TANK. BATTAL

ORIGINAL

ATTESTATION PAPER.

No. 318 8.

~~Folio.~~ 3182328.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Morrison
1a. What are your Christian names? — Roderick Peter
1b. What is your present address? — Baddeck Bay N.S.
2. In what Town, Township or Parish, and in what Country were you born? — Baddeck Bay N.S.
3. What is the name of your next-of kin? — John Morrison
4. What is the address of your next-of-kin? — Baddeck Bay N.S.
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — 26th April 1898
6. What is your Trade or Calling? — student
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? — no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — no
14. If so, what was the nature of the disability? — no
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — no
16. If so, what was the reason? — no

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Roderick Peter 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.

Roderick Peter Morrison (Signature of Recruit)

Date 3-5-18 191 . D. H. Johnston (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Roderick Peter 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.

R. P. Morrison (Signature of Recruit)

Date 3-5-18 191 . D. H. Johnston (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 Halifax N.S. this 3rd day of May 1918.

G. B. Cleland Capt. (Signature of Justice)

Assistant D. A. A. & Q. M. G. M. D. No. 6

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Rodrick Peter Morrison on Enlistment.

Apparent Age 19 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 34 ins.

Complexion Fresh

Eyes Blue

Hair Brown

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

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).

Vision D 30 both eyes
Hearing normal
Weight 127

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 May 3d 1918. J. Fontaine

Place Halifax, N.S. Capt Canc

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:—

Category A 2

E H Freeman Capt AMC

R F O'Brien Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

Roderick Peter 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.

(Signature of Officer)

Date 191 .

REGIMENTAL DOCUMENTS

NAME Pte MORRISON RODERICK, PETER REGT. No. 162328 UNIT 17 Res Bn R.S.R. H. Q. FILE NO.

S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				34597	Demob.
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					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)					DESERTION
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)					45 24
2 Misc					26 = 24
O & S					5 24
Travel					2
1 CD3					
1 Pay Ins					
1 a&b.1237					
1 a&b.181					

H

W 2586
100M-11-18
1772-29-1277

Form R. 149.

Name MORRISON Rodrick Peter Rank Pte Reg. No. 3182328

Unit 17th Res.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-12-18	12 Lib. Bramshott.		Mumps.	C-401		3752
5-1-19	Discharged.			C-409		870

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Reg. No. 318 2328 Name Morrison R.

Rank Pte. Corps 1st N. S. R. Age 19 Service 1 week

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Amherst Mil Hosp.	14-5-18	Vaccination
Dis to Duty	23-5-18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Form DMS 1401.

No. 18 CAN. GENERAL HOSPITAL. HOSPITAL.

A. & D. CARD

AT

A. & D. No. 11542 PL. OF ACTION

RANK Pte. REG. No. 3182328 UNIT 17th Res. SICK OR WOUNDED

NAME Morrison R. AGE 19. RELIGION Pres.

PLACE IN HOSPITAL Isol Am.

DIAGNOSIS Mumps.

ADMITTED 21-12-18 FROM

DISCHARGED To Duty 6/1/19 TO

TRANSFERRED

SERVICE AT HOME 4/12. IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

H. Q. .....

M. D. No. B6

Surname Morrison.

T. O. S. ..... 19 .....

Christian names Roderick Peter

D. O. Pt. II ..... of .....

Regtl. No. 318 2 3 28. Rank Pte

S. O. S. Dis 13-7- 19 19

Unit N.S. Regt., 1st. Dpo. Bn.

Reason Demob.

Auth. Do 190 - 9-7-19 + Co Ord

Next of kin Morrison, John Relationship Father.

Address Baddeck, Bay, N.S.

Also notify: .....

BORN—Place Canada. Baddeck Bay, N.S. Date Oct. 26th 1898.

ATTESTED—Place Halifax, N.S. Date May 3rd 1918.

O/S .....

R/C 3/7/19 364/132 Pte

W. 22—100M-7-18. 1772-39-839

NAME Morrison R. P REGT. No. 318 2328

RANK AND UNIT Pte 17th R. Bn

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C401	12 Can. Gen. Bramshott	22-12-18	mumps
C.409.	Dise	5-1-19.	" " "

M & H

B

Number 318328 Rank Pte

Surname MORRISON

Christian Name Roderick Peter

Units N.S.R. Theatre of War England

Date of Service 15-8-18

Remarks

Latest Address Baddeck N.S.

Roll No. a Page 1356

No. Rank Name

T. O. S. Unit

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Issued,
Class.....No.....

THIS IS TO CERTIFY that No. 3182328 (Rank) Pte.

Name (in full) Roderick Peter Morrison enlisted in

the 1st Depot Bn. N.S. Regt.

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 3rd.

day of May 1918

HE served in 17. Res Bn England & Can

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	20 —	Marks or Scars	
Height	5'-5'		
Complexion	Fresh		Nil.
Eyes	Blue		
Hair	Brown.		

R. P. Morrison
Signature of Soldier.

for R S Bellman Capt.
O. C. Dispersal Station "B"
Issuing Officer.

Date of Discharge

Dispersal Station "B" JUL 13 1919 Military District No. 6

Rank

HALIFAX, N.S. JUL 4 1919
Date ..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

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.

Form R 122.
10287—65M—28-7-17.

Rank | Name MORRISON, Roderick, Peter, | Reg'l No. 3182328.

Unit 92nd Dft 1st Bn N S | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Halifax, N.S. May 3rd 1918. | Place of Birth Baddeck Bay, N.S.

Name and Address, Next-of-Kin John Morrison
Baddeck Bay, N.S. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 12104
File R.L. OR CAN
Category

Discharge, Date and Place | Reason | Character

Report. Date.	Report. From whom received.	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
'6'		Arrived in England			
22 8 18	17th RES	T O S	B SHOTT	6 8 18	B O I 9S
28-6-19	-"-	S O S to Canada	Dte Dispos	28-6-19	-148.
		94-B-141 d/28.6.19			

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 Documents.
Date.	From whom received.				

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., Nova Scotia Regt

Regimental No. 3/82328 Rank Pte Name Morrison Roderick Peter

Enlisted (a) 3/5/18 Terms of Service (a) War & 6 months C. E. F. Service reckons from (a) 3/5/18

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

Extended ..... Re-engaged ..... Qualification (b) (Student) Nil

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 for Overseas	Halifax	28-8-18	
		Disembarked.	Liverpool.	16-8-18.	
22-8-18.	O.C. 17th.	TOS. on arrival from Canda and shown on Cmd. to Bourley Seg. Camp. Aldershot.	Bramshott.	16-8-18.	Pt. 11. O. 1981
30/9/18	O.C. 17th.	Reported off command.	Bramshott.	23/9/18	Pt. 11. O. 231.
28-6-19	17 Res. Bn.	S.O.S.-O.M.F.C.-on Trans. To C.E.F.			D. O. 148

R. Macdonald Capt for MAJOR O.C. "A" Coy. 1st Depot Battn. N.S.R.

HMT MAURETANIA
SAILING 94
ALLED SECTION 28-6-19

N. D. Lockhart
Lieut., Asst. Adjt.,
17th Canadian Res. Batt.

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
28/6/19		T. O. S. No. 6 D. D. from O/S and posted Disp St. B.			Hfx. D.O. 190
13/7/19		L. A. Sivon Lieut.			" 190
		Officer i/c Records No. 6 D.D.			

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3182328	Pte	Morrison	R.P.

Year	Unit.	Age.	Service.
1918.	14th Reserve	19	7/12.

Station and Date.	Disease Mumps
12 BGH. 21-12-18	Compl: Inflamm. and swelling of both jaws,
	Past Ill: Mumps – no
	Measles – 1912.
	Scarlet fever – no
	Diphtheria – no.
	Pres Ill: Noticed stiffness and swelling 20/12/18. reported 21/12/18 and sent here. temp 99°.
	Pres. cond: Slight double parotitis, tender to touch and. one and stiff on chewing. no other glands enlarged, tongue dirty, breath fetid
	chest – clear.
	Heart: N.
	other systems – N.
26/12/18 –	Left orchitis. Testicle very much swollen but not tender to touch nor on movement. Injure by adhesive support and hot foments. –
2/1/19	– Good recovery – now fit for discharge.
	Wby.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

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. 318328 Rank Pte Surname MORRISON

(Given name in full) RODERICK PETER

Unit or Corps 17th Bn Res Birthplace BADDECK BAY C. B.

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

1. GENERAL DESCRIPTION: at

Physique good Weight 162 lbs. Height 5 ft. 6 in. Colour of Eyes grey

Nutrition good.

Pulse 120 regular

Condition of arteries soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Two small moles on left side of abdomen.

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 yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Mumps 21-12-18 no disability

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Rishon (Overseas)

Date 22-5-19 Signed L. Faunt Jones 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 R. P. Morrison

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 6

Name of Soldier Morrison P. C. Pat

Rank Pte

No. 318238

Regiment 1st. DEPOT BATTALION. Nova Scotia Regiment.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	11-6	-18																					Missing 1.16.17.32
																							Cavities 7.8.4.5.14
																					SK Smith	6	Extractions 3.12.13.
	"	"										3,13 13,18 19,20 30										6	18,19.20.30

M.F.B. 465
200M-1-17
1772-39 950

A. Coy

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Morrison *Christian Name* Roderick Peter

Examined { on 3d day of May 1918 / at Halifax, N.S.

Birthplace { City or Town Baddeck Bay C.B. / County

Apparent age

Trade or occupation Student

Height 5 Feet 5 Inches.

Weight 127 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last never

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by J. Rankine

Rank Capt Canc M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8/5/18	Vaccinated	M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
8/5/18	Inoculated	M.O.
12-6-18	W.H. Parker	M.O.
31-7-18	J. Hunt	M.O.

Enlisted on ~~26th~~ *day of* ~~April~~ 3 May 1918 *at* Halifax N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Tank Bn	3182328		26-4-18.
Transferred to	17 Res			16 AUG 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Halifax	3-5-18		Category A II

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Morrison Christian Name Roderick Allen

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL HOSPITAL		21	12	18	6	1	19.	Mumps	17	Double – Left testes. Now fit for discharge on same category.	W Grayden Capt

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

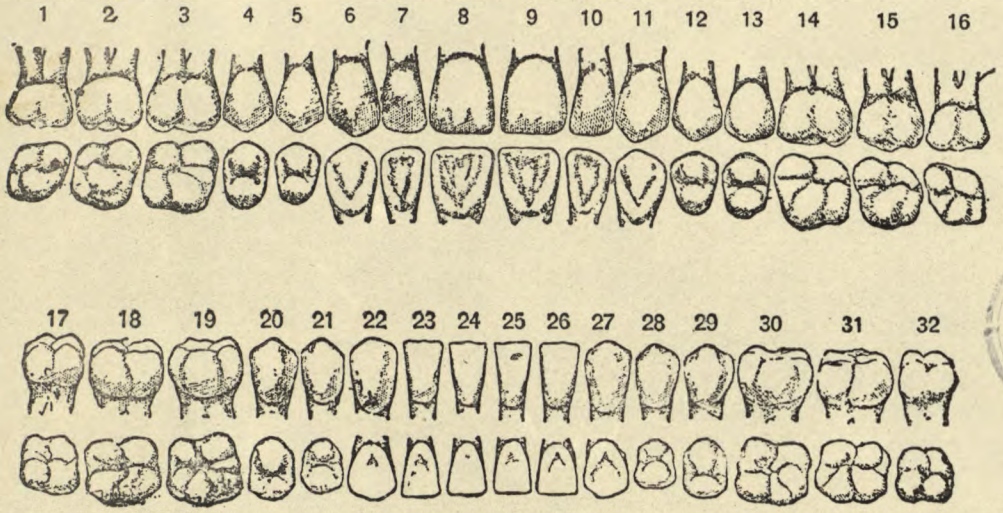
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) MORRISON - R.P.

REGIMENT 17th Res. RANK Pte No. 3182328

Date of Examination in England 20-519 | Date of Examination in France



DENTAL BOARD, 20 MAY 1919 RIPON.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4-5-6-7-8-14-15-21-31
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES —
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

DENTAL SERVICES W.D. No. 6 APR 4 1919 ASSISTANT DIRECTOR OF

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada yes
- (b) In England —
- (c) In France —

Signature of Dental Officer M Barbeau Capt

FORM OF WILL

I, Roderick Peter Morrison (Name in full)

Regimental Number 3182328 serving in 1st. DEPOT BATTALION, Nova Scotia Regiment

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

..... Name and Address of person or persons to whom it is to go.

..... absolutely, and my personal estate I bequeath to

..... Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 26th day of July A.D. 1918

R. P. Morrison Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except ~~real estate~~.

This man does not wish to have made a will in the attached Form

Alexander Cook
Jno. A. Leo

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

Signature of First Witness.....

Address of Witness.....

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness.....

Signature of Second Witness.....

Address of Witness.....

Occupation of Witness.....

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

I, ... (Name in full)

Residential Address ..... according to the Canadian Population Census, do hereby revoke all former Wills by me made, and declare this to be my last Will.

I devise all my real estate unto

Name and Address of person or persons to whom it is to go.

absolutely, or if any particular estate be made to

Name and Address of person or persons to whom it is to go.

Description of Property (See note).

NOTE

This space is reserved for Executor's Address if necessary.

IMPORTANT NOTE

This Will is signed this ..... day of ..... A.D. 19..

.....

WITNESS.

N.B. Persons desiring to have their Wills kept in safe custody should communicate with the Manager, Estate Department, Toronto.

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

Signature of First Witness .....

Address of Witness .....

Occupation of Witness .....

THE TWO WITNESSES

Signature of Second Witness .....

Address of Witness .....

Occupation of Witness .....

M.S.C. W. 22
3-10-12-11
17-5-2-22

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-8-18	EFFECTIVE DATE:-	
AMOUNT:-	15-	AMOUNT:-	

NAME:- MORRISON, Roderick Peter

NUMBER:- 3182328

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.

John Morrison
Badger Bay
Victoria Co N.S.

Stopped 1-7-19 — M.D. 6.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LPC-Can		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Dft. N.S. Regt

DATE ACCOUNT FIRST OPENED:- 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			17th Res.

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
28/5	1057		~~973.~~				
2/6	1236.		~~1460~~				
			~~2433~~				

Tfd. to Canada 1-7-19

DAILY RATES OF PAY AND ALLOWANCES

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

Ledg Bal 42 70

PARTICULARS OF RENDERING NON-EFFECTIVE — E102239 Clifton 2/6. MD6 LPC Bal. 18 31

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal from Can								10 70		
and	f.p.	34 10		cap.				15			
				AR 13 2/8 18	487				24 93		
		34 10			487			15			
Sept		33		cap.				15			
				a.R. 875 B.C. 2/9	487						
				" 2749 17th Res. 27/9	487				33 19		are agreed
		33			974			15	34 10		
				c a C				15	67 29		
									34 55		
Oct		34 10		4005-316 J 33 21/9 17 Res	08						
				aR 2891 10/10 17 Res	487						
					4 95						
				" 3369 28/10 "	1460				32 74		
		34 10			19 55			15	101 20		
				c a C				15	133 94		
									98 53		
Nov & Dec	C C	67 10		" 3625 13/11 17 Res	1460						
				" 3978 26/11 "	24 33			15			
					38 93						
Jan		34 10		" 4165 19/12 "	1460			15	35 41		
		101 20		" 4585 10/1/19 "	53 53			45	64 90		
					973				100 31		
					973						
Feb & Mch		64 90		" 4818 29/1/19 "	973			15	23 52		
					1426						
				" 5062 13/2 "	730			15			
					2276						
				" 5386 27/2 "	973						
					3249						
				" 5703 13/3 "	1703				16 39		
		64 90			53 52			30	53 89		
Apl		33		cap				15			
May		34 10		aR 220 Cipon 11/4	973						
				" 527 " 26/4	973						
				940 " 17/5	973						
				cap				15	24 70		
		67 10			29 19			30			
				FWD							

COMPILED BY Mrs McFeller
CHECKED BY Duncan

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
									24 70		
June		33		Cash				15	42 70		
				1057 30/5 17 Rs	9 73						
				1536 3/6	14 60				18 37		
		33			24 33			15			
				Balance 18 37							
				Bd. 9 4 1917							

Mauretania 4.7.19.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 3182358 | RANK Pte. | NAME (IN FULL) Morrison, R. P. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE
TO WHOM PAID | RELATIONSHIP
ADDRESS

E L P C

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Ens	28-6-19	Leo. 190

ORIGINAL UNIT C.E.F. 17 Res. | IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.8.19.
PAYABLE TO John Morrison | RELATIONSHIP Father | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS G.P.O. Buddeck Bay. Vic. C.B.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Hfx | DATE JUL 13 1919 | REASON Demob | AUTHORITY Leo. 190 | IF ENTITLED TO POST DISCHARGE PAY

1448

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
adj to																																					
BALANCE FROM PREVIOUS ACCOUNT 30.6.19					18	37																															Cr Bal CC adjd
					35	00																															adj WSG
13.7.19	13	1.10	14	30	30	00			137	67							4 87	5	00	112	80	15	00								137	67					adj Bal Collise
																																					Bal Dis Dec 3
																																					adj July.
					W.S.G.	S.A.											WAR SERVICE GRATUITY. W.S.G. S.A.																			
1224	1		280	00	1		280	00	1														70	00									140				1st Part W.S.G.
																							70	00									70	—			6/8/19 #897346
																							70	—									Nil				5/9/19 #1134135
																							70	—													8/10/19 #1304775
			280				280																280								280						

Completed 280 00

All payments made

Certified that all payments due on this acct. have been paid.

A C Kerr CAPT.
For Senior Officer Pay Services, M. D. 6

AUG 2 1919

200M-3-19.—L. ... 58798-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment 3-5-18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M.26084

Date of Assignment 1st August 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

9 f 11 m 29 E3

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion No. 1, Depot Bn. N.S. Reg't. Draft 62.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 JOHN MORRISON,
BADDECK BAY,
2 VIC.CO.,N.S. 15 15.00
% 3182328 PTE.RODERICK PETER MORRISON
3 FIFTEEN DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 013138.R.63
Aug	Y 41850	—	15	15	✓	
Sep	U 42994		15	15	✓	
Oct.	A 54241		15	15	✓	
Nov.	Z 57438		15	15	✓	
Dec.	X 67719		15	15	✓	
Jan	Z 72726		15	15	✓	
Feb	W 77006		15	15	✓	
Mar.	M 86246		15	15	✓	
Apr.	P. 3848		15	15	✓	
May	G. 8308		15	15	✓	
June	H 11403		15	15	✓	
July	G 11609		15	15	✓	
			180	180		

A/c Closed 31.7.19
Ret'd per Maintenance M.D.6
Date 4.7.19 M.F.W.187
Clerk R. Piper 17.7.19

Jud Ty Rol P 113600-D-1919 RPB

AUTHORITY FOR NEW ACC'T. M.D.6. B.3. K Laurie 30-8-18

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22230—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

AUTHORITY FOR NEW ACC'T. .....

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7493.

ELIGIBLE FOR CLASS "C" BADGE NOT AVAILABLE AT TIME OF ISSUE.

HALIFAX, N.S. JUL 4 1919

J. H. M. Jones LIEUT.

OFFICER i/c WAR SERVICE BADGES.

Dispersal Area No. B

Occupational Group No. 19

W.S.B. Class " "

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

HMT MAURETANIA
SAILING 94
ARRIVED SO'TON 28-6-19

1. No. 3182328
2. Rank. Pte
3. Name. Morrison, Roderick Peter
4. Unit. 17 Res Bn - NSR
5. Date of Discharge 13/7/19 Place Halifax N.S.
6. Reason for Discharge Demob M
   Not Kin Father
   Relig. Presb.
7. Authority. 4 R.O. 1420
8. Proposed Residence after Discharge
   Baddeck 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. P. Morrison
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. JUL 4 1919

Place

Date

Signature R. C. Bellamy Capt
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge | Place

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. P. W. 7.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature.

(O. C. Demobilizing Unit.)

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

9

CLINICAL CHART.

(To be attached to Case Sheet.)

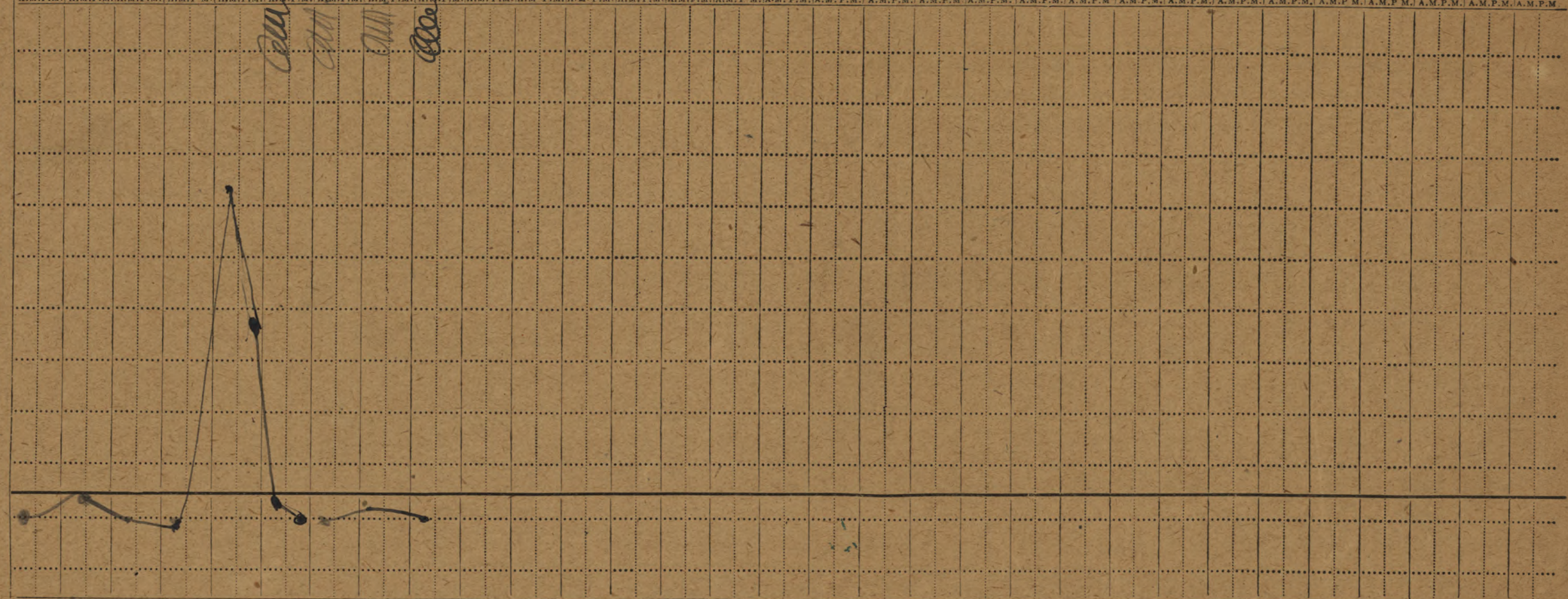
Army Form B. 181.

Corps 14th Res. Military Hospital 12 G.H.

No. 3182328. Rank and Name Pte Morrison R.P. Age 19 Service 7/12

Disease Mumps Date of admission 21-12-18. Date of discharge 6-1-19. Result Recovery.

Dates of Observation	21	22	23	24	25	27	28	29	30
Days of Disease									
Temperature Fahrenheit (Time A.M.P.M.)									
Pulse per Minute	92	75	74	72	104	64	80	82	84
Respirations per Minute		20	18	20	18	18	18	20	
Motions per 24 hours									



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps

Military Hospital

No.

Rank and Name

Age

Service

Disease

Date of admission

Date of discharge

Result

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107° ·8 ·6 ·4 ·2																															
106° ·8 ·6 ·4 ·2																															
105° ·8 ·6 ·4 ·2																															
104° ·8 ·6 ·4 ·2																															
103° ·8 ·6 ·4 ·2																															
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101° ·8 ·6 ·4 ·2																															
100° ·8 ·6 ·4 ·2																															
99° ·8 ·6 ·4 ·2																															
98° ·8 ·6 ·4 ·2																															
97° ·8 ·6 ·4 ·2																															
·8 ·6																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature ______ In charge of case.