge Certificate	22. Discharge Certificate
23. Discharge Certificate	24. Discharge Certificate
25. Discharge Certificate	26. Discharge Certificate
27. Discharge Certificate	28. Discharge Certificate
29. Discharge Certificate	30. Discharge Certificate
31. Discharge Certificate	32. Discharge Certificate
33. Discharge Certificate	34. Discharge Certificate
35. Discharge Certificate	36. Discharge Certificate
37. Discharge Certificate	38. Discharge Certificate
39. Discharge Certificate	40. Discharge Certificate
41. Discharge Certificate	42. Discharge Certificate
43. Discharge Certificate	44. Discharge Certificate
45. Discharge Certificate	46. Discharge Certificate
47. Discharge Certificate	48. Discharge Certificate
49. Discharge Certificate	50. Discharge Certificate
51. Discharge Certificate	52. Discharge Certificate
53. Discharge Certificate	54. Discharge Certificate
55. Discharge Certificate	56. Discharge Certificate
57. Discharge Certificate	58. Discharge Certificate
59. Discharge Certificate	60. Discharge Certificate
61. Discharge Certificate	62. Discharge Certificate
63. Discharge Certificate	64. Discharge Certificate
65. Discharge Certificate	66. Discharge Certificate
67. Discharge Certificate	68. Discharge Certificate
69. Discharge Certificate	70. Discharge Certificate
71. Discharge Certificate	72. Discharge Certificate
73. Discharge Certificate	74. Discharge Certificate
75. Discharge Certificate	76. Discharge Certificate
77. Discharge Certificate	78. Discharge Certificate
79. Discharge Certificate	80. Discharge Certificate
81. Discharge Certificate	82. Discharge Certificate
83. Discharge Certificate	84. Discharge Certificate
85. Discharge Certificate	86. Discharge Certificate
87. Discharge Certificate	88. Discharge Certificate
89. Discharge Certificate	90. Discharge Certificate
91. Discharge Certificate	92. Discharge Certificate
93. Discharge Certificate	94. Discharge Certificate
95. Discharge Certificate	96. Discharge Certificate
97. Discharge Certificate	98. Discharge Certificate
99. Discharge Certificate	100. Discharge Certificate

**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 (A.F.B. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Form of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
9. Envelope or special envelope (260M).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Regimental Certificate (C.D.S.).
12. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
13. Last Pay Certificate (P. 851).
14. Pay Book (A.F.B. 11).
15. Burial Certificate (Form M.F.W. 2595).
16. Missing documents.

Group..... A .....

Checked by No. .... 24 .....

..... C. C. Williams .....

Date. 13-6-19 .....

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

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

500M.—9-16

H. Q. 1772-32-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps..... 1st DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 4051048 Rank Pte Name Innison Ruben

C. E. F. WAR and 6 Mos.

Enlisted (a) 7/6/18 Terms of Service (a)..... Service reckons from (a) 7/6/18

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) (Injured)

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 Quebec	26/9/18	H.M.J.
			Arr'd Devonport	12/10/18	Seutsend
<p><i>Duty.</i> T. O. S. C. C. G. Kinmel Park for return to Canada. Part II order No. 14. 25/3/19 S. O. S. C. C. C. Kinmel Park on embarkation for Canada. Part II order No. 77. 14/6/19</p> <p>W. G. Bartholmeat O. V. Records M. D. 5 - Lieut. for O. Comm'n Log. M. D. 5. wing Kinmel Park Camp.</p>					

1st DEPT BATTALION, 14. 6. 19  
 HALIFAX, 20, 6-19  
 W. G. BATHOLMEAT  
 O. V. RECORDS  
 M. D. 5

(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.]

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14674 37619	T. O. S. No. 6 D. D. from <i>C/S.</i> <i>P.S. on Discharge</i>				<i>Warrant B. H. Ser. No. 176</i> <i>" 176</i> <i>W. H. Taylor</i> Lieut. Officer 1/0 Records No. 6 D. D.
22.7.19.	<i>C.P.J. Pers.</i> <i>S.O.S.O.M.F.C. on</i> <i>proc to Canada</i>		<i>London</i>	<i>14.6.19.</i>	<i>A.01</i>  <i>D. Guthrie</i> Capt <i>for D.R.</i>