

ATTESTATION PAPER

Original
No. 6 29080
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Morrison Robert
 2. In what Town, Township, or Parish, and in what Country were you born? Glasgow Scot.
 3. What is the name of your next-of-kin? (Mother) Mrs M. Morrison
 4. What is the address of your next-of-kin? 2045 Columbia Ave Vancouver B.C. Canada
 5. What is the date of your birth? Dec 31. 1896
 6. What is your trade or calling? clerk.
 7. Are you married? no.
 8. Are you willing to be vaccinated or re-vaccinated? yes
 9. Do you now belong to the Active Militia? no
 10. Have you ever served in any Military Force?
If so, state particulars of former Service. no
 11. Do you understand the nature and terms of your engagement? yes
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes
- Robert Morrison (Signature of Man.)
H.W. Hooper (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, R. Morrison, do solemnly declare that the above answers made by me to the above questions 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.

Date 18 Aug 1918 Robert Morrison (Signature of Recruit.)
H.W. Hooper (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, R. 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.

Date 18 Aug 1918 Robert Morrison (Signature of Recruit.)
H.W. Hooper (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 Glasgow this 18 day of Aug 1918.

Robert M (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Robert M (Approving Officer.)

DESCRIPTION OF Morrison Robert ON ENLISTMENT.

Apparent Age 18 years 9 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. 8½ ins.

Chest measurement { Girth when fully expanded 33½ ins.
 Range of expansion 3½ ins.

scar on left knee

Complexion Medium

Eyes Brown

Hair Light Brown

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

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 18 Aug 1915

H. H. Mackenzie Lt Col
H. N. Watson Capt. Comm.
 Medical Officer.

Place Vermon

*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

R 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.

Date 18 Aug 1915

Robt Morrison (Signature of Officer.)

REGIMENTAL DOCUMENTS

24-6-19
Sgt

NAME

MORRISON, Robert

REGT. NO.

629080

UNIT

47 Br

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demol

34557

DESERTION

65-24
17-25
8-1-25

480143

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

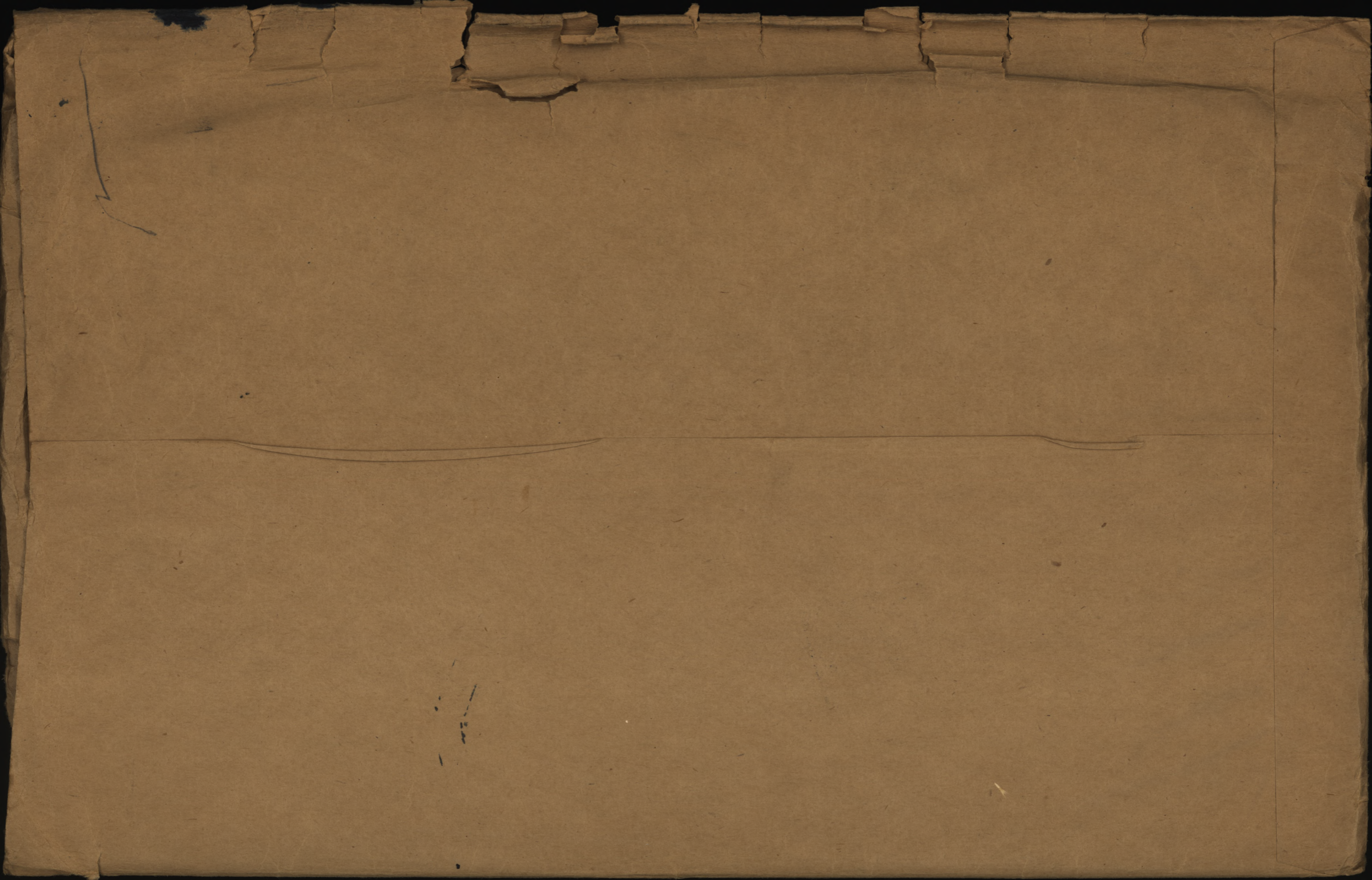
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 Misc
1 323
1 R 127

Public Archives Records Centre

NO WILL





NAME

Morrison, Robert

SOS 10-6-19
Demob. # 11WA T 11
Do. 163-12-6-19

RANK & No.

Pte.

429080.

CORPS

47th.

Batt.

ENLISTMENT, PLACE

Vernon B.C.

DATE

Aug. 18th. 1915.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Scotland, Glasgow

NEXT OF KIN

Morrison, Mrs. M.

(Mother)

ADDRESS OF NEXT OF KIN

2859 Manitoba St
Vancouver B.C.

DISCHARGE PLACE

S.A.A.P. 24-10-18

0/5.13-11-15 $\frac{258}{19}$

R/C. 4-6-19 $\frac{342}{85}$ dep

REMARKS:

yes
Call

Number. 629080 Rank. Sgt

Surname. MORRISON

Christian Name. Robert

Units. 47th Can Inf Theatre of War France

Date of Service. 10/8/16

Remarks. 1340, 34th Ave. S. Vancouver

Latest Address. ~~2859 Manitoba St~~

~~Vancouver~~

Roll No. B

Page 7459

BC

B
X

DE

NOV 30 1921

REGN. NO.

41174670

Rank **Pte.** Name **MORRISON, Robert** Reg'l No. **629080** R-122.

Unit **47th Bn.** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Vernon, Aug. 18th 1915.** Place of Birth **Glasgow, Scotland**

Name and Address, Next-of-Kin **Mrs M. Morrison, ~~2045 Columbia Ave,~~
157-27th Ave. W. ^{South} Vancouver, B.C. Canada** Relationship **Mother**

Assigned Pay Monthly \$ ^{29.8} Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. **17996**
File R.L. _____
Category **ORCA**

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>Arrived in England Per. S.S. Missanatic</i> 23 NOV 1915					
3-3-16	47 th Bn	5 dep. P#2. A.W.L. 27.2.16/2.3.16 = \$1100	Bramshott.	3.3.16	Pt. 2. D.D. 54.
9.3.16	47 th Bn	Adm. Bramshott. HP	Bramshott.	9.3.16	Pt. 2. D.D. 59. <i>Chronic Rhinitis</i>
31-3-13	47th	Embarked For France		10-8-16	Pt-11-190 <i>a 712103 2218116 212</i>
8-3-19	"	Promoted Corporal	Field	Pte 1-12-18	" 30
22-4-19	"	Promoted Sergeant	"	" 9-4-19	" 44
47 BATT DO 46 D.28,4,19					
IROCC, TO ENG, 27, 4, 19					
app't. Flight Cadet. 25.6-18. aut. R.L. 1-72-23. 26 7-18.					
E WINGCCDO2L.D.1,5.19					
T.O.S D-28 4 19					

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 Document
Date	From whom received				

28 5 19

8 Wing
b-b-b

Sgt to Canada

Bristol Sgt 27-519 26.27
70-14 28.5.19

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE War Service Badge

Class "A" No. 304571

304571

THIS IS TO CERTIFY that No. 629180 (Rank) Sergeant

Name (in full) Robert Morrison enlisted in

the 47th Battalion

CANADIAN EXPEDITIONARY FORCE at Vernon on the 18th

day of August 1915

HE served in 47th Battalion in England and 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 21 years

Marks or Scars _____

Height 5 feet 8 1/2 inches

Scar on left knee

Complexion Medium

Eyes Brown

Hair Light Brown

Robert Morrison
Signature of Soldier

M. Grant
Issuing Officer

Date of Discharge

Issuing Officer

10 June 19.

Rank

Date 10 . 6 . 19 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. _____ (Rank) _____

Name (in full) _____ enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE on the _____ 19____

day of _____

He served in _____

and is now discharged from the service by reason of _____

Remobilization _____

Medical fitness _____

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

<p>Age _____</p> <p>Height _____</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Signature of Soldier _____</p> <p>Date of Discharge _____</p>	<p>Marks or Scars _____</p> <p>Leading Officer _____</p> <p>Rank _____</p> <p>Date _____ 19____</p>
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A duplicate of this Certificate will be issued, any person having same is requested to forward it in an
enveloped envelope to the Secretary, Military Council, Ottawa, Canada.

M.C. 100
1918

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) MORRISON R.
REGIMENT 47th RANK SGT. No. 629080.
Date of Examination in England 1-5-19 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

B.K.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

Lee
 For A. D. D. S., M. D. 1-1-11
 For A. D. D. S., M. D. 1-1-11

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 _____

Signature of Dental Officer *[Signature]*
 HANTS.

1-2-19
McGowan R.
1870

3. 1.

7/1



1870

McGowan R.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname *Morrison* Christian Name *Robert*

Examined { on *18* day of *Aug* 191*5*
at *11 Vernon Bld*
Birthplace { City or Town *Glasgow*
County *Scotland*

Approved by *M. H. G. J.*
Rank *Capt.* M.O.

Apparent age *18 yrs 9 months*
Trade or occupation *Black*
Height *5* Feet *8 1/2* Inches.
Weight _____ Lbs.
Chest measurement { Minimum *29* inches.
Maximum expansion *3 1/2* inches.

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

Physical development _____ M.O.
Small-Pox Marks _____ M.O.
Vaccination Marks { Arm Right *—* Left *-*
Number _____

Date	Result	VACCINATIONS.
<i>15.4.16</i>	<i>+</i>	<i>M.H.G.</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last _____ M.O.
(a) Marks indicating congenital peculiarities or previous disease _____ M.O.
(b) Slight defects but not sufficient to cause rejection
Scar on left knee _____ M.O.
_____ M.O.
_____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>19-8-15</i>		<i>M.H.G.</i>
<i>28.8.15</i>		<i>M.H.G.</i>
<i>8.7.16</i>	<i>Tal</i>	<i>gas</i>
		M.O.
		M.O.
		M.O.

Enlisted on _____ day of _____ 191*5* at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.. ..	<i>47th Batt. C.S.F.</i>	<i>29489</i> <i>429080</i> <i>629080</i>	<i>3</i>	<i>18/8/15</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

BY FOR FISH

DEPARTMENT OF VETERANS AFFAIRS

To Copy for Ho file

Ottawa4, Ont

Date Feb, 21, 1969

Attent of

NAME MORRISON Robert

SERVICE 629080 WW1
NUMBER

C.P.C. No.

W.V.A. No. 232865

NAVY

ARMY

R.C.A.F.

x

The DEPARTMENT has received information from

STMO DVA Vancouver Tele Memo Date Feb 17, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Feb 17, 1969

Cause of Death

Place of Death Shaughnessy Hospital

Name and Address of next of kin (if known)

Copies to: W.S.R.

V. I.

~~NAV~~

~~R.O.~~

H.O.

} Destroy form if advice of death already received.

C.C. Richards

for

Chief, Central Registry

SECRET

CONFIDENTIAL

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2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS*mother*To Whom *Mrs Mary Morrison*By Whom Assigned *Morrison R.*Address *2045 Columbia Ave*Regtl. No. *429080 (629080)*~~*852-17th Ave West*~~
*Mount Pleasant*Rank *Pte**2731 Quebec St*
6/2/17 74/13
*Vancouver B.C.*Corps *47th Battn "C" Co*Rate *\$20⁰⁰*

NOV 1-1915

PAYMENTS

Nm 28²/₁₆ 1089 14²/₁₆

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>24598</i>	<i>20</i>	
Dec.		<i>m9969</i>	<i>20 -</i>	
Jan.	1916	<i>K 10558</i>	<i>20 -</i>	
Feb.		<i>K 13514</i>	<i>20</i>	
March		<i>Q16083</i>	<i>20 -</i>	



100

1945

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1945

18/8/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

169 R.

Name *Mrs M (A) R. Morrison*
 Address ~~3045 Columbia St,~~
~~852 14th Ave St~~ *VanCouver*
2731—Seymour St B.C.
 Relation to Soldier } *Mother*
 wife, child or mother }

Name of Soldier *Morrison M. R.*
 Regtl. No. *429080*
 Rank *Pte*
 Corps *47th Battalion Coy*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p>ACCOUNT CLOSED DATE APR 6 1916 PER.....</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>21108</i>	<i>88</i>	<i>88</i>
Jan.	1916	<i>275170</i>	<i>20</i>	<i>20</i>
Feb.		<i>29919</i>	<i>20</i>	<i>20</i>
March		<i>25666</i>	<i>20</i>	<i>20</i>

Cancelled with of Mrs Rouse

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Address of recipient
Name of recipient

Address of sender

Name of sender
Address of sender

1890

1890

1890

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2. *Mrs. Mary Morrison*

OVERSEAS CONTINGENTS

Name of Soldier *Morrison, R.*
 #429080 "C" 47 Am

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
			100	20 ⁰⁰
April	1916	2359	20	
May		2579	20 =	
June		3338	20 -	
July		10054	20	
Aug.		F12067	20	
Sept.		19087	20	
Oct.		24148	20	
Nov.		V28540	20	
Dec.		230632	20	
Jan.	1917	T40614	20	
Feb.		T46571	20	2731 Quebec St Vancouver B.C. 6/2/17 78/12
March		252421	20	20-Ch
April		H3948	20	20-Ch
May		H10689	20	20 ⁰⁰
June		917571	20	B.
July		H24291	20	B.
Aug.		U30588	20	
Sept.		U37358	20	03
Oct.		44056	20	
Nov.		K50985	20	
Dec.		L60744	20	
Jan.	1918			
Feb.			520	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

Rank **Pte.** Name **MORRISON, Robert** Reg'l No. **629080** P-56
 Unit **47th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Vernon, Aug. 18th 1915.** Place of Birth **Glasgow, Scotland**
 Name and Address, Next-of-Kin **Mrs M. Morrison, 2045 Columbia Ave,**
Vancouver, B.C. Canada Relationship **Mother**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance Payable to Relationship

Discharge, Date and Place Reason Character

Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
Dec 1	31	31	1	31	31	10	3 10	10	44 10	38	7 30	4 87	20	32 17	11 93		Bal. fwd to.
Jan 1	Jan 31	31	1	31	31	10	3 10		34 10	135 187	4 87	20		29 44	16 29		
Feb 1	29	29	1	29	29	10	2 90		31 90	240	12 17	20		32 17	16 02		
Mar 1	31	31	1 ⁰⁰	31 00	31	10	3 10		34 10	334	2 43	20 00	11 00	33 43	16 69		Inf No. 574 3-3-16

BALANCE TRANSFERRED TO NEW LEDGER

122 12 20 10 144 20 36 51 80 11 - 127 51 16 69

629080 Pte Morrison, Robert

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT			
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE						NO.	DATE	
Oct 1st			501	60					10	511	60					98	33	24	33	300	11	433	66	77	94		77	94		
Nov 31	31	10%	34	10						34	10	770	24/3	839	10/3					20		30	47	81	57		81	57		
Apr 30	30		33							33										20		20		94	57					
May 31	31		34	10						34	10	109	23/4			5	23			20		25	23	102	44					
June 30	30		33							33		170	13/5			2	68			20		25	35	111	09					
July 31	31		34	10						34	10	228	24/5			2	67			20		25	35	111	09					
Aug 31	31		34	10						34	10	341	25/6			2	69			20		20		125	19					
Sept 30	30		33	00						33	00	284	12/6			2	69	267		20		28	01	131	28					
												605	8/8-			2	68			20		30	70	133	58					
												478	23/7	671	27/8-		5	35	267											

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEPARATE ALLOC. ENG.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEPARATE ALLOC. ENG.
	Balance forward								133	58	
Oct	O. Pay	34	10	at		20					58
				AR 736 14/9/17 47 Pn	268					145	
Nov	O. Pay	34	10	at		20					
		33		AR 915 19/10/17 "	535						
Dec		34	10	at							
				AR 814 12/10 14/10/17 47 Pn	87	60					
				AR 813 5/10/17 4 Pn	535						
				AR 804 27/9/17 47 Pn	268						
				AR 1013 14/11/17 "	446						
				at		20					
				" (Dec)		20			66	66	
1918	Jan	67	10			40					
	O. P.	34	10	at							
				AR 1143 28/12/17 47 Pn	105	44					
				AR 1077 23/1/17 "	12	49					
				AR 1208 27/1/17 "	357						
				at		20			60	24	
		34	10	at		20					
	O. Pay	30	80	AR 1337 20/1/18 47 Pn	20	52					
				AR 1293 20/1/18 "	357						
				at		446					
				AR 1381 6/2/18 "	446						
					12	49			58	55	
		30	80			20					

ASSIGNED PAY **ENGLAND or CANADA.** SEPARATION ALLOWANCE. **ENGLAND or CANADA.**

NAME: **MORRISON Robert**

EFFECTIVE DATE:-- EFFECTIVE DATE:--

NUMBER:-- **629080**

AMOUNT:-- **2000** AMOUNT:--

PARTICULARS OF RANK OR APPOINTMENT

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

Maryle Morrison (Mother)
157-27th Avenue West,
South Vancouver, B.C.

20-30 3/2/9 47bn 1-12-18 Cpl.
44-22/4/19 9-4-19 Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:-- **47th Batta**
DATE ACCOUNT FIRST OPENED:-- **1/12/15**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

Can Sect

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
22/4	2827	47 Bn	365			L.P.C Bal du	30
45	1400	E Wing	4867				
			5232				
AR 4598	26 ² / ₁₉	3rd Res. Co	1217				
		Charged in error	4015				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	10		
as above.	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-- **Trans to Can 3/17/19 NR. F8390 7/7/19 B'shott to B'shott M D 11**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
5/13/18	Balance								61.05		
Sept	Pte Ptd.	33.00		AR 28 7/4/18 47 Bn	357						
				AR Can				2000			
				AR 98 2/4/18 47 Bn	446						
May	Pte Ptd.	33.00		AR Can	802			2000			
		34.10		AR 140 10-5-18 47 Bn	446						
				AR 19 21-5-18 47 Bn	357						
June	Pte Ptd.	34.10		AR Can	523			20			
		33.00		AR 311 14/6/18 47 Bn	357			20			
				" 246 5/6/18 "	446						
				" 921 27/6/18 "	357						
July	P. Pay	33		can adp.	1160			20			
		34.10		AR 449 28/7/18 47 Bn	357			20			
Aug	P. Pay	34.10		can adp.	357			20			
				AR 495 11/8/18 10 Bn Bde	446			20			
Sept	P. Pay	33		can adp.	446			20			
				AR 602 8/9/18 10 Bn Bde	714						
				" 650 14/9/18 "	357						
Oct		33		can adp.	1071			20			
		34.10		AR 056046 20/10/18 Ldn.	973						
				AR 740 27/10/18 47th Bn	373						
				AR 7578 26/10/18 "	9733						
					11079			20			
Nov		33		can adp.	1306			20			
				AR 9945 15/11/18 "	1306			20			
Dec		34.10			649			20			
Jan		34.10		18964 14/2/18 ce Hb	649			20			
					1955			60			
		10120									

P.T.O

NUMBER

629080

RANK

Cpl

NAME

MORRISON, Robert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									2091		
Feb-Mar	Psk.	6490		AR 1017 - 2/1/18 - 27 th	373						
	Mr. Cr as cpl. 1/1/18 - 31/3/19	12 ¹⁰		✓ 1090 5/1/19 ✓	373						
				✓ 1191 20/1/19 ✓	373						
				✓ 1491 8/2/19 ✓	373						
				✓ 1616 19/2/19 ✓	373						
				Feb-Mar	1665			40			
				✓ 1756 9/3/19 ✓	365						
				✓ Dr 4598 26/1/19 3 Res	1717						
				✓ 9091 14/3/19 4 th	1095				1249		
		9700			4547			40			
Apr	cpl pay 1/4/19 to 8-4-19	960		AR 37 - 7-4-19 - 47 th	349						
	Sgt " 9-4-19 to 30-4-19	3300		✓ 1969 - 22-3-19 ✓	1825						
May		4650		C.A.P. cpl May				40	3985		
	C. Note #2360 - AR 4598 - 26/2/19 - 3 rd Res } Charged in error.		1217	✓ 2827 - 22-4-19 ✓	365						
		8910	1217	✓ 1400 - 1-5-19 - E.C.C.C.	4867				30		
June				✓ 2850 2/5 - E.Wing (2)	1460			40	1490		
					1460						

508 Canada 2/1/19 SL 90

E.D.
B.C.

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname MORRISON Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Glasgow County Scotland

Examined... { on 18th day of August 1915
at Vernon

Declared Age ... 18-9m years ... days.

Trade or occupation ... Clerk

Height ... 5 feet 8½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 38½ inches.
Range of Expansion 3½ inches.

Physical Development ...

Vaccination Marks { Arm ... Right ... Left ...
Number ...

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) ...

(b) Slight defects but not sufficient to cause rejection ... { (b) ...

Approved by (Signature) H.B. Logie
(Rank) Capt 3
Medical Officer.

Enlisted ... { at ...
on ... day of ... 191

Corps.	Regtl. No.
<u>47th Batt C. E.F.</u>	<u>629080</u>

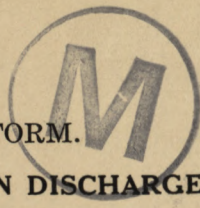
Became non-effective by ...
This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on ... day of ... 191

(Signature) [Signature]
(Rank) Lieut.-Col.

War Service Badge
Class "A" No. 304571

SHORT FORM.

Occupational Group No. 3
cut



PROCEEDINGS ON DISCHARGE.

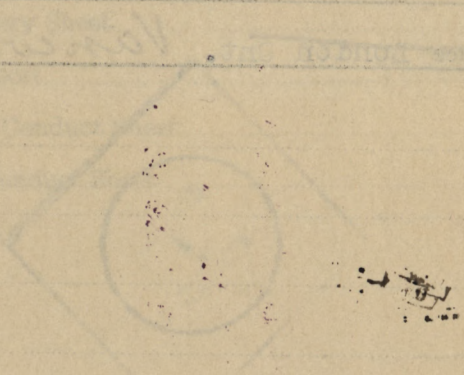
(Demobilization.) D.A.K.1

1. No.	629080	
2. Rank.	Sergeant	
3. Name.	Morrison Robert	
4. Unit.	47th Batt.	
5. Date of Discharge	10/6/19	Place London Ont. Vancouver
6. Reason for Discharge	<p>.....</p> <p>..... DEMOBILISATION</p> <p>.....</p>	
7. Authority.	No 11 dd DO 163 June 12-19	
8. Proposed Residence after Discharge	2859 Manitoba St. Vancouver B.C.	
	47 th Batt	18-8-15
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? 39.</p> <p>.....</p> <p>..... <i>Robert Morrison</i></p> <p>Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <i>Dispersal Station</i></p> <p>Date JUN 10 1919</p> <p><i>M Grant Capt.</i></p> <p>Signature (O. C. Discharging Unit.)</p>	



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Continuation)

1	No.	
2	Name	
3	Rank	
4	Service No.	
5	Date of Discharge	10/6/19
6	Reason for Discharge	
7	Remarks	
8	Proposed Residence after Discharge	
9	Recovery No. U.S.A.	



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the unexpired time and date I received my discharge Certificate

M. E. W. Y.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

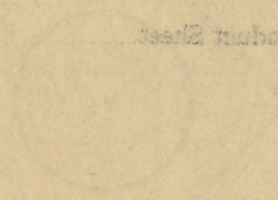


(O. C. Discharging Unit)

Signature

LIST OF DISCHARGE DOCUMENTS

Attachment Paper, Triplicate	Minutes Form W. 33
or Portfolios of Reports	Minutes Form W. 188
Field Contact Sheet	Minutes Form W. 115 or A.M.R. 128
Company Form	Minutes Form W. 54 or A.F.B. 108
Law Pay Certificate	Minutes Form W. 44
Certificates that missing documents are available	
Medical History Sheet	Minutes Form B. 318 or A.F.B. 478
Proceedings of Medical Board	M.M.B. SW. A.F.B. 178 or A.F.A. 44
Initial History Sheet	Minutes Form B. 437
Medical Report	M. R. W. 128 or J.A.R. 137
Residential Contact Sheet	Minutes Form B. 308
Company Contact Sheet	Minutes Form B. 308



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 (O.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). *& duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **B**

Checked by No. **15**

Date **26-5-19**

M. F. W. 84.
3M.-9-1.
1772 39-993.
L. L. Job 825.-M. & D. 7106.

Sgt R A Morrison

P.C.S.

Date of Dis-embarkation _____
A/CHIEF CONDUCTING PAYMASTER,
CLEARING SERVICES COMMAND.
Place _____

PERIOD 1919		DAY Chg #		FIELD New orders		GREDIT LAST ACCOUNT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount									
May	12			1029				7500							
	14			1128				60 10							
	22			1457				18 50							
	1			778				31 25							
June	23			2621				45 00							
	30			4849				4 18							
July	6			3975				290 ⁵⁵ 56 52							

Allowance Trav Ex
 Adv on a/c Travel
 Charged on W.I. Q. of a/c as ledger
 Trav Ex 12/4/19 to 3/5/19
 9/5/19 to 15/5/19
 24/3/19 to 4/4/19
 Dec for bal Chg 2549
 Trav 24/5/19 to 11/6/19
 22/6/19 - 25/6/19 = 3/7/19 = 22/7/19

75 00
 60 10
 18 50
 31 25
 45 00
 4 18
 56 52
 75 00
 60 10
 18 50
 31 25
 45 00
 4 18
 56 52

Chg #
 1128
 1457
 778
 2549
 22/7/19
 D. Bal 75 00

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

REGT. No. 629080 RANK Sgt. NAME (IN FULL) MORRISON R.

M. OR S. J.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	BLOCK LETTERS SURNAME FIRST
ADDRESS		English L.P.C. ady.	31-5-19		47 th Bn.		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					20 ⁰⁰	closed 1-7-19.	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
							R. Morrison
					ADDRESS		Bank of Montreal
							Vancouver B.C.
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY
						MDXI 10-6-19.	
							IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL 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	
				\$	C.													
31-5-19															30	30	30	other credits 35 ⁰⁰ clothing allowance " chp 3 ⁰⁰ ady 2 days pay overpaid
12-6-19	12	150	18 ⁰⁰	35 ⁰⁰	53 ⁰⁰				4 ⁸⁷	5 ⁰⁰	78 ¹³	20 ⁰⁰			108 ¹⁰	55 ⁴⁰		
									14 ⁶⁰						14 ⁶⁰	70 ⁰⁰		
														3 ⁰⁰	3 ⁰⁰	73 ⁰⁰		
									War Service Gratuity									
									Service 3 years months									
									July 8	817981	67				73	347		
									Aug 10	837385	70	3			67	280		
									Sept 10	1156117	70	4			70	210		
									Oct 10	1574712	70	5			70	140		
									Nov 10	1584401	70	7			70	70		
															70			
															420			

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M. F. W. 2596 General.

[Signature]
Capt.,
Officer i/c War Service Gratuity
M. D. No. 11

M.F. 183 days

[Signature]

W. H. ...

...

...

...

Date of Enlistment

MILITIA AND DEFENCE

M 20073

Date of Assignment

Separation and Assigned Pay Branch

Nov 1/15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

50			
----	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

924 mi. e3

PARTICULARS OF SEPARATION ALLOWANCE

No. 429080 ?(629080)
 Rank Ple Promoted Reverted Discharge
 Soldier's Name R. Morrison
 Battalion 47 Battrn "6" Coy.
 Beneficiary
 Relationship "Mother"
 Address

PARTICULARS OF ASSIGNMENT

mother
 Name Mrs Mary Morrison
 Address 2731 Duane St Vancouver
 Change of Address B.C.
 1 157-27 Avenue West,
 2 South Vancouver, B.C.
 (1) 3 2859 Manitoba St.,
 4 Vancouver, B.C.

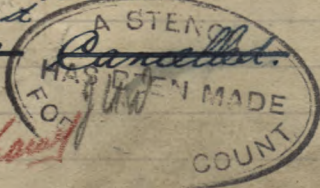
Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31			520	520
Jan 1918	68127X		20	20
Feb. 0	75087		20	20
Mar. N	92313		20	20
Apr. N	10528		20	20
May R	17751		20	20
June N	21984		20	20
July H	31399		20	20
Aug F	40691		20	20
Sep U	42980		20	20
Oct. W	54222		20	20
Nov. Z	57420		20	20
Dec X	67703		20	20
Jan U	72708		20	20
Jan		50		50
Jan.	05684	559		559
Feb	76988 W		20	20
Mar	786228		20	20
Apr. P.	3832		20	20
May S	8196		20	20
June -H	11394		20	20
Alt Closed	30-6-19		20	20
Ret'd per.	Empress of Britain			
Date	5/6/19	M.E.W.187		559.880

013138-R-3

REMARKS

Book P.A.B. 1st 1/4 Credit (M.R.O. 1^B 28-3-18).
 #629080 Robert Morrison with 559⁰⁰ paid S.A. during period
 (1) Alt. 19174 16-10-18)
 of #70348 Ple's Morrison's enlistment @ 11¹²/4.
 S.A. account opened to Mother from 1-2-16
 date of enlistment of Thomas to 23-4-18
 date of discharge.
~~Arrears of \$559⁰⁰ to be paid at~~
~~the rate of \$50⁰⁰ per month until R.~~
~~Morrison returns or all paid per~~
~~Ruling of Pay & Allowance Board 16-1-19~~
~~Alt. 56208 of 28-1-19. Cancelled~~
~~Alt. 56208 28-1-19.~~
~~A.C.O. #15311 issued 29/1/19 Mailed~~
 Cheque for \$559⁰⁰ sent to the C.P.F. with
 instructions to disburse at the rate of \$50
 per mo. or a higher rate if they think advisable
 per ruling Pay & Allowance Board 16-1-19
 A.C.O. #15311 issued 29-1-19
 Mailed 3/2/19 #15312 29-1-19
 Alteration 56237 29-1-19

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 2320-M. & D. 1983.



M.R.O. 29 quads to Dechroy 10/19 RW

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 22320-M. & D. 7883.

CERTIFIED CORRECT

30 AUG. 1916

Casualty Form—Active Service.

CAN. RECORDS, LONDON.

Regiment or Corps 47TH BATTALION C.E.F.

Regimental No. 629080 Rank Pte Name McGarrison Robert.

Enlisted (a) 19/8/15 Terms of Service (a) Duration of War Service reckons from (a) Enlistment

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

W.S.B. CLASS A.

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada <i>Rm S. "Mississauga"</i>	Montreal	Nov 13 1915	<i>Blamichael</i> Lieut. & Adj. 47th Bn.
		Disembarked England	Plymouth	Nov 22 1915	
		Proceeded Overseas for Service with <u>47</u> Battalion		<i>10/8/16</i>	<i>Dr Charleson</i> Lieut. Adj. For. O.C. 47th Battn
11-8-16	O.C. 47th	Arrived France	Havre	11-8-16	Nominal Roll.
<i>20-10-17</i>	<i>do</i>	<i>Granted 10 days leave to UK.</i>		<i>14-10-17</i>	<i>Sms. 20403-</i>
<i>3-11-17</i>	<i>200</i>	<i>Returned from leave Field</i>		<i>28-10-17</i>	<i>B213</i>
<i>2-11-18</i>	<i>"</i>	<i>francis H. days leave to UK</i>		<i>27-10-18</i>	<i>.. D 01 29/18.</i>
<i>14-12-18</i>	<i>do</i>	<i>Rejoined</i>		<i>14-12-18</i>	<i>B213.</i>
<i>11-1-19</i>	<i>do</i>	<i>Promoted Corporal</i>		<i>1-12-18</i>	<i>.. Do 30/19.</i>
<i>12-4-19</i>	<i>do</i>	<i>Promoted Sergeant</i>		<i>9-4-19</i>	<i>" Do 4/19.</i>
		Proceeded to England.			

APR 27 1919

By Hewitt
Lieut. for Lt Col. A. A. G.
Canadian Section, C. N. C. [P.T. O.]

(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. 3rd Ech.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

S.O.S. O.M.S.C.
as proceeding to read
Daily Orders part II.
27, 28/5/19.

E. of Britain Slg No70

Embkd. L POOL 28.5.19

Dis mkd Quebec 4.6.19

Nog p C E

J. P. Ritchie
 Lt. Col.
 O.C. WITH CANADIAN BATTALION.

S.O.S, No 11 D, D, 28 MAY 19

S, O, S, C, E, F June 10, 1919 Are a

No 11 dd DO 163 June 12, 1919

W. B. Andrews
 Capt.
 For O.C. District Depot XI

Hastings Park,
Vancouver, B.C.,
MAY 21 1919 JUN 10 1919

JUN 10 1919

This is to certify that the physical condition of the within named man has not changed since date of Overseas Board herewith attached.

W. M. Munn
Capt., C.A.M.C.

Physique Weight lbs.

Nutrition *Good*

Pulse *70 reg*

Condition of arteries *Soft*

Vision Rt. *6/12* Left *6/12*

Hearing (conversational voice) Rt. ft.

Left *20* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
scar on left knee

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 *yes* 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.

measles in childhood

AL EXAMIN
ERS AND

ers and Other
his form. V
ised, but t

62
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GENERAL 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. 629080 Rank Sgt Surname MORRISON
 (Given name in full) Robert
 Unit or Corps 47th B Birthplace Glasgow

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

1. GENERAL DESCRIPTION:

Physique Good Weight 137 lbs. Height 5-8 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 70 reg
 Condition of arteries Stiff
 Vision Rt. 4/12 Left 4/12
 Hearing (conversational voice) Rt. 30 ft. Left 30 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
scar on left knee

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 yes 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.

measles in childhood

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bransford (Overseas)

Date 4-5-19 Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed 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.)

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