

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison
2. Christian name Thomas
3. Present address Jonquieres Co. Chicoutimi P.Q. Canada
4. Military Service Act letter and number 242919 30.
5. Date of birth December 7th. 1895
6. Place of birth Conway, Isle Prince Edward Can.
7. Married, widower or single single
8. Religion Presbyterian
9. Trade or calling Plumber
10. Name of next-of-kin Morrison Andrew
11. Relationship of next-of-kin Father
12. Address of next-of-kin Conway, Isle Prince Edward Canada
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 Drill Hall Quebec (b) Date 15/7/18 (c) Category C-1

DECLARATION OF RECRUIT

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

Thomas Morrison

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. 10 mths.
Height 5 ft. 5 1/2 ins.
Chest measurement } fully expanded 34 ins.
range of expansion 3 ins.
Complexion Medium
Eyes Brown
Hair Brown

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

Large varicose veins left thigh

M. S. A.

O. C. Captain
O. C. Mobilization Centre M. D. 5
Regt.

Place Drill Hall Quebec Date 15/7/18

DRAFTED UNDER MILITARY SERVICE ACT, 1917
 PARTICULARS OF RECRUIT
 MOBILIZATION CENTRE M. D. 3

Class

1. Name of recruit

2. Address

3. Date of birth

4. Height

5. Weight

6. Complexion

7. Eyes

8. Hair

9. Religion

10. Name of wife

11. Particulars of next of kin

12. Address of next of kin

13. Particulars of previous military or naval service

14. Medical examination under Military Service Act, 1917

15. Date

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Signature of Recruit

DESCRIPTION OF CALLING UP

Apparatus	Used	Duration	Remarks
Light	Yes		
Coat	Yes		
Equipment	Yes		
Compass	Yes		
Map	Yes		
Hat	Yes		

Date

M. D. 3

MOBILIZATION CENTRE M. D. 5

Regtl. No. 3382268

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison

2. Christian name Thomas

3. Present address Jonquieres Co. Chicoutimi P.Q. Canada

4. Military Service Act letter and number 242919 EC.

5. Date of birth December 7th. 1895

6. Place of birth Conway, Isle Prince Edward Can.
(town, township or county and country)

7. Married, widower or single Single

8. Religion Presbyterian

9. Trade or calling Plumber

10. Name of next-of-kin Morrison Jandrew

11. Relationship of next-of-kin Father

12. Address of next-of-kin Conway, Isle Prince Edward Canada

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 Drill Hall Quebec (b) Date 15/7/18 (c) Category C-1

DECLARATION OF RECRUIT

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

Thomas Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22	yrs.	10	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. } Large varicose veins left thigh
Height	5	ft.	5 1/2	ins.	
Chest measurement	} fully expanded		34	ins.	
		range of expansion	3	ins.	
Complexion		Medium			
Eyes		Brown			
Hair		Brown			

M. S. A.

L. L. L.
O. C. Depot Btl. Captain
O. C. Mobilization Centre M. D. 5
Regt.

Place Drill Hall Quebec Date 15/7/18

Captain
O. C. Mobilization Centre M. D. 5

Name _____
 Rank _____
 Commission _____
 (Number of years) _____
 (Date) _____
 (Place) _____
 (City) _____
 (State) _____

DESCRIPTION OF SERVICE

From _____ to _____
 (Date) _____ (Date) _____

DESCRIPTION OF SERVICE

1. Name of vessel _____
2. Name of commanding officer _____
3. Name of vessel _____
4. Name of commanding officer _____
5. Name of vessel _____
6. Name of commanding officer _____
7. Name of vessel _____
8. Name of commanding officer _____
9. Name of vessel _____
10. Name of commanding officer _____
11. Name of vessel _____
12. Name of commanding officer _____
13. Name of vessel _____
14. Name of commanding officer _____
15. Name of vessel _____
16. Name of commanding officer _____
17. Name of vessel _____
18. Name of commanding officer _____
19. Name of vessel _____
20. Name of commanding officer _____

Class _____

DEPARTMENT OF THE ARMY

REGIMENTAL HEADQUARTERS

WASHINGTON, D. C.

REGIMENTAL DOCUMENTS

NAME *Morrison Thomas*

REGT. NO. *3382268* UNIT *32B2-GR* H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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)

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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)

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

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

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

DEATH

Category

DISCHARGE

Category *Deinotes*

34638

DESERTION

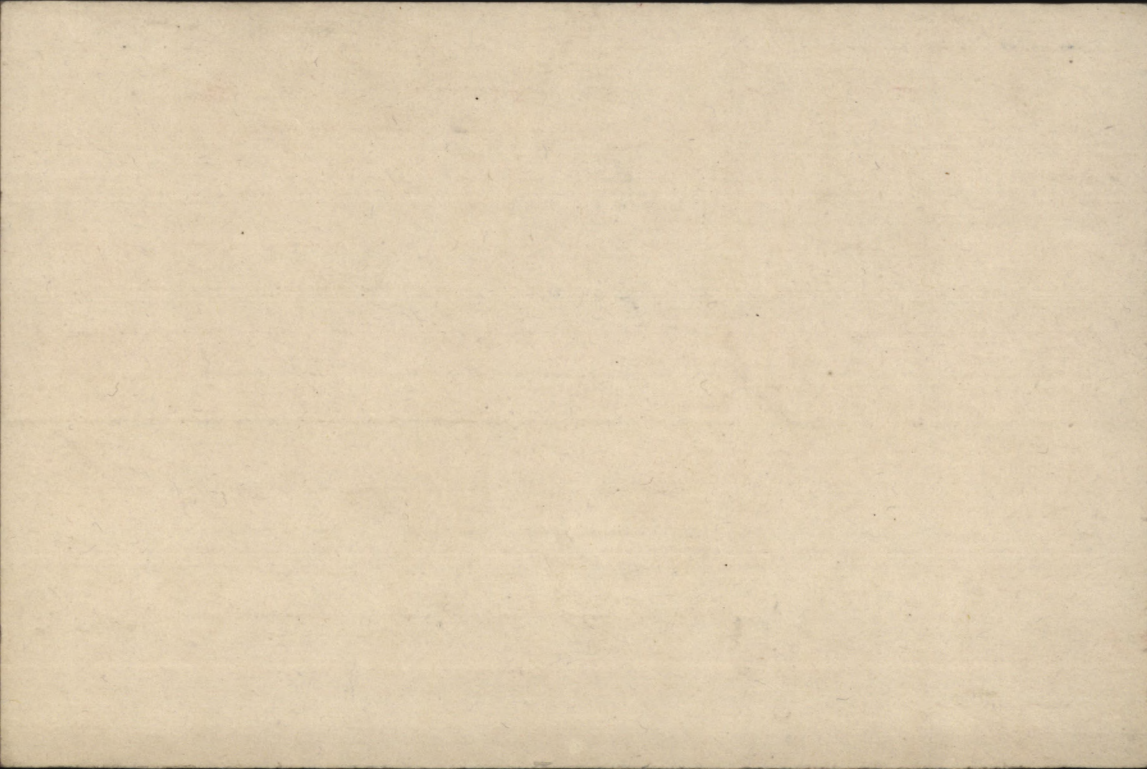




Surname *Morrison* H. Q.
Christian names *Thomas* M. D. No. *5*
Regtl. No. *336 2268* Rank *Pte* T. O. S. 19...
Unit *2nd Que Reg 3rd Sps Bn* D. O. Pt. II of
S. O. S. *Dis 1/8/1918* 1918.
Reason *Wok.*
Auth. *Do. 29/198.18.*
3/2 P.R.

Next of kin *Morrison Andrew* Relationship *Father*
Address *Conway Prince Edward*
Island Also notify:

BORN—Place *Canada Conway P.E.I.* Date *Dec 7th 1898*
ATTESTED—Place *Quebec P.Q.* Date *July 2th 1918*
O/S R/C



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.

MOBILIZATION CENTRE M. D. 5

Unit, Regiment or Corps. Third Dep. Par. Second Divison

Regimental No. 3382268 Rank Private Name Morrison Thomas
C. E. F.

Enlisted (a) 15/7/18 Terms of Service (a) Can. Expd. Force Service reckons from (a) 15/7/18

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) Plumber.

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				
19-8-18.	3 rd Depo Bn. 2 nd Div. Regt.	<p>Demobilization</p> <p>S.O.S. on return to records of Registrar.</p> <p>Part II Orders No. 69-50-Date, 19-8-18.</p> <p>Discharged under authority of P.C. 3051, of 11-12-18.</p>	Calcutta.	1.8.18.	D.O. 69.

[Signature] Major.
M. S. A., D. O., M. D. 5.

Capt.

In D of R.

(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.

m.a.g.

List 85
MILITARY SERVICE ACT, 1917. 3382268

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 Thomas
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 242919 C.C.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) File Prince Edward

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15 day of July 1918 by the undersigned medical board sitting at Drill Hall Rue

- 5. Age as stated 22 Years 10 Months
- 6. Apparent age 22 Years _____ Months
- 7. Height 5 Feet 5 1/2 Inches
- 8. Weight 123 Pounds
- 9. Chest measurement { Minimum 31 Ins.
Maximum 34 Ins.
- 10. Complexion Medium { Eyes Brown
Hair Brown
- 11. Physical development. Good { Good
Fair
Poor
- 12. Smallpox marks _____

- 13. Number of vaccination marks { Right arm _____
Left arm _____
- 14. When vaccinated last _____
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Large
Morocoe Burns Left thigh.

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism
Tuberculosis
Syphilis We find no evidence of past { Rheumatism
Tuberculosis
Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C1 6 eyes R00 L00
hearing OK
J.R. Lubrown capt President.
DR Farrall capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 15 day of July 1918 at Drill Hall Rue

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				<u>15/7/18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

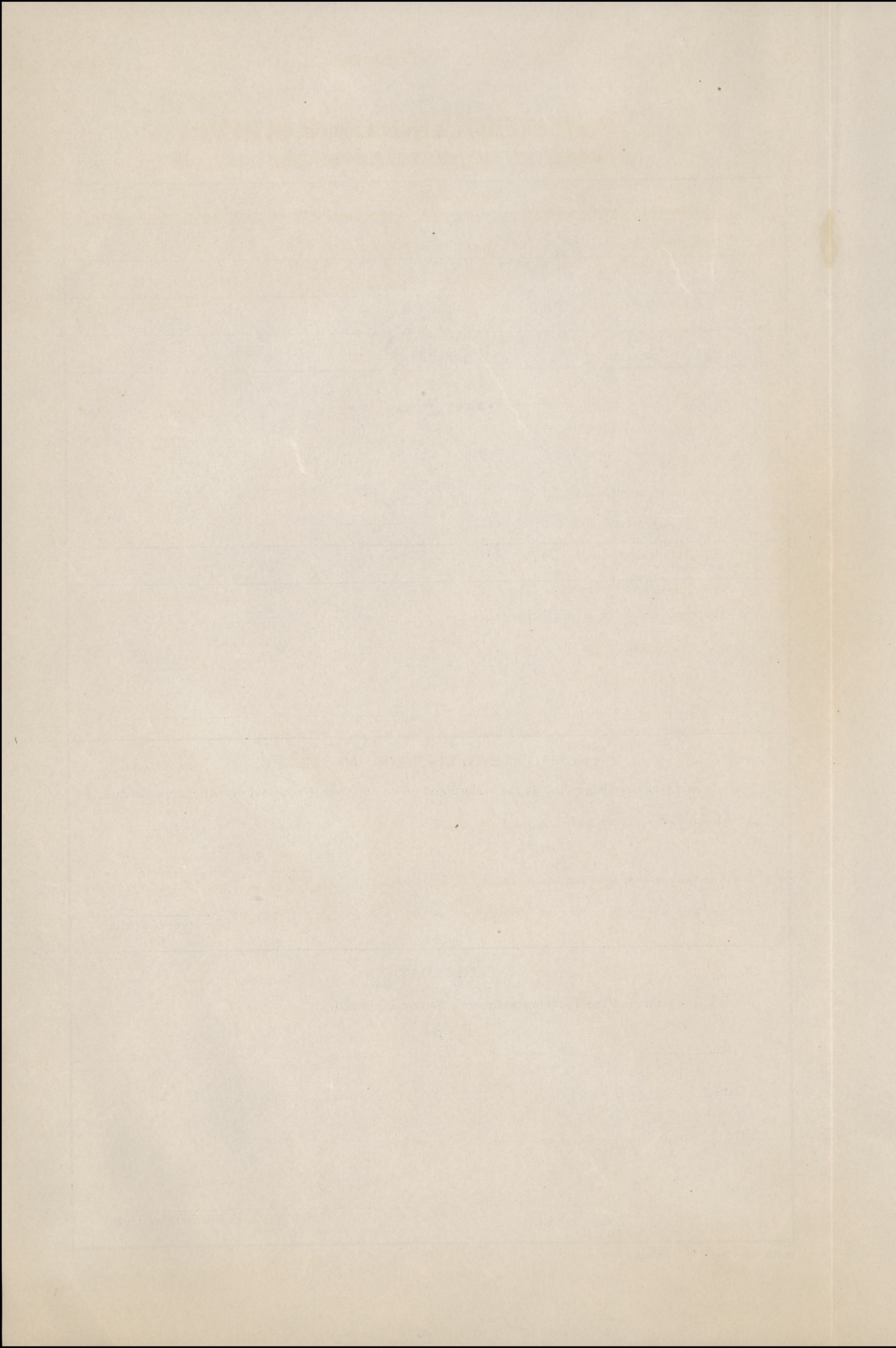
STATION	DATE	DISEASE	RESULT

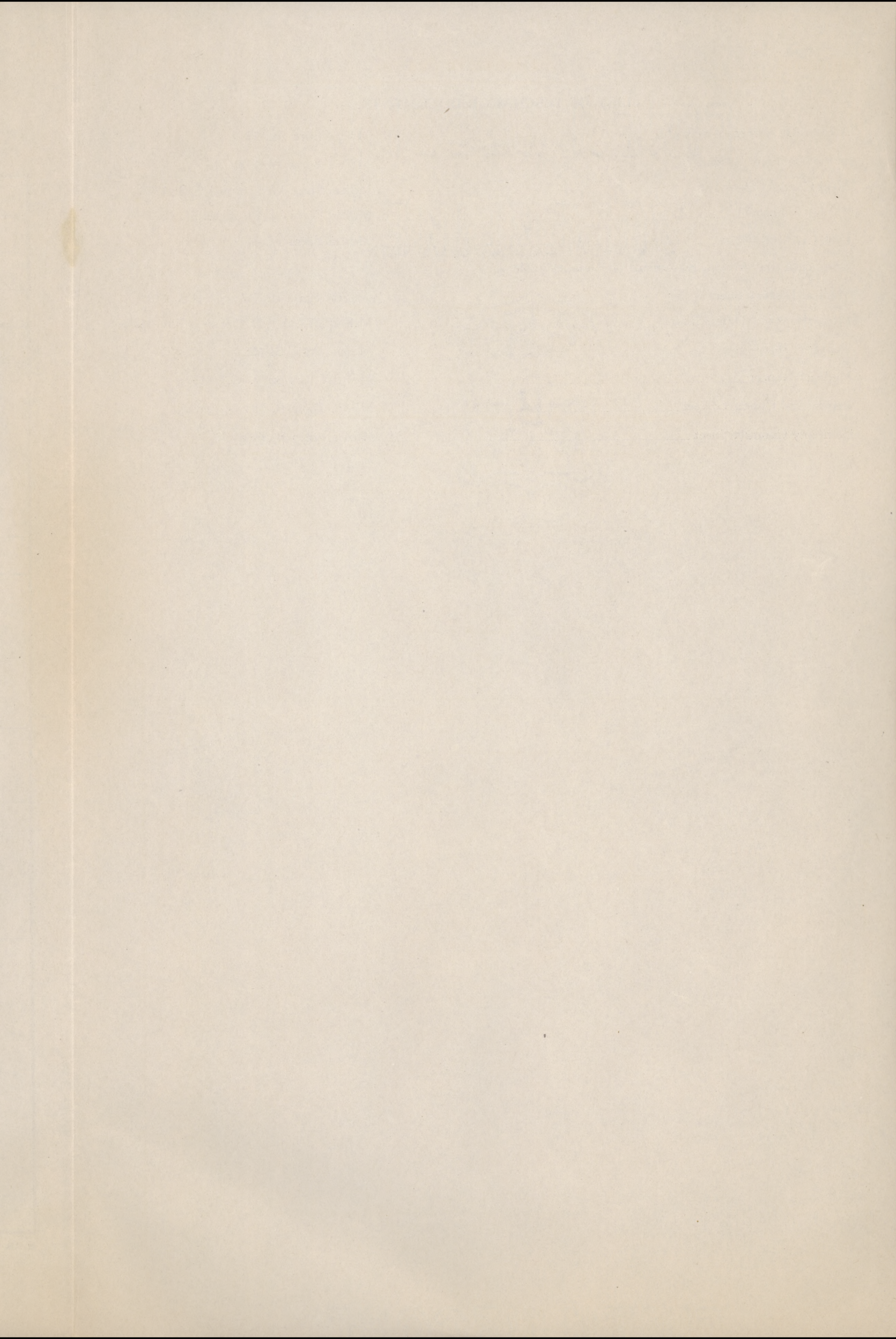
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Thomas Morrison

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	C. C. 242 9/9 - Regt. No. 338 2268		
2. Rank	Private		
3. Name	Morrisson Thomas		
4. Unit	3rd Depot, Battalion, 2nd Quebec Regt.		
5. Date of Discharge	1-8-18	Place	Quebec
6. Reason for Discharge	Demobilization		
	S.O.S. on return to records of Registrar. 1-8-18		
	Part II Orders No. 69-50 Date, 19-8-18 -		
	Discharged under authority of P.C. 3051, of 11-12-18.		
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. F. W. ?			
Signature of Soldier.			
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place			
Date			
Signature (O. C. Discharging Unit.)			





LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... 2	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form..... 1	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..... 1	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