

#10

M. D.

1st

Depot Battalion

Manitoba

Regiment

Regtl. No. D. 3347086

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

- 1. Surname Morrison
- 2. Christian name Samuel
- 3. Present address Agricultural College, St. Vital, Manitoba, Canada
- 4. Military Service Act letter and number 545969 JC  
(If man is defaulting, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
- 5. Date of birth September 7th., 1891
- 6. Place of birth Kilwinning, Ayrshire, Scotland  
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Presbyterian
- 9. Trade or calling Laboratory Assistant
- 10. Name of next-of-kin Mary Wales
- 11. Relationship of next-of-kin Sister
- 12. Address of next-of-kin 9 Garnock View, Kilwinning, Ayrshire, Scotland
- 13. Whether at present a member of the Active Militia No
- 14. Particulars of previous military or naval service, if any None
- 15. Medical Examination under Military Service Act:—  
(a) Place Winnipeg, Canada (b) Date June 5th., 1918 (c) Category B 2

DECLARATION OF RECRUIT

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

Samuel Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	26	yrs.	8	mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.	
Height	5	ft.	8½	ins.		
Chest measurement	fully expanded		34	ins.		
	range of expansion		2	ins.		
Complexion	Dark					} Scar right knee.
Eyes	Brown					
Hair	Dark					

B. Cairns Major for Commanding, 1st Depot Battalion Manitoba Regiment Depot Btin.

Place Winnipeg, Canada Date June 5th., 1918

# DECLARATION OF RECEIPT

ISSUED UNDER MILITARY SERVICE ACT, 1917

No. \_\_\_\_\_

Attest \_\_\_\_\_

Signature of Recipient \_\_\_\_\_

Signature of Distributor \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

## DECLARATION OF RECEIPT

No. \_\_\_\_\_

Attest \_\_\_\_\_

Signature of Recipient \_\_\_\_\_

Signature of Distributor \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

## DESCRIPTION OF CALLING UP

Call Number	Date	Place	Description

Regt \_\_\_\_\_

Battalion \_\_\_\_\_

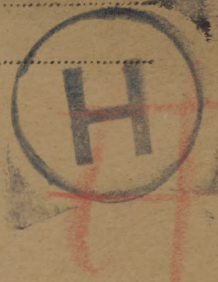
Signature of Recipient \_\_\_\_\_

Signature of Distributor \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. ....  


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *3*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet .....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... *2*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Arch* Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

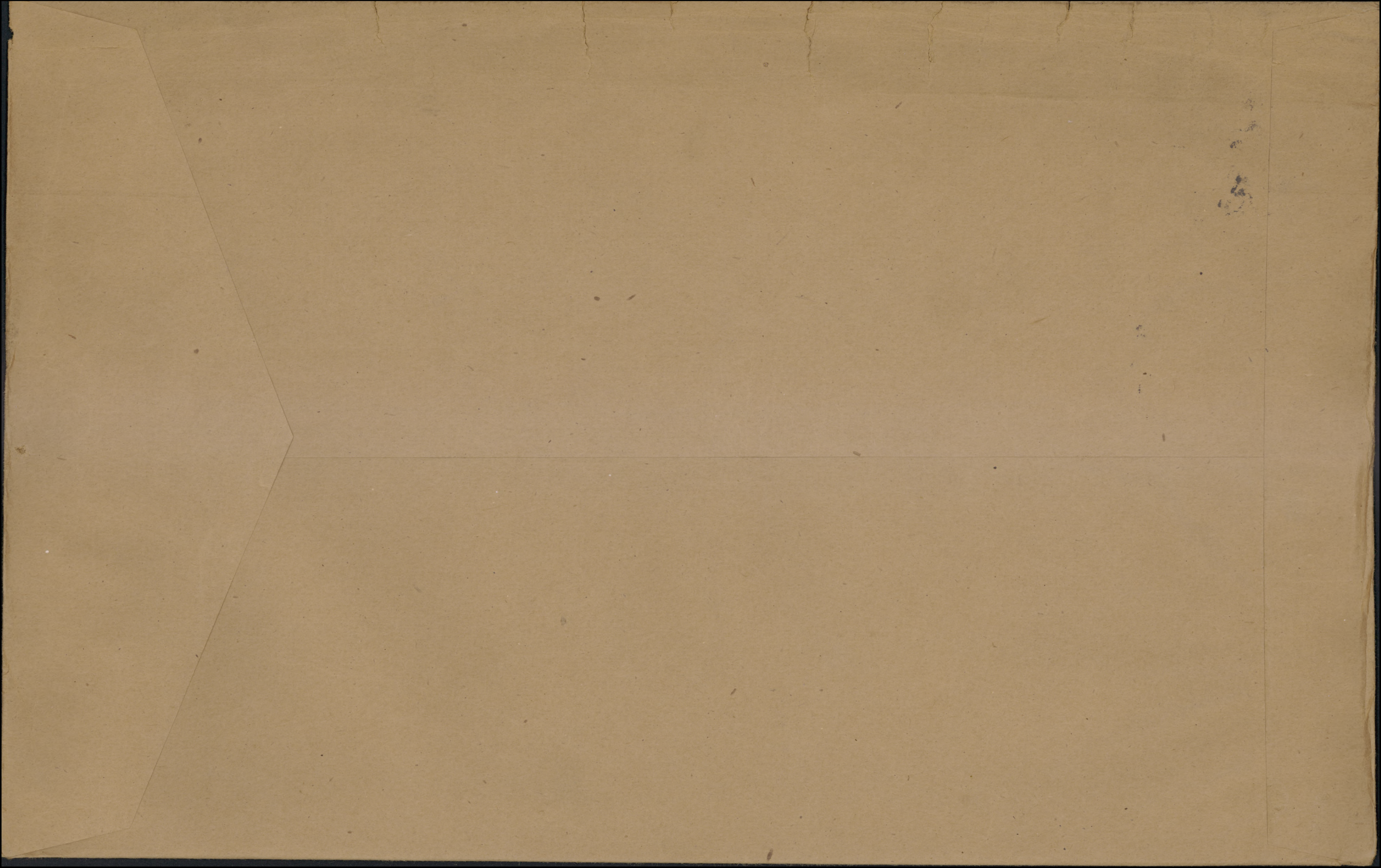
Name *MORRISON. SAMUEL*  
 Regt. No. *3347086* Rank *Pvt.*  
 Corps *A. M. G. I. A. #10.*

*Being a Rly. Employee*

34618



*M. F. W. 71-1*  
*A. D. B. 122-1*  
*M. F. W. 129-1*



NAME MORRISON, Samuel

REGIMENTAL NO. 3347086

RANK Private

ENLISTED AT 1st Depot Batt.M.R.  
Winnipeg, Manitoba

PROMOTIONS, &c.  
AND DATE

DATE 5/6/18

IF SERVED PREVIOUSLY. STATE UNIT. &c. No

MARRIED, WIDOWER, OR SINGLE Single Laboratory Asst. Pres.

NEXT OF KIN Helga Farine Morrison RELATIONSHIP Wife

ADDRESS OF 183 Carleton St. Winnipeg, Man.

ASSIGNMENT OF PAY \$ 15. 00 TO Mrs. H. F. Morrison

ADDRESS 183 Carleton St. Winnipeg, Man.

SEPARATION ALLOWANCE, ENTITLED OR NOT Yes

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER 20-7-18

IN WHOSE FAVOUR Mrs. H. F. Morrison (as above) B0155

M.D. 10  
No. 11



Surname Morrison H. Q. ✓  
Christian names Samuel M. D. No. 10  
Regtl. No. 3347086 Rank Pte T. O. S. 19  
Unit man Regt 1st Depo Bn D. O. Pt. II of  
Reason 19  
Auth. 19

Next of kin Wales Mary Relationship Sister  
Address 9 Garmock View Also notify:  
Kilwinning, Ayr Scot

BORN—Place Scotland Kilwinning Date Sept 7<sup>th</sup> 1891  
ATTESTED—Place Winnipeg Man Date June 5<sup>th</sup> 1918  
O/S          R/C





2

✓

Surname *Morrison*  
 Christian names *Samuel*  
 Regtl. No. *3347086* Rank *pte*  
 Unit *Man Regt 1st Lbrs Bn*  
 H. Q. ....  
 M. D. No. *10*  
 T. O. S. *June 5<sup>th</sup> 1918*  
 D. O. Pt. II *155* of *4-6-18*  
 S. O. S. *Dis 10/12/1918.*  
 Reason *Demob.*  
 Auth. *DD 344 of 10.12.18.*  
*and 28.4.10*

Next of kin *Wales, Mary* Relationship *Sister*  
 Address *9 Garmock Hill, Kilwinning, Ayr, Scot.* Also notify: .....

BORN—Place *Scotland, Kilwinning, Ayr.* Date *Sept. 7<sup>th</sup> 1891*  
 ATTESTED—Place *Winnipeg, Man.* Date *June 5<sup>th</sup> 1918.*  
 O/S..... R/C.....



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

20101



This is to Certify that No. 3347086 (Rank) Private

Name (in full) Samuel Morrison enlisted in the First Depot Battalion, Manitoba Regiment

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man on the fifth day of June 1918

HE served in Canada

and is now discharged from the service by reason of being a Railroad Employee  
H.O. Wier 7019. Contingent Orders 288 Para. 4631.

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

Age 27 years 3 months  
 Height 5 feet 8½ inches  
 Complexion dark  
 Eyes brown  
 Hair dark

Marks or Scars  
Scar right knee.

Samuel Morrison  
 Signature of Soldier

W. Murray  
 Issuing Officer

Date of Discharge December 10, 1918

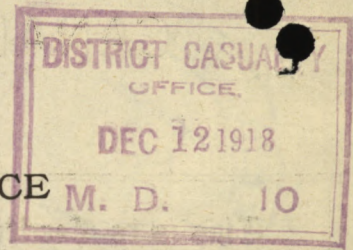
Captain  
 Rank  
OC. Amc. ID No. 10  
 Appointment

Signed at Winnipeg Man this tenth day of December 1918

in Military District No. 10

File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3347086 (Rank) Private Name Samuel Morrison  
Unit Army Medical Corps Training Depot No. 10  
Address on Discharge 183 Carlton St Winnipeg Man  
Character and Conduct Good

Former Occupation Laboratory Assistant

Special Qualifications of Value in Civil Life Laboratory Assistant

Medals and Decorations none

Remarks none

Signed at Winnipeg Man this tenth day of December 1918

*W. Murray*  
Name of Officer

Captain  
Rank

P.C. M.C. ID No. 10  
For Appointment

*W. G. Holstein* Cap  
District Casualty Officer,  
Military District No. 10

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battalion, Manitoba Regiment

Regimental No. D3347086 Rank PRIVATE Name Shawson Samuel  
C. E. F.

Enlisted (a) 5.6.18 Terms of Service (a) CEF Service reckons from (a) 5.6.18

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

Extended. Re-engaged. Qualification (b) CIVIL. Laboratory Assistant  
MILITARY

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				
16-7-18	a a g	Trans Camb 2D # 10	Winnipeg	17-7-18	
		Discharged being a Railroad Employee; H. Q. Wire 7019; CONTINGENT ORDERS 288 Paragraph 4631. Effective December 10th. 1918.			
		<u>W. Murray</u> Capt. O.C.A.M.C.T.D. NO. 10.			

(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.

Casualty Form Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



# CASE HISTORY SHEET

135

Manitoba Military Hospital. Tuxedo Park, Winnipeg, Station.  
 No. 3347086 Rank Pte. Name Morrison Samuel, Age 26  
 Unit 1st Dep. Bn. Completed years of service Where and how long } 12.  
 Date of admission 24-6-18 Date of discharge July 9 '18  
 Diagnosis Measles Place of origin Winnipeg, Man., 24-6-18

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Usual signs of measles  
 nothing abnormal  
 Signs = none

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

Cough mixture

## CONDITION ON DISCHARGE

(and disposal made of case.)

Recovery - Returned to unit

Date July 9 '18

J. Morrison, Capt. Case  
Medical Officer i/c case.

GA 10.039





# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps \_\_\_\_\_

Hospital Station \_\_\_\_\_

No. 3347086 Rank and Name Pte Samuel Morrison Age 26 Service \_\_\_\_\_

Disease June Date of Admission 25 Date of Discharge \_\_\_\_\_ Result \_\_\_\_\_ Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation	25		26		27		28		29		30		1		2		3		4		5		6		7		8		9														
	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		
Days of Disease	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15														
Temperature Fahrenheit	a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		
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Pulse per Minute																																											
Respirations per Minute																																											
Motions																																											

M. F. B. 288.

50M-11-16.  
H. Q. 1772-39-513.

Signature \_\_\_\_\_ In charge of case \_\_\_\_\_

CLINICAL CHART

11-10-1914

2010

11-10-1914

11-10-1914

11-11-1914

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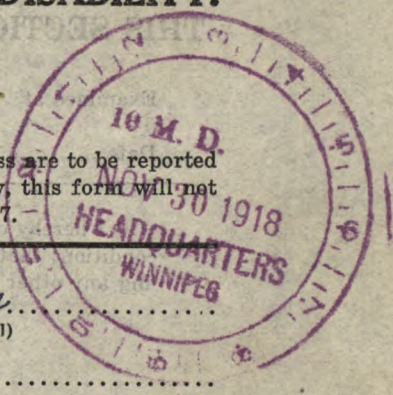
WATERFIELD GEAR  
MADE IN CANADA

BELL

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44-M-905

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.



183 Carlton St Wpg Man

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. 3347086 Rank *plu* Surname *Morrison*  
(Given name in full)

Unit or Corps *C.A.M.C.* Birthplace *Edinburgh Scotland*

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

### 1. GENERAL DESCRIPTION:

Physique *fair* Weight *127* lbs. Height *5.8 1/2* in. Colour of Eyes *Brown*  
 Nutrition *fair*  
 Pulse *84*  
 Condition of arteries *normal*  
 Vision Rt. *20/20* Left *20/20*  
 Hearing (conversational voice) Rt. *12.0* ft.  
 Left *12.0* ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
*Hammer toe on both feet. see below*

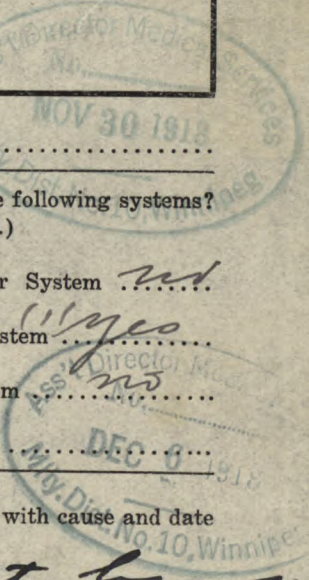
Opinion as to general health and physical condition *fair*

### 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 *yes*  
 Disturbance of mentality *no* Muscular System *no* Digestive System *no*  
 Osseous and Joint System *yes* 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.

(1) Had Asthma in England but has not been bothered with it for 6 yrs.  
 Cause Climate in England.  
 (2) Great toe on right foot is moderately hammer toe - the other toe are more markedly so. Walking causes foot to ache. Can walk 2 miles without discomfort. 2nd toe on my left foot is also a hammer toe but does not cause him any disability. This condition has been originated in childhood. Cause tight shoes.  
 progressively getting worse.



[OVER]

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at *W. J. Man* .....(Canada)

Date *2-9-18* ..... Signed *W. J. Man* ..... 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 *S. Morrison* .....

(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.)

*Approved*  
*S. Morrison*  
D. M. S., M. D. No. 14  
WINNIPEG, MAN.

[OVER]

O R I G I N A L  
CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 10  
No. 11

LAST PAY CERTIFICATE

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

Regimental No. 3347086 Rank Private Name MORRISON, Samuel  
Corps A.M.C., T.D. No. 10 who was\* discharged  
On December 10th, 1918, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st, 1918,  
to December 10th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	00
Advances by Cheques } No. ....			Reg'tl. Pay ... 10 days at \$... 1.00	10	00
Assigned Pay and Sep'n Allee. No. <u>3078</u>	30	00	Field Allow. ... 10 days at \$... 1.00	10	00
Other charges			Increase S.A. Sep. 1-Nov. 30	15	00
Payment on transfer or discharge No. <u>3079</u>	51	00	Separation Allowances* (Monthly Dec-1)	10	00
Balance Cr. (to be paid by the new unit)			Other Allowances* Clothing R013-50	35	00
			Other Credits*		
Total	81	00	Bal. Dr. (to be deducted by new unit)		
			Total	81	00

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned  
{ Pay for the month of November 1918  
{ and Sep'n Allee. for month of November 1918 } (to) Assignee Mrs. Helga F. Morrison  
(Address) 183 Carleton St. Winnipeg, Man.  
NOT ENTITLED TO P.D.P.

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

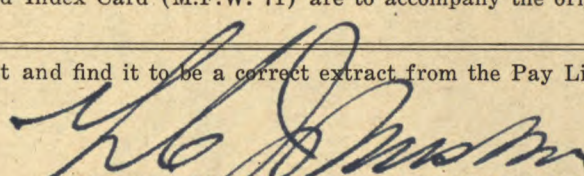
**On Transfer of an Officer.**

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

REMARKS:—

State (1) date of enlistment June 5/18  
(2) if married and if a Separation Allowance Card has been submitted Yes Yes  
(3) cause of discharge as a Railway Employee authority C.O. 288  
(4) authority for transfer .....

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 December 10th, 1918  
Place Winnipeg, Manitoba  
 Captain  
A.M.C., T.D. No. 10 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.

*Handwritten signature or scribble in blue ink, possibly reading "M. J. Jones" or similar, located in the upper right quadrant of the page.*



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname MORRISON Christian name SAMUEL

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 545969 J C

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) ... Agricultural College, St. Vital, Manitoba, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of June 1918 1917, by the undersigned medical board sitting at MINTO ST. BARRACKS

5. Age as stated 26 Years 8 Months. 6. Apparent age 26 Years 8 Months

7. Height 5 Feet 8 1/2 Inches. 8. Weight 125 Pounds.

9. Chest measurement (Minimum 32 Ins. Maximum 34 Ins.) 10. Complexion Dark { Eyes Brown Hair Dark

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

13. Number of vaccination marks { Right arm Two Left arm 1 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L Arm

16. Slight defects but not sufficient to cause rejection Hammer Toes Both Feet

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B2  
W. J. Morrison President. Vision R. Eye 20/30 " L. Eye 20/30 Hearing R. Ear N " L. Ear N

J. J. Morrison Member. W. J. Morrison Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/8/18</u>	<u>B.O.A.S.</u>	M.O.	<u>18/6/18</u>	<u>B.O.A.S.</u>	M.O.
		M.O.	<u>31/7/18</u>	<u>B.O.A.S.</u>	M.O.
		M.O.	<u>1/8/18</u>	<u>B.O.A.S.</u>	M.O.
		M.O.	<u>20/5/18</u>	<u>B.O.A.S.</u>	M.O.

Joined 5th day of June 1918 at WINNIPEG, MANITOBA, CANADA.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion, Manitoba Regiment</u>	<u>D. 3347086</u>		<u>5/6/18</u>
<u>Joined on enlistment</u>			
<u>Transferred to.....</u>	<u>b.a.n.c. 2.0 #10</u>		<u>17-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

*Being employed at Agricultural College, St. Vital, Manitoba, Canada.*

*Signature of Man Samuel Morrison*





This space to be for numbers.

10778 44-76-905  
MILITARY DEFENCE

DEC 21 1918

H.Q. CANADA

# Proceedings on Discharge.

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

No. 3 3 47 0 8 6
Rank Private
Name Samuel MORRISON <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company) Army Medical Corps Tr'g. Depot No. 10.
Date of Discharge December 10th. 1918. ✓
Place of Discharge Winnipeg, Manitoba, Canada.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....27.....years.....3.....months.	Descriptive Marks
Height.....5.....feet.....8½.....inches.	
Complexion dark	Scar right knee.
Eyes brown	
Hair dark	
Trade Laboratory Assistant	
Intended place of residence } 183 Carlton St., Winnipeg, Manitoba. <small>(To be given as fully as practicable.)</small>	

2. The above-named man is discharged in consequence of being a Railroad Employee  
H.Q. WIRE 7019; CONTINGENT ORDERS. 288 Para. 4631.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

GOOD

*W. J. ...*

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Laboratory Assistant.

*W. J. ...*

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

N o n e

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

6. Medals and Decorations.....

N o n e

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

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

(Place) Winnipeg, Manitoba.

*W. Murray* Capt.

(Date) DEC 10 1918

Commanding A.M.C.T.D. NO. 10.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Winnipeg, Manitoba. *Samuel Morrison* (Signature of Soldier.)

(Date) DEC 10 1918 *W. Bellot* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 189 days.

Total.....years 189 days.

11. Confirmation of Discharge.

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

(Place) Winnipeg, Manitoba.

(Signature) *W. Murray* Capt.

(Date) DEC 10 1918

O.C.A.M.C.T.D. NO. 10.

Reservations referred to at Para. 8.

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

N o n e

*Samuel Morrison* .Signature of  
Soldier.

CO. 7. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

81-2112

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } 1          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>1 Casualty Form M. F. W. 54</p> <p>Copies of Convictions, by C. P. in MS. 1</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227. 1</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, 3 Militia Form B. 235.</p> <p>Proceedings on Discharge 2 " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*