

*Ed Morrison*

476337  
*Duplicate*

# ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Morrison Thomas E.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Douglas, I. O. N.*
3. What is ~~the~~ name of your next-of kin?..... *T. E. Morrison (Father)*
4. What is the address of your next-of-kin?..... *1823 Midman Ave., Winnipeg*
5. What is the date of your birth?..... *1st November, 1896*
6. What is your Trade or Calling?..... *Machinist*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes, 34th P.G.H. ~~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*

*Ed Morrison* (Signature of Man.)  
*H. B. Fewdall* (Signature of Witness.)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

*Ed Morrison* (Signature of Recruit)

Date *October 7th* 191 *5* *H. B. Fewdall* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas E. 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

*Ed Morrison* (Signature of Recruit)

Date *October 7th* 191 *5* *H. B. Fewdall* (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 *Camp Hughes, 10th* this *13th* day of *October* 191 *5*.

*Camelborne* (Signature of Justice)

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

*James Yegor* (Approving Officer)  
*C.C. Overseas Draft, 34th P.G.H.*

Description of Morrison T. E. on Enlistment.

Apparent Age 20 years 1 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. 11 3/4 ins.

Chest measurement { Girth when fully expanded 34 ins.  
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Fair

Church of England Yes

Presbyterian

Wesleyan Methodist

Baptist or Congregationalist

Other Protestants (Denomination to be stated.)

Roman Catholic

Jewish

*Scar on abdomen from operation for appendicitis*

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 Oct. 5th, 1915.

Place Camp Hughes, Man.

*Jameson*  
 Capt. A.M.C.  
 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.

Thomas E. 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.

*Jameson* (Signature of Officer)  
 O. C. Overseas Draft, 34th F.G.H.

Date October 7th 1915.

REGIMENTAL DOCUMENTS

NAME *MORRISON Thomas Edward* REGT. NO. *476337* UNIT *Co. L Horse* H. Q. FILE NO.

**M**

**H**

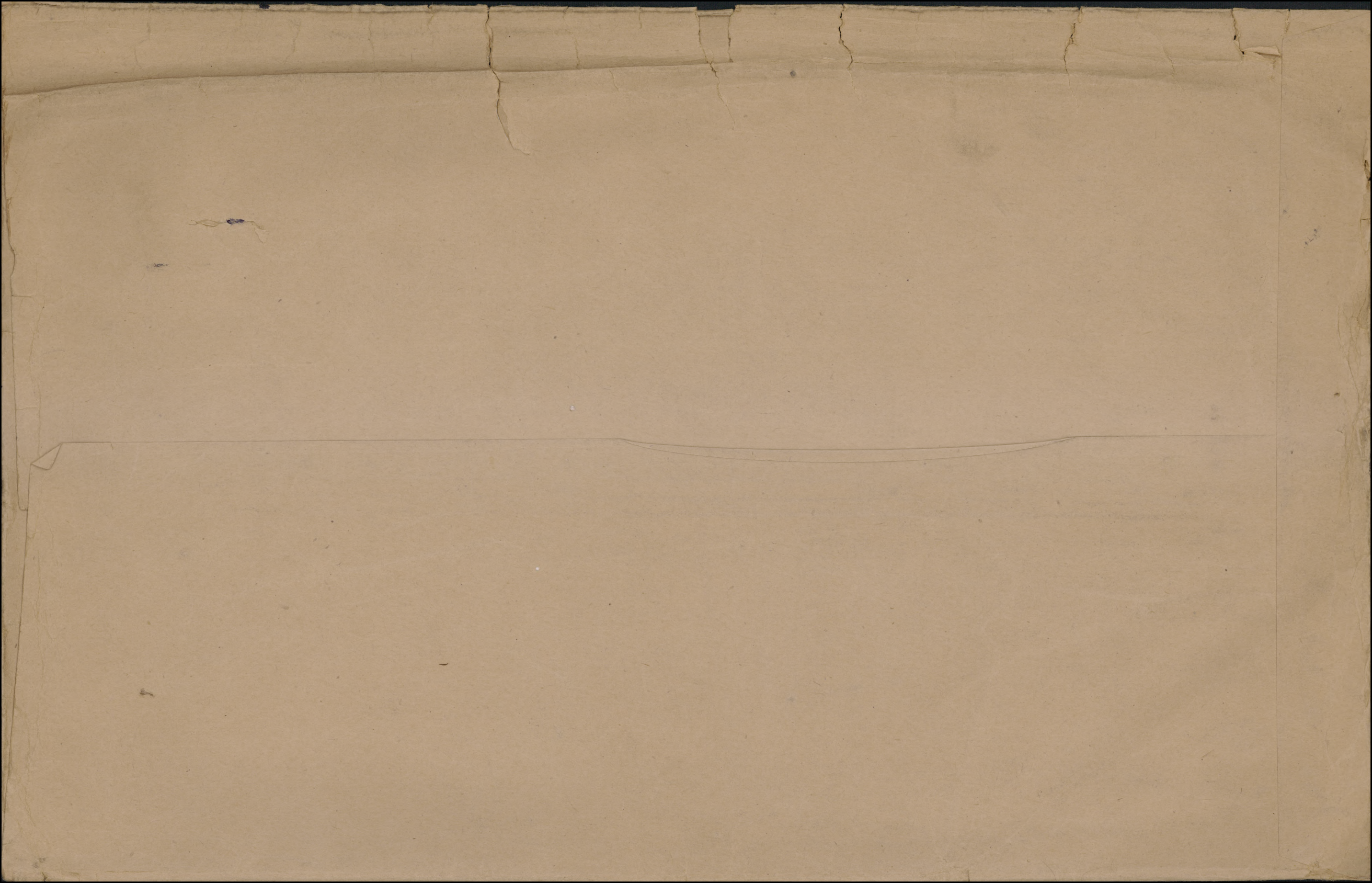
PUBLIC ARCHIVES  
RECORDS CENTRE  
34658

*480144*

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)	<i>6 - 114</i>	<b>M</b>			DEATH <b>H</b>
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 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)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1 DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 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)					
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)					
					DISCHARGE
					Category <i>Demob</i>
					<i>45 - 24</i>
					<i>26 - 24</i>
					DESERTION
					<i>5 - 24</i>

**H**

*X*



PN 2.  $\frac{6}{21}$

Number. 476337.....Rank.....Pte.....

Surname. MORRISON.....

Christian Name. Thomas Edward.....

Units. Can. Cav. Bde.....Theatre of War. France.....

Date of Service. 6-7-16.....

Remarks.....

Latest Address. ~~2259~~ 2259 Gallagher Ave. W.....

Winnipeg, Man.....

Roll No. B Page 76 26

~~0~~  
~~Y~~

No

RANK

NAME

OCT 13 1921

T. O. S.

UNIT

M. D.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*Y060760 Susp*

NAME

Morrison, Thomas E.

RANK & No.

Pte

476 337

CORPS

~~34th (1st R.D.) Fort Gary Horse~~ 2nd Div. Cavalry

ENLISTMENT PLACE

Camp Hughes, Man.

DATE

Oct. 12<sup>th</sup> 1915.

S.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

England, Douglas. I.O.M.

NEXT OF KIN

Morrison, T. E. (Father).

ADDRESS OF NEXT OF KIN

1823 Midman Ave. Winnipeg,  
Man.

DISCHARGE PLACE

DATE

S.O.S. 3-5-19. Demob. Auth <sup>PTE</sup> D.O. 125. D.O. 10. 5-5-19.

Ops. 18/10/15 <sup>240</sup>/<sub>1.</sub>





LEDGER No.

56

SERIAL No.

E 39403

32

REG. No.

476337

NAME

Morrison J.E

RANK

pre

CORPS

660.

6 Lt. Qs

AGE

24

SERVICE

44/12.

HOSPITALS

DATE OF ADMISSION

1

Camp Hill (Rockhead) Halifax

23 4 19

2

3

DIAGNOSIS

~~204~~ Chafing of Penis.

TRANSFERRED TO

DISPOSITION

To Unit 26.4.19.

CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1382.

P.T.O.



No. 1695. RANK *Pte.*  
 476 on Feb. payroll.

NAME *Morrison J E.*

T. O. S.

UNIT *34<sup>th</sup> Fort Garry Horse.*

M. D. *10.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914.</i>			
<i>Aug 28</i>	<i>Aug 30</i>	<i>L</i>		
<i>Aug 30</i>	<i>Sept 6</i>	<i>L</i>		
<i>Sept 6</i>	<i>Sept 20</i>	<i>L</i>		
<i>Sept 21</i>	<i>Sept 30</i>	<i>L</i>		
<i>Oct 1</i>	<i>Oct 28.</i>	<i>L</i>		
<i>Oct 30</i>	<i>Nov 5.</i>	<i>L</i>		
<i>Nov 6</i>	<i>Nov 19</i>	<i>L</i>		
<i>Nov 20</i>	<i>Dec 3</i>	<i>L</i>		
<i>Dec 4</i>	<i>Dec 17</i>	<i>L</i>		
<i>Dec 17</i>	<i>Dec 31</i>	<i>L</i>	<i>attending S. of S. from Dec 17 - Dec 31</i>	<i>Dec. payroll.</i>
<i>1915.</i>	<i>1915.</i>			
<i>Jan.</i>		<i>L</i>		
<i>Feb.</i>		<i>L</i>		
<i>Mar.</i>		<i>L</i>		
<i>Apr.</i>		<i>L</i>		
<i>May.</i>		<i>L</i>		
<i>June</i>		<i>L</i>		
<i>July.</i>		<i>L</i>		
<i>Aug.</i>		<i>L</i>		

No. 476.

Rank. Pte.

Name. Morrisons J. C.

S.O.S.

Unit. 31<sup>st</sup> Fort Garry Horse.

M.D. 10

paid from	paid to.	by	Particulars	authority.
1915 Sept 1	1915 Sept 30 Oct.	✓ ✓	Transfd to o/s draft 1-10-15	D.O. no 1 of 1-10-15

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. *167633*

THIS IS TO CERTIFY that No. *476337* (Rank) *Private*

Name (in full) *Thomas Edward Morrison* enlisted in  
the *Fort Garry Horse*

CANADIAN EXPEDITIONARY FORCE at *Camp Hughes* on the *12<sup>th</sup>*  
day of *October* 19*15*

HE served in *France with Canadian Light Horse*

and is now discharged from the service by reason of *Demobilization R.O. 1420 (c)*  
*Medical Unfitness.*

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

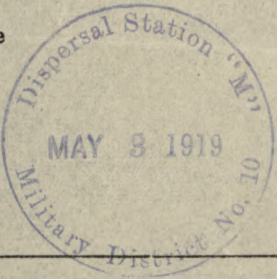
Age *22 years*  
Height *5 ft. 11 3/4 in.*  
Complexion *Fair*  
Eyes *Blue*  
Hair *Fair*

Marks or Scars

*T. E. Morrison*  
Signature of Soldier

*A. K. Love*  
Issuing Officer

Date of Discharge



*Lieut*  
Rank

Date *3. 5.* 19*19*

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

- 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.

THIS IS TO CERTIFY that No.

Name (in full)

the

CANADIAN EXPEDITIONARY FORCE

day of

HE served in

and is now discharged from the service by reason of

THE DESCRIPTION OF THIS SOLDIER OR THIS SOLDIER'S

Age

Height

Complexion

Eyes

Hair

- 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.

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

N.B.—A true duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

Rank \_\_\_\_\_ Name **MORRISON, Thomas E.**  
 If in perm. Corps, \_\_\_\_\_  
 Unit **34th F.G.H. to C.C.D.** What Unit? \_\_\_\_\_

Reg'l No. **476337**

Married or Single **Single**

Place and Date of Enlistment **Camp Hughes, October 7th 1915.** Place of Birth **Douglas, I.O.M.**

Name and Address, Next-of-Kin **T.E. Morrison,**  
**1823, Midman Ave, Winnipeg.**

Relationship **Father**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1.11.15	30.11.15	30	1 <sup>00</sup>	30	30	10	3	10	43		- 14 60			14 60	28 40	clothing allow	
	<i>Dec</i>	31		31	31		3	10	34 10		- 43 80			43 80	18 70		
	<i>Jan</i>	31		31	31		3	10	37 10		- 19 46			19 46	33 34		
	<i>Feb</i>	29		29	29		2	90	31 90		- 14 60			14 60	50 64		
	<i>Mar</i>	31		31	31		3	10	34 10		19 46			19 46	65 28		
				152			15 20	10	144 20		111 92			111 92	65 28		

Checked *CWM*

BALANCE TRANSFERRED TO NEW LEDGER.





Rank \_\_\_\_\_ Name **MORRISON, Thomas E.** *dward* Reg'l No. **476337**  
 Unit **34th F.G.H. to C.C.D.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Camp Hughes, October 7th 1915.** Place of Birth **Douglas, I.O.M.**  
 Name and Address, Next-of-Kin **T.E. Morrison,**  
*2242. Gallagher Ave.*  
**1823, Midman Ave, Winnipeg.** Relationship **Father**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R.B. No. **3537**  
 File R. L. **CAN. OR**  
 Category \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

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				
17.8.16	c.e.d.	<i>Arrived in England.</i> On strength C.C.D.	Shorncliffe	1-11-15	NR <i>A.F.B. 103. cred</i>
6-7-16	L.S.H.R.R.	<i>S.O.S. to L.S.H.R.R.</i> <b>Taken on strength.</b>	"	12-6-16	Pt II 168
6-7-16	"	<i>S.O.S. on proceeding Overseas.</i>	"	12-6-16	Pt II 8.25
31.7.16	O.C. C.C.E. Regt	<i>Ship arrived from England as H.Q. is</i> <i>Taken on strength of Regt</i>	Field	6-7-16 7.7.16	" " 25. " 9
9.3.17	CLH	<b>Title C, L, H for occR</b>	Field		Pt II O. 25;
16.4.19	"	<i>S.O.S. proc. to be made</i>	Reigon	Pt 16.4.19	25.19 16/4/19

MORRISON, Thomas E.

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

Father

T. E. Morrison

1823, Midman Ave, Winnipeg.

# MEDICAL HISTORY SHEET.

476337

## ORIGINAL.

Surname Moorson Christian Name Thos. L.

Examined { on 5<sup>th</sup> day of Oct. 1915  
 at Camp Hughes

Birthplace { City or Town Douglas  
 County Idle of Mann

Apparent age 19 yrs 11 mths  
 Trade or occupation Machinist

Height 5 Feet 11 3/4 Inches. M.O.  
 Weight 137 Lbs. M.O.  
 Chest measurement { Minimum 34 inches. M.O.  
 Maximum expansion 30 1/2 inches. M.O.

Physical development good M.O.  
 Small-Pox Marks none M.O.

Approved by [Signature]  
 Rank Capt. M.O.

Vaccination Marks { Arm Right Left Yes  
 Number two

When Vaccinated last 6 months ago  
 (a) Marks indicating congenital peculiarities or previous disease none M.O.

Date	Result	VACCINATIONS.	
<u>20/2/15</u>		<u>[Signature]</u>	M.O.
			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection  
Tendency to flat feet  
 Date 20/3/15 Result TU 3 [Signature] M.O.  
 M.O.  
 M.O.

Enlisted on 17 day of Decr. 1914 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>34 H. F.C.H.</u>	<u>#76</u>		
Transferred to.....	<u>Hdys Staff</u> <u>C.C.C. Fraser</u>	<u>476337</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



# MEDICAL HISTORY SHEET

Surname *Greenman* Christian Name *John Edwin*

Examined { on ..... day of ..... 191 { at .....	Approved by .....																																				
Birthplace { City or Town .....	Rank ..... M.O.																																				
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT																																	
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County .....																																					
Apparent age .....																																					
Trade or occupation .....																																					
Height ..... feet ..... Inches																																					
Weight ..... lbs.																																					
Chest measurement { Minimum ..... inches																																					
{ Maximum expansion ..... inches																																					
Physical development .....																																					
Small-pox Marks .....																																					
Vaccination Marks { Arm     Right     Left { Number .....	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Result</th> <th>VACCINATIONS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Result	VACCINATIONS																																	
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Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.																																			

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

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Macfar Rockhead Hoop.		24	x	19	26	x	19.	Chafing of 2 penis.	2	Had penis chafed from loose caps. On admission had slight redness of corona, no open ulcer. It was absolutely no sign or symptoms of syphilis. Should have a blood test in 3 weeks as a precautionary measure	<i>James Rapt</i>

CERTIFIED CORRECT.

Army Form B. 103.

Casualty Form - Active Service

Canadian Record Office, 476337  
 Regimental Number  
 Munster House,  
 7 Mill Lane S.E.

Rank Plt. ✓  
 Regiment or Corps 34<sup>th</sup> ~~Start~~ Start Ferry House ✓  
 Surname Morrison ✓ Christian Name Thomas Edward ✓  
 Religion Church of England ✓ Age on Enlistment 22 ✓ years 1 ✓ months.  
 Enlisted (a) ~~12-12-14~~ ✓ Terms of Service (a) Duration of War ✓ Service reckons from (a) ~~17-12-14~~ ✓  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Signaller ✓  
 or Corps Trade and Rate Machine Gun ✓

Signature of Officer i/c Records.

W. S. B. CLASS. A.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ... <u>Canada</u>		<u>15<sup>th</sup> Oct 1915</u>	
		Disembarked ... <u>England</u>		<u>20<sup>th</sup> Oct 1915</u>	
		<u>Taken on Strength C.E.D. 31<sup>st</sup> Oct 1915.</u>			
		<u>Transferred to Corps Canadian Cavalry.</u>			<u>H. E. White</u> CAPT. & ADJT.
					L. S. H. (R.C.) RES. REG.
	<u>G.O. S. Can Co. 6<sup>th</sup> Reg as Reinforcement</u>		<u>G. B. P.</u>	<u>6/7/16</u>	<u>LR 6010</u> <u>PT 1109 dt 31<sup>st</sup> 16</u>
<u>16<sup>th</sup> 16</u>	<u>O.C.</u>	<u>Joined unit</u>	<u>Field</u>	<u>7/7/16</u>	<u>B213 P.C. 513</u>
<u>28<sup>th</sup> 17</u>	<u>W.O.</u>	<u>Unit to be known as</u>	<u>"</u>	<u>21.2.17</u>	<u>KA/9721</u>
		<u>Canadian Light Horse</u>			<u>Pt II 25 dt 9.3.17</u>
<u>18. 11. 17</u>	<u>C.L.H</u>	<u>Granted leave to 1-12-17</u>	<u>England</u>	<u>17. 11. 17</u>	<u>B213 P<sup>t</sup> II 109 dt 28<sup>th</sup> 17</u>
<u>9. 12. 17</u>	<u>"</u>	<u>Rejoined Unit</u>	<u>Field</u>	<u>3. 12. 17</u>	<u>" " 114 dt 17.12.17</u>
<u>10. 11. 18</u>	<u>"</u>	<u>Granted 14 days leave from</u>		<u>9 11. 18</u>	<u>" " 98 dt -</u>
<u>1. 12. 18</u>	<u>"</u>	<u>Rejoined Unit</u>	<u>Field</u>	<u>26 11. 18</u>	<u>"</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) Signaller, Shoing-Smith, &c.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	C&C.	PROCEEDED TO ENGLAND		1.3.19	W.R.
16.4.19	CHH	SOS. OMFC. } on leaving TOS CEF }	ENGLAND		LIEUT. FOR LT COL. A.A.G. Part II orders II 19. d. 16.4.19 A. P. R. Lieut. Col. Canadian Light Horse
		Embarked Liverpool SS BELGIC April 16th 1919 Disembarked Halifax Apl 23/19 W. J. Stading. Capt & Adj			
		16.4-19 T.O.S. Dispersal Station DO 125		Part 2	
		M and Dispersed 3.5.19		do "	3
		W. J. Stading Lieut. for O. C. 10 District Depot.			



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON, T. E.  
 REGIMENT Can Sight House RANK PTE No. 476337  
 Date of Examination in England 20-3-19 Date of Examination in France \_\_\_\_\_

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2 3 6 7 8 11 12 15
2. EXTRACTIONS 4 5 14
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

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 \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France yes

Signature of Dental Officer R. Roy capt.

J. T. ...  
...

1894

...

...

# 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. 476337 Rank Pt Surname MORRISON  
 (Given name in full)

Thomas Edward

Unit or Corps Can Light Horse Birthplace Peel, Isle of Man

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

## I. GENERAL DESCRIPTION:

Physique good Weight 152 lbs. Height 5 ft. 11 in. Colour of Eyes grey

Nutrition good

Pulse 76 regular

Condition of arteries soft

Vision Rt. 6/9 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Scar, Rt. abdomen, operative  
(appendicitis) 1914

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 yes

Osseous and Joint System no Any other general condition no

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

acute appendicitis, infection, operated, Sept 1914  
- Perfect recovery.  
- Scar present, muscles firm.

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Ripon.....(Overseas)

Date 21-3-19..... Signed arr... Capt...... 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 H. S. 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.)

MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Douglas I of Ia.*  
 NAME AND ADDRESS OF NEXT OF KIN *J. B. Morrison*  
*1823 Friedman Avenue Winnipeg*  
 RELATIONSHIP OF NEXT OF KIN *Fathers*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *476337* RANK *Plt* NAME *Morrison Thomas B.*  
 IF IN PERM. CORPS | UNIT *34th F.S.H.* TRANSFERRED TO *CCCR* DATE *3/8/16* AUTHORITY *80.9*  
 WHAT UNIT | *CCO*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Camp Hughes* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *October 7, 1915* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2		3		4	1	2	3	4				CREDIT	DEBIT					
		\$	C.	\$	C.		\$	C.	\$	C.		NO.				DATE	NO.		DATE	NO.	DATE	NO.														DATE	
1916																																					
			152	-					15						10																						
April 30	30	1 <sup>00</sup>	30	00	30	1 <sup>00</sup>	3	00																													
May 31	31		31	00	31		3	10																													
June 30	30		30	00	30		3	00																													
July 31	31		31		31		3	10																													
Aug 12	2		2		2		2	0																													
9-31	29		29	-	29		2	90																													
Sep 30	30		30		30		3																														
Oct 1-31	31		31	-	31		3	10																													
Nov 1-30	30		30	-	30		3																														
Dec 1-31	31		31	-	31		3	10																													
1917			42	70																																	
Jan 1-31	31	1 <sup>20</sup>	31	10																																	
Feb 1-28	28		30	80																																	
			534	60										10		544	60																				
			534	60										10		544	60																				

Checked *Meyer*



\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>MORRISON, J. E.</b>		
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <b>276337</b>		
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
						<b>Re</b>
				UNIT AND TRANSFERS		
				ORIGINAL UNIT:- <b>321 = 3900 211</b>		
				DATE ACCOUNT FIRST OPENED:-		
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
						<b>82.08</b>

5100  
Ripon  
10

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
<b>2/3</b>	✓	<b>Ripon</b>	<b>4.60</b>				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Ni. Canada 3/1/19 NR5105 Ripon 24/3/19 Ripon. MD10. Ledger 640 17 CPC 62557**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918									50253	20500	
Jan	31										
Feb	P.P.	33		21 7/8 byclists	3 57						
Mar	P.P.	33		78 29/21 do	21 26				52720		
Apr	P.P.	3210		152 5/2 do	3 57						
May	P.P.	3210		221 7/5 do	4 26				55927		
Jun	P.P.	33		1238 1/6 37 Sigs	3 57						
Jul	P.P.	33		250 20 byclists	21 26						
Aug	P.P.	33		318 S.R. Ely 12231	12 60				56362	25000	
Sept	P.P.	33			22 63						
Oct	P.P.	3210		226 5/7 byclists	3 57				59772		
Nov	P.P.	3210		512 29/7 "	21 26				58971		
Dec	P.P.	3210			8 03						
Jan	P.P.	3210		568 5/8 "	3 57				62381	28000	
Feb	P.P.	3210		622 7/8 "	21 26				61578		
Mar	P.P.	3210			8 03				64878		
Apr	P.P.	33		ad. 663 byclists 19-18	3 57				64075	495	
May	P.P.	33		739 " 19.9.18	4 46						
Jun	P.P.	33			8 03						
Jul	P.P.	3210		894 " 19.10.18	8 39				66646		
Aug	P.P.	3210			8 39						
Sept	P.P.	33		2761 CLH 7/11/18	9 33						
Oct	P.P.	33		16 " 5/11/18	3 73						
Nov	P.P.	6870		15 " 3/7/18	19 79				64981		
Dec	P.P.	101 20			117 85						
Jan	P.P.	3080		60 " 20 14/18	4 57						
Feb	P.P.			155 H-1.19 B.R. 6	3 77						
Mar	P.P.			289 20-1-19 "	5 03						
Apr	P.P.			Forward 3080	1324				64981		

COMPILED BY *W. Austin*  
RECORDED BY

NUMBER 496337 RANK Pte

NAME MORRISON T. E

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	-DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION		
Feb	Forward	2080			13 34				64981				
<del>Feb</del>	<del>RP</del>	<del>3410</del>		cdk 1634 8.2.19 Bld Pen	4 66								
				" 2604 21.2.19 Redbawre	7 45								
				" 5056 9.3.19 Hth Res	9 33				557 82				
Mar	P.P			" 4615 21.3.19 Ripon	14 60				62557	585			
	Int on Def Pay	34 10											
	Int on Def Pay	48 25											
		113 15			137 39								
				" 120 11.4.19 13th Res	9 73				615 84				
					9 73								
				S.D. & Canada									
				Sh. 44 Bld 16.4.19									





War Service Badge Class "A" No 167633.

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

In D. 10

rest of kin - wife

1. No. 476337

2. Rank. Private

3. Name. Thomas Edward Morrison

4. Unit. Canadian Light Horse

5. Date of Discharge 3.5.19. Place Wolsi

6. Reason for Discharge "Demobilization"

Trade: Machinist. occ. Group. 20

Service in France 10-7-16 to 1-3-19

7. Authority. RIPON. H.Q. R.H. 1-4-1/A9 107. D0 125

8. Proposed Residence after Discharge

2264 Gallagher Ave. W.  
Winnipeg, Manitoba.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
M. F. W.?

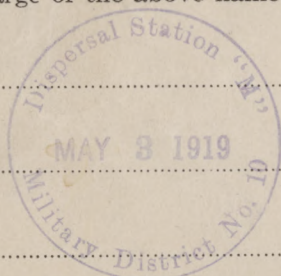
*Thomas Morrison*  
Signature of Soldier.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

*A. K. Lane Hunt*  
for (O. C. Discharging Unit.)

Embarred Liverpool SS BELGIC  
April 16th 1919  
Disembarked Halifax Apr 23/19  
Camp & Adj.

STATE OF NEW YORK  
OFFICE OF THE COMMISSIONER OF EDUCATION  
ALBANY, N. Y.

11/1/11



**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sandry Documents.

Group A  
 Checked by No. 5  
 Date April 9-19

M. or S. *JM. 980* **PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES** REGT. NO. *476334* RANK *Pte* NAME (IN FULL) *Morrison J H*

NEXT OF KIN		RELATIONSHIP		PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE					DATE OF ATTESTATION	TRANSFERRED TO	DATE
TO WHOM PAID		RELATIONSHIP					ASSIGNED PAY \$	DATE EFFECTIVE	AUTHORITY
ADDRESS		ADDRESS					PAYABLE TO		RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
							Can Bank Comm.		
							Winipeg		
							STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE
							DISCHARGED	PLACE	DATE
							<i>MD10</i>	<i>3-5-19</i>	REASON
									<i>D</i>
									AUTHORITY
									<i>D0125</i>
									IF ENTITLED TO POST DISCHARGE PAY

*[Large handwritten scribble]*

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE			
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
	\$	C.	\$	\$	\$										\$	\$			
31-3-19			625.57		625.57												625.57		
14-6-19	36	1.42	39.60	35.00	625.57				9.43										
				70.00	740.17				4.84										
									5.00										
									750.57										
									War Service Gratuity										
									420.00										
May 16									569.14										
May 26									576.58										
June 27									776.16										
Aug 15				6.60	6.60				1230.62										
									1677.84										
																426.60	416.70	9.90	426.60

*62 BAL. ENG. L. P. O. 625.57*  
*PAID 6/5/19*  
 Clothing Allow. 1st payment W.S.G.  
 Advances - Boat - Train.....  
 A.P. chgd. on Eng. L. P. C. to.....  
 1st Payment W. S. G. as above  
 70.2nd payment W.S.G.  
 3rd .. .. *paid*  
 4th .. ..  
 or 660 of chg. on adv. of 3/20/19  
 Credited to 7/6/19. only on 8/20/19  
 70.5th pay W.S.G.  
 660.6th

**AUDITED**  
 OCT 1 1919  
 Audit Clerk  
 M. D. 10

*a/c closed JHE*

SMS

CASE HISTORY SHEET.

1997 04/800

Preckhead Hospital. Station. No. 4763874 Rank. Lt Name. Morrison, Thos Age 24 Unit. 6 CO Completed years of service 44 months Where and how long APR 26 1919/9 Date of admission 23-4-19 Date of discharge Diagnosis Chafing of penis Place of origin Board ship

CONDITION ON ADMISSION AND PROGRESS OF CASE

Chafed penis from dry age, at present show some redness on corona. Has absolutely no symptoms or signs of venereal. Condition cleared up in four days. Would advise a blood test in about three weeks as a precautionary measure.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative.

TREATMENT

(Especially any specific or special form.) Antiseptic dusting powder

CONDITION ON DISCHARGE

(and disposal made of case.) Recovered.

Date 25-4-19

[Signature] Medical Officer i/c case.

839403

CASE HISTORY SHEET

Medical History  
History of Present Illness  
Physical Examination  
Laboratory  
X-ray  
Treatment  
Disposition

APR 20 1918

Blank lined area for case history notes.