

2nd. Depot Bn. E. O. R.

ATTESTATION PAPER.

No. 3328311

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Morrison
- 1a. What are your Christian names?..... Robert
- 1b. What is your present address?..... 554 Bergenline Ave. N. New York. N.J.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Beith, Scotland
- 3. What is the name of your next-of-kin?..... Mrs. Flora Morrison,
- 4. What is the address of your next-of-kin?..... 554 Bergenline Ave, W. New York, N.J.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... May 17th 1887.
- 6. What is your Trade or Calling?..... Painter
- 7. Are you married?..... Married
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Morrison, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Robert Morrison (Signature of Recruit)

Date Aug. 24th. 1918 Churant (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert 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.

Robert Morrison (Signature of Recruit)

Date Aug 24th. 1918 Churant (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 Ottawa this 2 day of Sept. 1918.

Wm. Scott (Signature of Justice)

Description of Morrison Robert on Enlistment.

Apparent Age.....31.....years.....3.....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. 6 1/2 ins.

**Scar left breast. Scar right knee. Scar right arm.**

Chest measurement. { Girth when fully expanded.....39 ins.  
 Range of expansion.....3 ins.

Complexion.....Fresh

Eyes.....Blue

Hair.....Brown

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

" A II "

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.....August 24th.....1918

*W.C. ...*

Place.....Ottawa, Ont.

Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Robert 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.

.....*W.C. ...*..... (Signature of Officer)  
 Adj. 2nd. Depot Batt., E. O. R.

Date.....August 24th.....1918

SEP 2 1918

17-1-19 29



- Proceedings of Court of Inquiry or on men reported Missing on Active Service..... 1
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

M. F. B. 259 - 1  
 M. F. B. 465 - 1  
 Q. F. B. 122 - 1  
 M. F. W. 82 - 1  
 M. F. W. 71 - 1

### DISCHARGE DOCUMENTS

Name ~~MORRISON ROBERT~~

Regt. No. 332831 Rank *Spr*

Corps *Eng's Training Depot*

*Deserter*

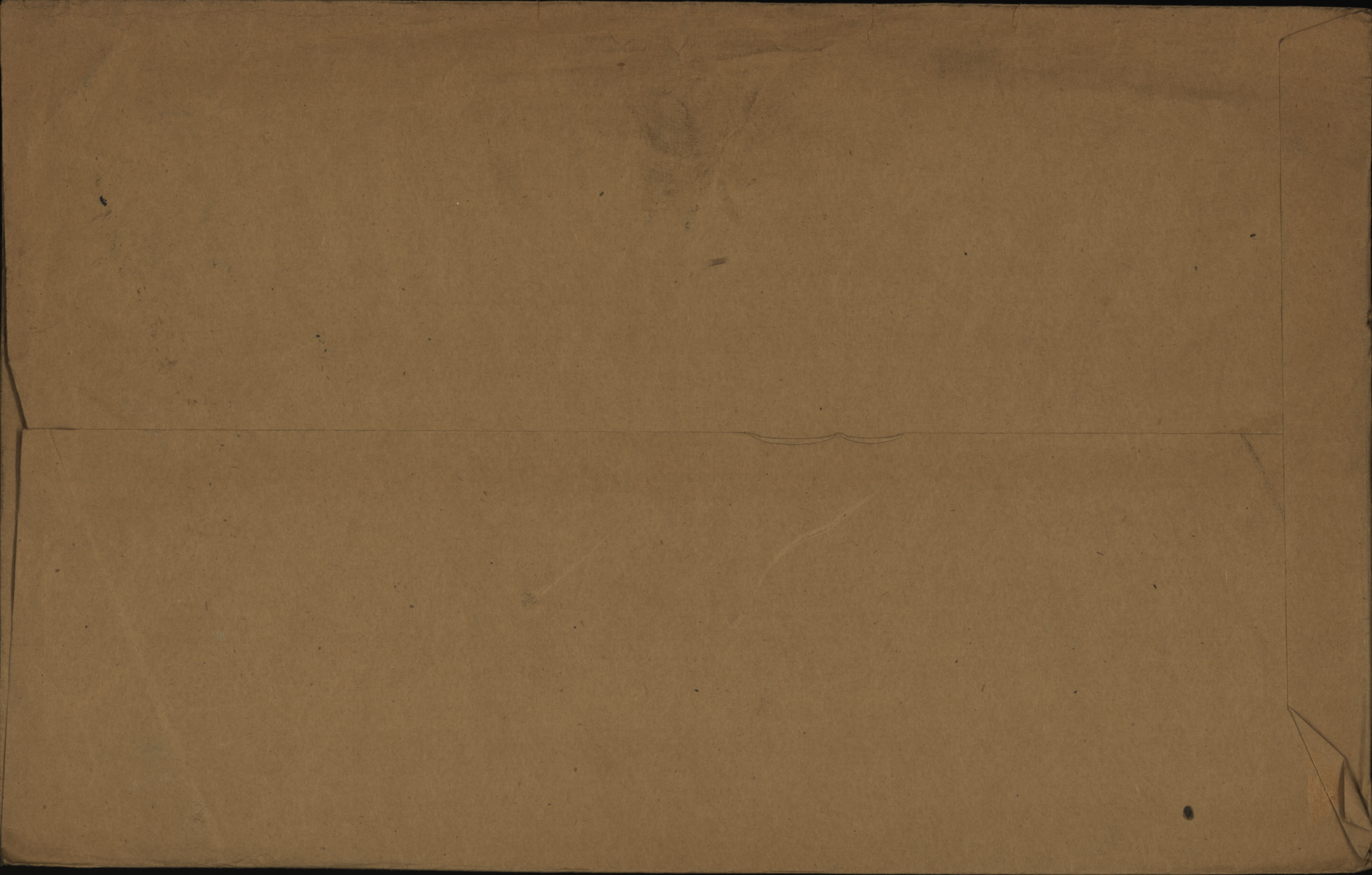
R. O. No. ....

H. Q. No. ....



34553





NAME *Morrison Robert*

*Presbyterian  
Painter*

REGIMENTAL NO. *3328311*

RANK *Pte*

ENLISTED AT *Ottawa*

PROMOTIONS, &C.  
AND DATE

DATE *24-8-18*

IF SERVED PREVIOUSLY, STATE UNIT. &C.

MARRIED, WIDOWER, OR SINGLE *Married*

NEXT OF KIN *Mrs Flora Morrison* RELATIONSHIP *Wife*

ADDRESS OF *554 Bergenline Ave West New York N.J. U.S.A*

ASSIGNMENT OF PAY \$ *—* C. *—* TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT *no*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



Surname *Morrison* H. Q. ....  
 Christian names *Robert* M. D. No. *3* .....  
 Regtl. No. *3338311* Rank *Pte.* T. O. S. *Aug. 24 1918*  
 Unit *East. Out. Regt. 2nd. Dpo. Bn.* D. O. Pt. H. *238 of 26-8-18*  
 S. O. S. *Dec-13/11 1918*  
 Reason *—*  
 Auth. *00237 of 19-12-18*  
*W. Sgt. W. D. No.*

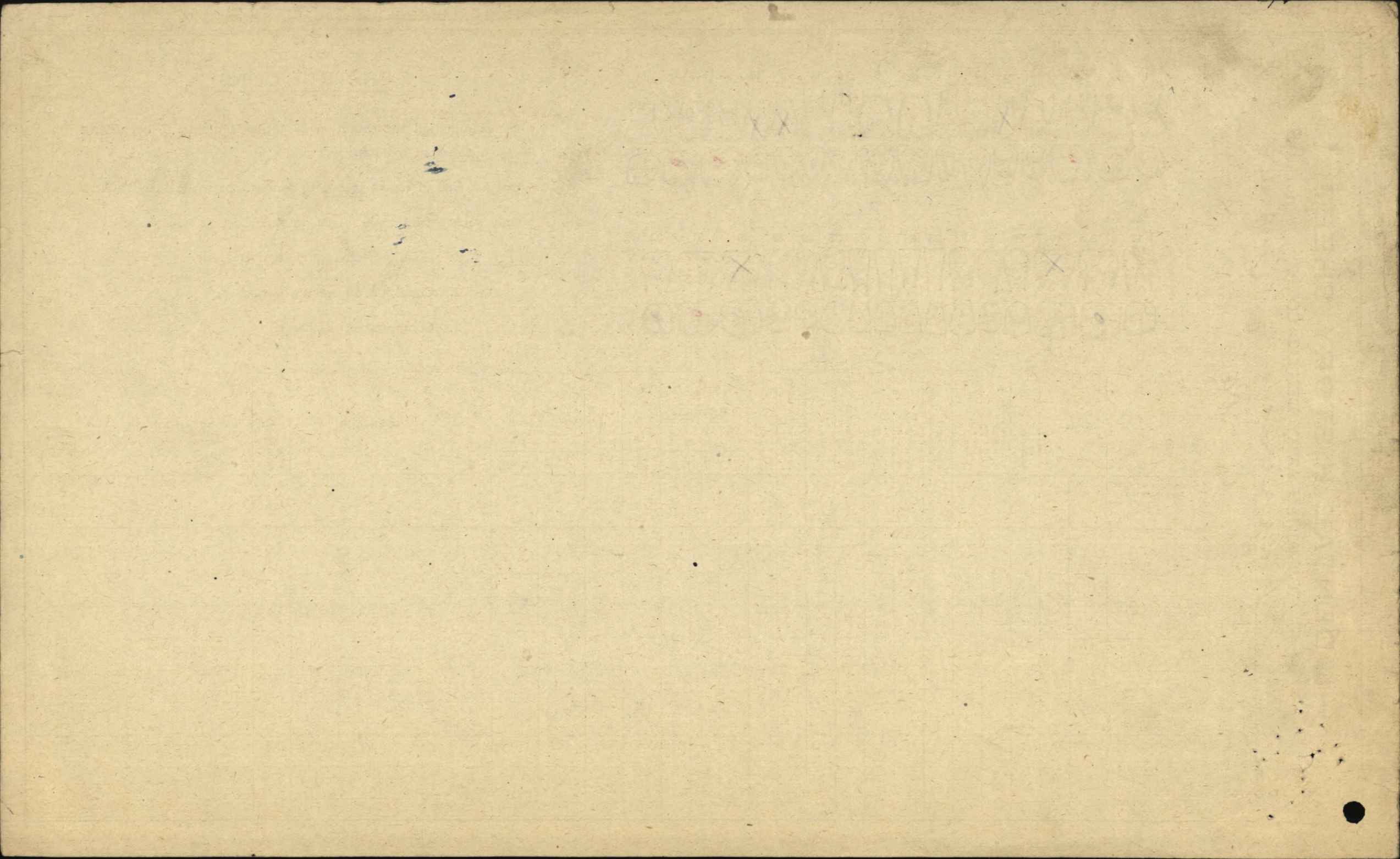
Next of kin *Morrison, Mrs. Flora* Relationship *wife*  
 Address *554 Bergenline Ave. W.* Also notify: .....  
*New York, N.Y. U.S.A.*

BORN—Place *Scotland, Beith* Date *May 17th. 1897*  
 ATTESTED—Place *Ottawa, Ont.* Date *Sept 2nd. 1918*  
 O/S ..... R/C .....









2nd Depot Bn. E. O. R. MEDICAL HISTORY SHEET. 3328311

Morrison

Robert

- 1. Surname... Morrison Christian name... Robert
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule... Voluntary
3. Consecutive number on schedule of men reporting for service (if he appears on it)...
4. Address (including street and number if any)... 554 Bergenline Ave. W. New York, N.J.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24 day of August 1918, by the undersigned medical board sitting at Ottawa, Ont

- 5. Age as stated 31 Years 3 Months. 6. Apparent age 31 Years 3 Month
7. Height 5 Feet 6 1/2 Inches. 8. Weight 153 Pounds.
9. Chest measurement (Minimum 36 Ins. Maximum 39 Ins.)
10. Complexion Fresh (Eyes Blue Hair Brown)
11. Physical development Good (Good Fair Poor)
12. Smallpox marks none
13. Number of vaccination marks (Right arm 0 Left arm 1)
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L. breast, Scar R. knee Scar R arm

16. Slight defects but not sufficient to cause rejection
The man denies having had (Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past (Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma)

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

A II

- 17. (a) Vision. R. 6.6 L. 6.6 (b) Hearing. R. n L. n

Signature of Man (Vertical text)

W. S. ... Member

Member

J. Nelson ... President

Member

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for M. O. and dates like 10-9-18, 18-9-18, 25-9-18.

Joined 24 day of Aug. 1918 at Ottawa Ont

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 2ND DEPOT BN, E. O. R., 3328311, 24-8-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. (Empty table)

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.

If raised in category, record category in a square. The M. O. will initial and 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.

2nd. DEPOT BATTALION,


Unit, Regiment or Corps..... Eastern Ontario Regiment.....

Regimental No. 3328311 Rank Pte Name Morrison Robert

Enlisted (a) 24-8-18 Terms of Service (a) CEZ Service reckons from (a) 24-8-18

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)..... Painter

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				
		CERTIFIED CORRECT and			
		Transfer to No. <u>E.T.O</u> Draft, B. O. <u>280-7-10-18</u>			
		<u>J. J. Morr</u> Major O. C. "A" Company.			
<u>19.12.18</u>	<u>E.T.O</u>	<u>Abol since 13<sup>11</sup>/<sub>18</sub> in</u> <u>Sol. Deenter by</u> <u>Cy. Held. 18<sup>17</sup>/<sub>18</sub>.</u>	<u>Brockville</u>	<u>13<sup>11</sup>/<sub>18</sub></u>	 <u>PA No 237</u>
					<u>W. J. Scott</u> <u>for W. J.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 3  
ORIGINAL  
No. 31

## LAST PAY CERTIFICATE

Acct. No. 17  
Folio 19

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

Regimental No. 3328311 Rank Spr. Name Marrison R.  
Corps Can. Engineers who was\* S.O.S. as Deserter  
On 13-11-18 191... to 1-12-18 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191... to 19-12-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	43	00
Advances by Cheques	No.		Reg'l. Pay <u>19</u> days at \$ <u>1.</u> c.	19	00
Assigned Pay and Sep'n Allee. No.			Field Allow. <u>19</u> days at \$ <u>.10</u> c.	1	90
Other charges <u>Cr. clothing 27 days pay mul.</u>		10.00	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>on desertion</u>		13.20	Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total		63.90	Bal. Dr. (to be deducted by new unit)		
			Total	63	90

\*Give particulars.

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

(Address) .....

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

### On Transfer of an Officer.

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

### REMARKS:—

- State (1) date of enlistment 24-8-18
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge S.O.S. by Court of Inquiry authority 3 M.D. 66-M-523
- (4) authority for transfer Held on 13-12-18

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 Dec. 19-18  
Place Brockville, Ont.  
Eng. Dep. M.D. # 3 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.

THESE FORMS ARE TO BE USED BY THE OFFICERS OF THE ARMY AND NAVY TO REPORT THE RESULTS OF THE INVESTIGATION OF THE DISCIPLINARY CASES OF THE OFFICERS AND WARRANT OFFICERS OF THE ARMY AND NAVY.

Name .....  
Date .....

THESE FORMS ARE TO BE USED BY THE OFFICERS OF THE ARMY AND NAVY TO REPORT THE RESULTS OF THE INVESTIGATION OF THE DISCIPLINARY CASES OF THE OFFICERS AND WARRANT OFFICERS OF THE ARMY AND NAVY.

NOTE—The following information should be furnished by the officer reporting the case:

- (1) Name of the officer or warrant officer.
- (2) Grade or rank.
- (3) Name of the commanding officer.
- (4) Name of the commanding officer's unit.
- (5) Name of the commanding officer's command.

State (1) Name of the officer or warrant officer.

NOTE—

On the reverse of this form should be stated the name of the officer or warrant officer to whom the case is referred.

On the reverse of this form should be stated the name of the officer or warrant officer to whom the case is referred.

(1) Name of the officer or warrant officer.

(2) Name of the officer or warrant officer.

(3) Name of the officer or warrant officer.

(4) Name of the officer or warrant officer.

(5) Name of the officer or warrant officer.

(6) Name of the officer or warrant officer.

(7) Name of the officer or warrant officer.

(8) Name of the officer or warrant officer.

(9) Name of the officer or warrant officer.

(10) Name of the officer or warrant officer.

(11) Name of the officer or warrant officer.

(12) Name of the officer or warrant officer.

(13) Name of the officer or warrant officer.

(14) Name of the officer or warrant officer.

(15) Name of the officer or warrant officer.

(16) Name of the officer or warrant officer.

(17) Name of the officer or warrant officer.

(18) Name of the officer or warrant officer.

(19) Name of the officer or warrant officer.

(20) Name of the officer or warrant officer.

(21) Name of the officer or warrant officer.

(22) Name of the officer or warrant officer.

(23) Name of the officer or warrant officer.

(24) Name of the officer or warrant officer.

(25) Name of the officer or warrant officer.

(26) Name of the officer or warrant officer.

(27) Name of the officer or warrant officer.

(28) Name of the officer or warrant officer.

(29) Name of the officer or warrant officer.



# FORM OF WILL

**SEE INSTRUCTIONS ON BACK**

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, **Robert Morrison,**  
Regimental number **3328311** Rank **Private** serving in the

**2nd. DEPOT BATTALION,** Canadian Expeditionary Force,  
**Eastern Ontario Regiment.**  
declare this to be my last will, revoking all previous wills, if any.

Executor I appoint **Mrs. Flora Morrison,**  
whose address is **554 Bergenline Ave, W. New York, N.J.**  
to be the executor of this my last will.

General gift I give to **Mrs. Flora Morrison, (Wife)**  
whose address is **554 Bergenline Ave, W? New York, N.J.**  
all my property not disposed of above.

Date Dated at **Ottawa, Ont.** this **24th day of Aug.** 191**8**

Signature *Robert Morrison*  
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1st WITNESS  
Witnesses Signature *[Signature]*  
Address **2nd. DEPOT BATTALION,**  
**Eastern Ontario Regiment.**  
Occupation **Soldier, C.E.F.**

2ND WITNESS  
Witnesses Signature *[Signature]*  
Address **2nd. DEPOT BATTALION,**  
**Eastern Ontario Regiment.**  
Occupation **Soldier, C.E.F.**

OTTAWA

OTTAWA

# INSTRUCTIONS

## NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

## EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

## LIFE INSURANCE

*If you do not wish to pass life insurance by the will this should be stated.*

## SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg,  
my homestead and farm implements.*

I give to.....*my mother, Mrs. Eliz. Smith,*.....  
whose address is.....*250 Yonge Street, Toronto,*.....  
all my property not above disposed of.

## DATE

Do not forget to insert the date on which the will is signed.

## WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* COURT OF ENQUIRY

assembled at BROCKVILLE ONTARIO

EXPT MILITIA & DEFENCE  
JAN 10 1919  
H.Q. CANADA

on the 18th. day of December 1918.

by order of Lieut. Col. Henry Harrison, C.E. Officer Commanding Engineer Training Depot MD3.

for the purpose of inquiring into and reporting upon

the illegal absence and deficiency of kit of #3328311 Sapper R. Morrison, Engineer Training Depot MD3, Brockville, Ont.

PRESIDENT.

Capt. R. E. O'Leary, C.E.

MEMBERS.

Lieut. W. W. Davis, C.E.

THE GENERAL OFFICER Lieut. J. D. H. Lowry, C.E.  
**APPROVES**  
*J. D. H. Lowry*  
D.A.A. & Q.M.G., M/D. No. 3

*3md 66-M-553*

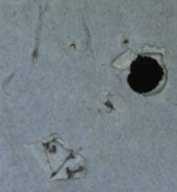
The Court having assembled pursuant to order, proceed to **take evidence:-**

#2009256, C.S.M. Mallory, S.B. Engineer Training Depot MD3, Brockville, Ont. being duly sworn, gives evidence as follows:-

#2009256, "I am Company Sergeant Major of "A" Company of which #3328311, Sapper R. Morrison was a member. I called the roll on the 13th. day of November 1918, and he failed to answer his name so I reported him absent. I called the roll also on the 4th. day of December 1918, and he failed to answer his name and I reported him absent. The rolls were called regularly by myself between the above dates and he failed to answer his name"

*S.B. Mallory* C.S.M.

31-1  
1-0-1  
18119  
100  
3



#2021624, C.Q.M.Sgt. A. Laughton, Canadian Engineer Training Depot  
M.D.3. Brockville, Ont. being duly sworn gives evidence as follows:-

"On the 13th. day of November 1918, I was ordered to take over  
the kit of #3328311, Spr. R. Morrison and to take an inventory of  
same, which I did. The following articles which were issued to  
him were found missing, and they have since not been recovered:

<u>Articles</u>	<u>Value.</u>
Trousers, S.D. prs.	4.79
Caps, forage, drab	1.18
Jackets, S.D. with S.S.	5.46
Jackets, sweater	2.53
Puttees, drab, prs.	1.52
Shirts, service	1.27
Braces, prs	.33
Brushes, shaving	.12
Brushes, tooth	.13
Combs, hair	.06
Drawers, Winter, prs.	2.36
Holdalls,	.17
Knives, clasp with L.	.65
Knives, table	.10
Razors, with case	.72
Shirts, Winter, (2)	2.36
Badges, cap M.L.	.03
Badges, collar M.L. prs.	.03
	<hr/>
	\$23.81
	<hr/>

A Laughton C.Q.M.Sgt.

Major A.W. Gray, C.E. Engineer Training Depot, MD3, Brockville, Ont.  
being duly sworn, gives evidence as follows:-

"I am the Commanding Officer of "A" Company, Engineer Training Depot M.D.S. Brockville, Ont. #3328311. Spr. R. Morrison was a member of my company. He was reported to me by his Company Sergeant Major as being absent at the revellie roll call on November 13th. 1918. He was also reported to me as absent at the revellie roll call on the 4th. day of December 1918. His name was called regularly between these dates and he failed to answer his name. On the 13th. day of November 1918, I ordered C.Q.M.S. A. Laughton to take over his kit and make an inventory of same. His kit was reported deficient as stated in the evidence of C.Q.M.Sgt. A. Laughton"

*A.W. Gray*  
Major, C.E.  
O.C. "A" Company.

Capt. R.H. Read, Paymaster Engineer Training Depot, Brockville, Ont.  
being duly sworn, gives evidence as follows:-

"On the 12th. day of November 1918, the pay account of #3328311 Spr. R. Morrison, stood as follows:- *Sal. Cr. 23.20*

*R.H. Read*  
Captain  
Paymaster Engineer Depot MD3.