

*Original*  
**ATTESTATION PAPER**

No. *510113*

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
(ANSWERS)

1. What is your name? *William Morrison*
2. In what Town, Township, or Parish, and in what Country were you born? *Keith. Banffshire. Scotland*
3. What is the name of your next-of-kin? *John Morrison (Brother)*
4. What is the address of your next-of-kin? *143 Niagara Street. Hamilton  
Canada*
5. What is the date of your birth? *1884. Jan 26*
6. What is your trade or calling? *Carpenter*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Inoculated. Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. *Yes. 3 yrs Imperial Force*
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*

*William Morrison* (Signature of Man.)

*ED G Brown* (Signature of Witness.)

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *William 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.

*William Morrison* (Signature of Recruit.)

Date *Sept 20* 191*5* *ED G Brown* (Signature of Witness.)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *William 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.

*William Morrison* (Signature of Recruit.)

Date *Sept 20* 191*5* *ED G Brown* (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 *Hamilton* this *20* day of *Sept* 191*5*.

*Ed G Brown* (Signature of Justice.)

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

*Ed R. [Signature]* (Approving Officer.)

DESCRIPTION OF William Morrison ON ENLISTMENT.

Apparent Age 28 years 8 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. 8 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Brown - Bald

*Large hairy mole 2' below left shoulder blade  
 pt + 2<sup>nd</sup> upper left vice absent  
 Brown Scar 4' above right ankle.*

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

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 Sept 1915

Place Hamilton Can

*W. H. Hurst*  
 Capt. A.M.B.  
 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

William Morrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*W. H. Hurst* (Signature of Officer.)

Date Sept 21st 1915

Officer Commanding  
 No. 2 Overseas A.S.C. Training Depot, C.E.F.

MORRISON WILLIAM

510113

34729

MED. UNFIT.



C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

WAR SERVICE RECORDS OF A  
REGIMENTAL DOCUMENTS

NAME

Morrison, William

(649-m-8372) S.O.S. Disc

317117 2

RANK & No.

Pte.

510, 113.

CORPS #

2. C. A. S. C. Training Depot (2nd. P.O.)

ENLISTMENT, PLACE

Hamilton

DATE

Sept. 20th. 1915 S.

FORMER CORPS

Imperial Force.

COUNTRY OF BIRTH

Scotland, Keith, Banffshire.

NEXT OF KIN

Morrison, John (Brother)

ADDRESS OF NEXT OF KIN

173 Niagara St. Hamilton, Ont.

DISCHARGE, PLACE

DATE

0/S 27-11-15 <sup>287</sup>/<sub>3</sub>

R16.31/3/17.

REMARKS:

*Retd to Canada per S.S. Essequibo 22/3/17 (auth. 4-323)*







Name MORRISON, Willia Rank

Pte.

Reg. No 510113.

Unit (CAMC. No. 9 Canadian Field Ambulance.)

No. 3. D. S. C.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<i>Adm. - 9-10-16</i> O.C. No. 1 Aust. Gen. Hosp. Rouen		<u>DANGEROUSLY ILL.</u>		<i>W.O.L. 12-10-16.</i>	0.2644.
	reports October 10th 1916:-		Shrap. Wd. Head Fract.			A99.
	O.C. reports Oct. 17th 1916.		PREV. DANG. ILL NOW			
	<u>C.A.S.C.L/Comm.</u>		<u>SERIOUSLY ILL.</u>	A104.		0.3153.
Oct. 24.	2nd West. Gen. Hosp. Manchester.		GSW. Head			Sev. B127.
Jan. 26.	Can. Con. Hosp. Woodcote Pk. Epsom.		GSW. Head.			B17 4
Mar. 22	Discharged		do			B240 ✓



REGT'L NO 5.10.113

NAME Morrison William

H. Q. FILE NO. 649-

RANK AND CORPS Pte No 9 Can. Fld Amb

FOLLOWS  
NO.

CABLE

No.

DATE

C

NATURE OF CASUALTY

Form # 2 C.A.S.C. Train Depot

FOLLOWS

02644

11-10-16

Dang. ill No 1 Australian Gen Hosp. Rouen Oct 10<sup>th</sup> 1916 (Y&W Head. fracture) ✓

03153

18-10-16

Prev. rep. dangerously ill now sev. ill No 1 Australian Gen Hosp Rouen Oct 17<sup>th</sup> 1916. ✓

T323.

25-3-17

Sailed from Liverpool for Canada per the Hosp. ship "Essequibo" on Mar. 22/17. (Y&amp;W)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 99	No 1 Australian Gen., Rouen, Danger. ill	10-10-16	Shrap. wd Head. Fracture.
a 104	No 1 Australian Gen., Rouen O C Reports	17-10-16	Prev. rep. dangill now sev. ill. Illw Head fract.
B 127 ea. S.C. (2, 16)	2 <sup>nd</sup> Western Gen., Manchester	24-10-16	g.s.w. Head severe
B 174	Isleworth, Woodstock	The Epson 26-1-17	g.s.w. Head
B 240 Supp. 130	Mil. Coy - go as in D. M. H. C. C., Toronto	<del>22-3-17</del> 8/16-4-17	Out. Pat. Spadina.
130	M. H. C. C., Toronto	7-5-17	T.O.L. Out. Pat. Spadina (P. 508)
165-2	" " " "	12-6-17	Out. Pat. Spadina, Taken on list.
138-2 143-2	" " " "	18-5-17 21-5-17	T.O.S. for P.A. Spadina P.C. 508. Whitty to Spadina.
141 143 200	on H. C. C. Toronto M. H. C. C., Toronto	18-5-17 21-5-17 31-7-17	Spadina, Co. Whitty Whitty to Spadina Discharged class 3. Good. (Spadina)

M 64

~~B~~  
~~V~~

Number... 510113 ..... Rank ..... Ptes.....

Surname... MARRISON.....

Christian Name... W. Williams.....

Units... C.A.C. Theatre of War France

Date of Service... 8-4-16.....

Remarks.....

Latest Address... 173, Fergusson St.  
Hamilton, Ont.

Roll No. B. Page 7370.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
DESP NOV 21 1921 REGN. NO. 4471861				

Surname

Christian Name or Names

Reg. No.

*Morrison*

*W.*

*510113*

Rank

Unit

*C.A.S. Co. 16*

Troop

Batty.

*pte. att. C.A.S. Co. #9 C. F. Amb)*

Hospital

Date of Admission

*# 1. Aust Gen. Hosp. Raven.*

*10.10.16.*

Transferred

*2 West Gen. in Chester  
Epsom Conv.*

Hosp.

*24.10.16.*

Hosp.

*26.1.17.*

*Mil. Con. Woodcote Pl. Epsom*

Hosp.

*22-5-17*

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

*Sharp Wd. Head. Fracture (Dangill.)*

Additional Diagnosis: if more than one state present

DISPOSITION

*Dangill  
now ser. ill. 17.10.16*

Date

*L. 12.10.16 No 299.*

*19.10.16. A104*

*4.11.16. B127.*

*8.2.17. B174.*

*" 15-6-17 B240*

REMARKS

*o.c. Reports. 10.10.16.*

A.M.D. 2 DEPT.

P.O. of D.G.M.S. O.M.F.C. London.

*16*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Name MORRISON W. Rank Dvr. Regt. No 510113 Unit D  
 Battn. C.A.S.C. Camp or O.S. 0 File M.H.C.C. H.Q. File \_\_\_\_\_  
 Pension awarded \_\_\_\_\_ Date of first payment \_\_\_\_\_  
 Discharged to Class 3 Conduct on discharge Good  
 Next of kin Miss J. Morrison, 173 Niagara St., Hamilton.  
 Address on discharge 173 Niagara St. Hamilton, Ont.

DATE	CLASS	REMARKS	PART 2 ORDER
9-4-17	2	Spadina (Outpatient)	#103
7-5-17	2	Spadina (Outpatient)	#130
18-5-17	2	Whitby	#141
<del>21</del> 15-17	2	Spadina	#143
12-6-17	2	Spadina (Outpatient pending discharge)	#165
31-7-17	3	DISCHARGED	#200





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				
Handing Return No. 5210.		Taken on strength of 3rd Can Div Supp Col and att'd to No. 9 Can. Hd Ambasin W/E	Field	8/4/16.	Part 2 orders No. 22 4-14-16.
15-10-16	g.b. F. L. L. L.	Wounded to b.b.d.	Field	8-10-16	B2130. D. b. d. 146 g <sup>d</sup> F. Amb. 2/-22-10.16
11-10-16	A. D. S. 186. 40 <sup>ant</sup>	A. W. Head	<del>A. D. S. 186. 40<sup>ant</sup></del>	8-10-16	a. 56. / b. 1075A.
9-10-16	1 Aust. Gen	A. W. Head		9-10-16	W 3034
14-10-16	g.b. 49088.	A. W. Head.	trans 210. J	8-10-16	a. 26. b. 1122 B. D. b. d 214
23-10-16	Ob. 1 Aust. Gen. Hoop.	Trans to b.b.d. Shoreham on sea per. H/s. Glenorm castle 23-10-16. Authy Ob. 1 Aust. Gen Hoop. W. 3083/9290.		23-10-16	W 3083/9290 23/10/16
7. 11. 16	b.b.c.c.	on S. of Unit	Shoreham	24.10.16	PH 4489 <b>Ambheals</b>
11. 3. 17.	---	S. o S. b. C.A.S.C.S. Cliffe	Hastings	10. 3. 17	4. 17
18. 3. 17	base Corp. depot	on S. from C.A.C. Hospital Park	S. Cliffe.	10. 3. 17	4. 17

Lieut.

For Officer i/c Can. Records  
Canadian Section,  
G.H.Q. 3rd Echelon.

*D. D. S. S. S.*

Lieut.

for Colonel i/c Records, C.E.F.

S.O.S. (Discharged) No. 2 District Depot,  
Part II, C.O. No. ....

31  
7  
17

Rank Pte. Name MORRISON William Reg'l No. 510113  
 Unit No. 2. Dft. to C.A.S.C..T.D. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Hamilton, 20 Sept. 1915. Place of Birth <sup>N</sup>Dauffshire, Scot.

Name and Address, Next-of-Kin John Morrison  
 173 Niagara St, Hamilton, Canada. Relationship Brother

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 769  
 File R.L.  
 Category M.U. Cau

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				
29-12-15	Case TN.	Arrived St. Lo Land, England	5-12-15		
29-3-16	Case T.D.	Taken on strength T.D. Shorncliffe	5-12-15	Pt. II Do 179.	
29-3-16	Case T.D.	S. O. Strength on Trans to Bramshott.	"	24-3-16	" " # 89.
		for Mechanical Dft. 6. Hld Amb.			
28-3-16	9 <sup>th</sup> Fed. Amb.	att. to 9 <sup>th</sup> Fed. Amb.	Bramshott	26-3-16	PI II D.O. 88
		Embarked for France.	3 APR 1916		PI II D.O. 94
21. 5. 16	base Pool	Taken on strength 9 <sup>th</sup> FA	In the field	8. 4. 16	do 21
14. 7. 16	3 <sup>rd</sup> Supply Btl	do	do	do	do 22
12 10 16	3 <sup>rd</sup> Caell	Adm'd No 1 Australian Genl Hoep'l	Rouen	10-10-16	lost leg Shrap W Head Fracture
"	"	O/c reports dangerously ill	Field	10-10-16	" 999 " "

*ov-Cas* R133/81

510113. Pl. Morrisau. W

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				
19.10.16	3 <sup>rd</sup> CAAC	He now reports seriously ill	Field	17.10.16	68A104 Shrapnel fractures
23.10.16	9 <sup>th</sup> SA Amb	beases to be left on Evac to CCS	"	8.10.16	pt 2#135 & PII 051. 3 <sup>rd</sup> 19.16 23-10-16
23-10-16	3 <sup>rd</sup> D.L. Col	Wounded, admitted Hosp "	"	8-10-16	Pl. PII 051.
4-11-16	2 of 6	Adm. No 2. W. Gen. Hosp. Manchester.	Manchester	24-10-16	" C. B. 127. 4. 2. W. Head. Serv. Serv.
29-10-16	3 <sup>rd</sup> D.L. Col.	Wounded. Transferred to C.C.A.C. Shoreham-on-Sea Field	Shoreham	23-10-16	" PII 057. "Wounded"
7.11.16.	C.C.A.C.	<b>Taken on strength.</b>	Shoreham	24.10.16	" PII 0. 489
4-11-16.	same.				
8.2.17	C.F.S.C. Lofc.	Trans. Can. Conv. Hospital	Epsom	26.1.17	C.F. B174 S.S.W. Head.
15.6.17		Discharged	"	22.3.17	" 240
11.3.17.	C.L.C.	W. to C. Homeleft	Hastings	10.3.17	PII 0. 117.
18.3.17	6456 Corps Depot	Y. 6 S from 66 Ab. patient	S' Cliff	10.3.17	PII 9
24.4.17	"	S. off. S. of Unit. "Having proceeded to Canada for Discharge. with effect from	"	22.3.17	" 46.
Dis Depot	To Convalescent Home		and now Toronto	31-3-17	NR NO 237.

Raw

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## 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. 510113 Rank Drw. Name Wm Morrison Casc

Corps 2nd Div MRC who was\* Disch.

On 31 July 1917, to Class III

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 1917, to 31 July 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. ....			Reg'tl Pay <u>31</u> days at \$ <u>1</u> c	<u>31</u>	
by } No. ....			Field Allow. <u>31</u> days at \$ <u>10</u> c	<u>310</u>	
Assigned Pay No. ....			Other Allowances* <u>31</u>	<u>60</u>	<u>18 60</u>
Other Charges* .....			Other Credits* <u>clothing</u>		<u>8</u>
Payment on transfer or discharge No. <u>24197</u>	<u>60</u>	<u>70</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	<u>60</u>	<u>70</u>	Total	<u>60</u>	<u>70</u>

\*Give Particulars.

A monthly stoppage of \$ 8 (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 1917 to (Assignee) .....

(Address) 173 Niagara St  
Hamilton

(†) 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.

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

### REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Pensioned on July 31/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date 8

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 18/17

Place TORONTO, ONT

Wm Dunder CAPTAIN  
PAYMASTER M.H.C.C. "D" UNIT, C.E.F.  
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.





No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.	Pres.
J.C. 1513 Year 1916 Oct 24	510113	Dr.	Morrison	Wm.	
		Unit.	Age.	Service.	
		A SC (Canadian) alt 9 <sup>th</sup> Can. 7 <sup>th</sup> gr Hld Amb.	29	1 1/2 9/12	
Station and Date.	Disease	G. S. w. head fr skull (left parietal) Bone healed.			
2nd W G H Langworthy Rd Sudley		<div data-bbox="438 708 798 927" data-label="Text"> <p>DATE OF ONSET INJURY OR DISEASE. 7. 10. 16.</p> </div>			
4. 11. 16	2 up & about w. cerebral symptoms w/ right headache W for transfer Red Cross Hospital				
5. 11. 16	Transferred to Reynol Croft Altrincham				
25. 1. 17	Trans. to M.C.H. Woodcote Pk. Epsom.				

Next of Kin.

Mrs J. Morrison (Sister)  
173 Niagara St.  
Hamilton  
Ont.

FOR TRANSFER CLASS  
X  
[Signature]

INOCULATION AGAINST ENTERIC.  

TV	TV	TV
1	2	N

 Date... June 1916  
 CROSS OUT THAT WHICH DOES NOT APPLY

Station  
and Date.

B3 Office

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7.C. 1313	510113	Dr.	Monison	William
Year	Unit.	Age.	Service.	
1916	C.A.S.C. alt 9th Can. Field Am.	29	17 months	

Station and Date.

Disease f.s.b. head.

Ragnum Cruff

Altrinchan

nos: 5-11

DATE OF UNSLT INJURY OR DISEASE.  
Oct. 7<sup>th</sup> 1915

Jan 21/16 Feb for discharge.

A. J. Holland.

Next of Kin.

Miss Monison

173 Niagara  
Hamilton  
Ont.

Canada

FOR TRANSFER CLASS.

INOCULATION AGAINST ENTERIC.

TV	TV	TV
	2	Nil.

Date June 1916

CROSS OUT THAT WHICH DOES NOT APPLY.

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

Station  
and Date.

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DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont.  
Date Feb. 10, 1967.

Attention of

P.A.

NAME MORRISON, William

SERVICE 510113 WW1  
NUMBER

C.P.C. No. 12354  
W.V.A. No. 218371

NAVY  
ARMYx  
R.C.A.F.

The DEPARTMENT has received information from

PME CPC Ottawa 4, Ont. Feb. 7, 1967.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Jan. 17, 1967.  
Cause of Death  
Place of Death Not Stated.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~D.O.~~  
H.O.

Destroy form if advice of death already received.

*E.O. Richards*  
for  
Chief, Central Registry



Name *Ote. Morrison W.*

*173 Niagara St Hamilton*

Name and address of next-of-kin

*141 W*

*143 Sp*

*exp. 50*

*M068*  
Regimental No. *510113*

Unit *Casc*

Date of enlistment

Place of "

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*July 31/17*  
*00 July 31/17 DO 200*  
*Class III*

Job 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>May</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>18205</i>	<i>17833</i>		<i>25</i>					<i>In from May 7 DO 130</i>
								<i>540</i>	<i>22155</i>	<i>18496</i>	<i>19655</i>					<i>22155 out apr 8-16 DO 120</i>
<i>June</i>	<i>1 30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>1140</i>	<i>4440</i>	<i>21907</i>	<i>4440</i>					<i>In out June 12 P.D. DO 165</i>
<i>July</i>	<i>1 31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>1860</i>								<i>out DO 165</i>
								<i>8</i>	<i>6070</i>	<i>24197</i>	<i>6070</i>					<i>July 17</i>

*see new sheet for cr. 189 20. of acct. 4/1/19.*





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

26245/523.

13139-W-6

Name Morrison, William  
Surname Christian Name

Regimental Number 510113 Rank Dvr.

Address (in full) 173 Niagara St.,

Unit C.C.A.C. for C.A.S.C.

Hamilton, Ont.

Original Unit

District where paid M.D.2.

Date of Discharge 31-7-17.

P. D. P. Filing Number 7-76-2.

Rates:—Regimental pay \$ 1.00 per diem; Field Allowance \$ .10 per diem. Separation Allowance \$ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1110	15-10-17	33 00	1101	15-11-17	33 00	1091	15-12-17	34 10		100 10
	<del>2312</del>	<del>29 3/19</del>	<del>70 00</del>								
	<del>2038</del>	<del>24/1/19</del>	<del>70 00</del>								

Remarks:

M. F. W. 127.  
50M-6 17.  
1172 89-1140.

173 Niagara St  
Hamilton  
Ont.

Dec'n No 26245-523 G. File No 013139-1096

Award . . . . . days at \$ 70<sup>00</sup> per day \$ 280<sup>00</sup>

S. A. . . . . months at \$ . . . . . per mo. \$ . . . . . \$

Less P. D. P. Credited \$ 100.10

\$

Less further debit balance \$ . . . . .

Net due paid as below 179.90

TO SOLDIER TO DEPENDENT

O	Ag N.	Ch No	Amt	Dr No	Ch No	Amount
1	2312	40126	70 00	✓		
2	2038A	48850	70 00	✓		
3	1691B	43210	39 90	✓		
4						
5						
6						
Total						

29 <sup>3</sup>/<sub>19</sub>  
2 <sup>4</sup>/<sub>19</sub>  
19 <sup>4</sup>/<sub>19</sub>

*PMB*

GEN'L AUDITOR  
Posting checked by  
*[Signature]*  
Date 8 <sup>10</sup>/<sub>19</sub>

Name Morrison Pte W 1048

M. F. W. 41  
10 M.-5-16.  
1772-30-889.

6  
7  
W

Regimental No. 510113 Name and address of next-of-kin 173 Niagara St  
 Unit CASL T.D. Hamilton Ont  
 Date of enlistment 15-9-15  
 Place of " Hamilton  
 Married (yes or no) No Date and place discharged MID 2 31-7-17  
 Amount of pay assigned monthly \$ 10 3/3/17 Reason for discharge  
 To whom payable SH mil Character on discharge  
Esquire 31-3-17 ~~II~~ 649-M-8392

Job 2376 M. & D. 6692

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
	2/3/17						2715								h PC
3/3/17	30/4/17	59	100	59	5910	590		28205					100-		Due to 10 Pd.
															Ar bal in trans 18205 28205 Ar from 1/3/17 "D" MID 2
							189								Out on Def. Pay to 31 1/4
							1805	18394						18394	supp 6 MID 20-12-18
															<b>Pensioned</b> 1-8-17

P.A.P.  
4/9/17  
W.M.



2nd Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTSM. F. W. 12.  
2m.-9.15.  
H. Q. 1772-39-819.To Whom *Miss Jessie Morrison*  
Address *173 Niagara St*  
*Hamilton*By Whom Assigned *Morrison*Regtl. No. *510113*Rank *Ote*Corps *#2 Asst Training Depot. C.E. 7*  
*2nd Aft.*Rate *\$ 10<sup>00</sup>*

DEC 1-1915

*ont.*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop payment 1<sup>st</sup> 1/17</i> <i>Discharged to Canada</i> <i>3 M 3 3/17 S. N 29 3/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>K 8550</i>	<i>10</i>	
Jan.	1916	<i>T 11298</i>	<i>10</i>	
Feb.		<i>V 12262</i>	<i>10</i>	
March		<i>X 15588</i>	<i>10</i>	

COPIED  
FOR  
5  
CAS. DEPT.CANADIAN  
ASSIGNED PAY AUDITEE  
*cm*  
AUDIT CLERK  
DATE *30/1/18*

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(۱۰)

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MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

534

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2. *Miss Jessie Morrison*

PAYMENTS.

Name of Soldier Morrison, W.  
 # 510113

L. L. Job 89002.-Req. 6213.

# 2 a, b, c, T, depot  
2nd opt.

*Red*

Month.	Year.	Cheque No.	Amt.
April	1916	92367	10
May		15793	10
June		63346	10
July		510062	10
Aug.		F 12093	10
Sept.		Y 19108	10
Oct.		2477	10
Nov.		28599	10
Dec.		30660	10
Jan.	1917	39861	10
Feb.		41758	10
March		751406	10
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

10<sup>00</sup>

Remarks.

P. D. 30-8-17 *ga, e, e*

*Up closed as per B.M. 1/4/17*  
*10/17.*  
*\$160.00 X 30/3/17*  
*Returning Esquibo 22/3/17 A.K.*  
*J. N. 29-17*

CANADIAN  
 ASSIGNED PAY AUDITED  
*OK*  
 AUDIT CLERK  
 DATE *30/3/18*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Rank **Pte.** Name **MORRISON William** Reg'l No. **510113** P-56  
 Unit **No.2.Dft.to C.A.S.C..T.D** If in perm. Corps, }  
 What Unit? } Married or Single **Single** 0  
 Place and Date of Enlistment **Hamilton, 20 Sept.1915.** Place of Birth **Barffshire, Scot.**

Name and Address, Next-of-Kin **John Morrison**  
**173 Niagara St, Hamilton, Canada.** Relationship **Brother** *N.E. Card Index mb*  
 Assigned Pay Monthly \$ **10** Payable to *Mrs. Jessie Morrison, 173 Niagara Street, Hamilton, Ont.*  
 Relationship *Brother*

Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place **Canada** 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						
1915																	
Dec. 1-31		31	1.00	31.00	31	10.00	310	10.00	44.10			487	10.00		1487	29.23	10 <sup>00</sup> Clothing
Jan 1	Jan 31			31			310	29.23	63.33			3893	10		4893	14.40	
Feb 1	Feb 29	29		29	29		290	14.40	46.30			2191	10		3191	14.39	
Mar 1-23		23		23	23		230	14.39	41.27				10		10	31.57	1.58 = Canada Fund Exp to 9 <sup>th</sup> of 4 <sup>th</sup> Club 20 89
	24-31	8		8	8		80	31.27	40.07			487			487	35.20	
				122			1220	11.58	145.78			7058	40		11058	35.20	

BALANCE TRANSFERRED TO NEW

C.M. D.W.  
 ASSIGNED PAY AUDITOR  
 Checked *[Signature]*  
 AUDIT CLERK  
 DATE 20/1/18  
 Forwarded to Large Ledger sheet

*Checked 10/1/18  
ABM.*



MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Banffshire Scotland*  
 NAME AND ADDRESS OF NEXT OF KIN *John Morrison  
 173 Niagara St. - Hamilton Can.*  
 RELATIONSHIP OF NEXT OF KIN *Brother*  
 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

REG'L. No. *510113* RANK *Private* NAME *Morrison, William*  
 IF IN PERM. CORPS | WHAT UNIT | UNIT *C.P.S.C.T.D.* TRANSFERRED TO *9th FIELD AMB.* DATE *20/8/16* AUTHORITY *147/16*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *3rd DIR. S.C.* DATE *14/7/16* AUTHORITY *D.O. 32*  
 PLACE OF ATTESTATION *Hamilton* TRANSFERRED TO *6608* DATE *1-12-16* AUTHORITY *22348127*  
 DATE OF ATTESTATION *Sept 20/15* TRANSFERRED TO *L.P.C.* DATE *3/3/17* AUTHORITY *16.1067-1-17*  
 ASSIGNED PAY MONTHLY \$ *10* DATE EFFECTIVE *2/3/17*  
 PAYABLE TO *Mrs. S. Morrison, 173 Niagara St. Hamilton Ont* RELATIONSHIP *Sister-in-law*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2/3/17* EFFECTIVE *1/4/17* REASON *Discharged to Canada*  
 DISCHARGE DATE AND PLACE *Canada 2/3/17* REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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

REASON *Discharged to Canada*  
 REASON AND AUTHORITY  
 Entered on N.E. Card Index  
 Checked by *T. G. Williams*

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.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE				
1916																																											
Mar 31			122				12	20							11 58	145 78																											
Apr 1-30	30	100	30	-	30	10	3	-							33	-																											
May 1-31	31	-	31	-	31	-	3	10							34	10																											
June 1-30	30	-	30	-	30	-	3	-							33	-																											
July 1-31	31	-	31	-	31	-	3	10							34	10																											
Aug 1-20	20	-	20	-	20	-	2	-							22	-																											
Aug 21-31	11	-	11	-	11	-	1	10							12	10																											
1/30-9-16	30	-	30	-	30	-	3	-							33	-																											
Oct 1-31	31	-	31	-	31	-	3	10							34	10																											
Nov 1-30	30	-	30	-	30	-	3	-							33	-																											
Dec 1-31	31	-	31	-	31	-	3	10							34	10																											
Jan 1-31	31	100	34	10											34	10																											
Feb 1-28	28	-	30	80											30	80																											
Mar 1-31	31	-	50	60											11 58	513 18																											

CANADIAN ASSIGNED PAY AUDITED  
 AUDIT CLERK

CANADIAN ASSIGNED PAY AUDITED  
 AUDIT CLERK  
 DATE .....

S/L. C.P.S.C.T.D. Dept. Charncliffe Ref. 220 21.45 Sailed on Hospital Ship "Letitia"

Small Ledger sheets

510113 *P.C.* Morrison *W*

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			

<i>dw</i>		<i>50160</i>													<i>1158</i>	<i>51318</i>										<i>1030</i>	<i>749</i>	<i>2310</i>	<i>7058</i>	<i>150</i>			<i>26147</i>	<i>25171</i>	<i>70 -</i>	<i>18171</i>	<i>Trans to L.P.C. off 3317-222</i> <i>1067-13-17</i>			
<i>1-2</i>	<i>2</i>	<i>1.00</i>	<i>220</i>													<i>220</i>																	<i>10</i>	<i>24391</i>						
<i>Nov.</i>																<i>51538</i>				<i>850</i>	<i>20/2</i>						<i>243</i>						<i>2676</i>	<i>21715</i>					<i>Ext from ASPB</i>	

MONTH	PARTICULARS	CR.1	GR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALICE ENG.
<i>Oct</i>	<i>In on defund pay</i>								<i>21715</i>		
<i>Jan</i>	<i>To 31-1-17</i>	<i>189</i>							<i>21904</i>		

Balance transferred to N. E. Branch. *NIL*

ASM. FORM REN'D *2/17*... EFFEC. *1/17*  
 DISCHARGED TO *Canada*... DATE *2/77*  
 PAYBOOK VERIFIED *2/2/77*  
 Co. BAL *217.15*... L.P.C. REN'D *3/77*  
 AUTH. *cepx 1067 1/77*

*Sup. L.P.C. 11/4/18*  
*Cr. \$219.04*

*L.P.C.* Check

D

This space to be left blank for the Chelsea Number.

[Empty box for Chelsea Number]

ESSEQUIBO

31-3-17

Army Form B. 268.

90

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 510113 Army Rank Driver M

Name Morrison, William  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Army Service Corps, CEF.

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge Invalided to Canada by Authority of Medical Board.

1. *Description at the time of discharge.*

Age _____ years _____ months	Descriptive marks, <i>scar left side of head.</i>
Height _____ feet _____ inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">H</div>
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence { (To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. *[Signature]*

Army Form B. 2088 has been issued to\*

DEPT MILITARY DEFENCE  
JUL 20 1917  
H.Q. CANADA.

*W. G. Comp  
11-3-17*

*[Handwritten signature and notes]*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment \_\_\_\_\_

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.) \_\_\_\_\_

(Date) \_\_\_\_\_ (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 at 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 towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service : " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " \_\_\_\_\_

Total ... .. " " \_\_\_\_\_

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for July 31<sup>st</sup> (date) 1917

(Place) Toronto

Signature Paul Sheard R.

(Date) July 14<sup>th</sup> 1917

O. C. (D) Unit M. H. C. Command Lt. Colonel

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

---

LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
(Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).  
(Army Form B. 221.)
8. Court of Inquiry on an injury (if any)  
(Army Form A. 2.)
9. Regimental conduct sheet.  
(Army Form B. 120.)
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178.)
13. Medical report on invalid (if any).  
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required.  
See section 11 on second page.
19. Active service casualty form.  
(Army Form B. 103.)
20. Employment sheet.  
(Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any).  
(Army Form B. 178.)

Instructions as to the preparation, despatch,  
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.



NAME OF NEXT OF KIN  
 ADDRESS OF NEXT OF KIN  
 MAIL ADDRESS  
 RELATIONSHIP

*Jesse Morrison*  
*173 Mayara St, Hamilton Ont,*  
*Same*  
*sister* MEDICAL HISTORY OF AN INVALID.

1. Station. **SPADINA MILITARY HOSPITAL**

2. Regiment or Corps. *C.A.S.C.*

3. Regimental No. and Rank. *510113*

*Driver*

4. Name. *Morrison, William*

5. Age last Birthday. *30*

6. Enlisted on *Sept. 20, 1915.*

at *Hamilton, Ont.*

7. Former trade or occupation *Carpenter*

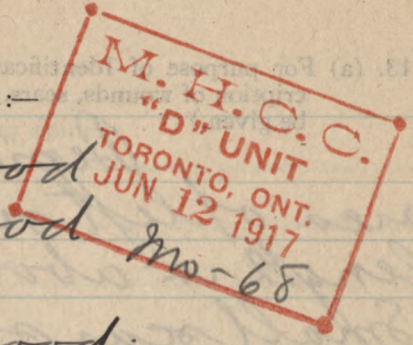
8. General remarks on his:—

(a) Conduct. *Good*

(b) Habits. *good*

(c) Temperance. *good*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)



Date. *June 11, 1917*

9. Service.

BOARD OF PENSION COMMISSIONERS	
FOR CANADA.	Days.
JUL 3 1917 PERIODS	
FROM	To
CONSIDERED FOR PENSION.	

*Canada.*  
*England*  
*France.*

*Sept 20/1915 - Nov./1915*  
*Nov/1915 - March/1916*  
*March/1916 - November/1916*

10. (a) Disease or disability. *(1) Injury to skull and brain*

(b) Date of origin. *(1) October 8<sup>th</sup> 1916*

(c) Place of origin. *Somme.*

(d) Cause. *G. S. W.*

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

*On October 8<sup>th</sup> 1916, was hit on left side of head by piece of shell; which was followed by paralysis of right side of body, loss of speech and memory. Trephine operation done, pieces of bone and foreign body removed, Recovered from paralysis. At present there is slight weakness 5% of right side of body Speech and memory normal. Is nervous & startled. Has dizzy spells on bending over. Has a headache and feeling of tightness in head in front part of right on lying down, and on dull days. Loss of portion*

12. (a) Is the disability the result of service or climate?

*Service*

(b) Has it been aggravated by intemperance, vice or misconduct?

*No.*

*of skull 3"x2" (left parietal), Visible pulsation in the trephine opening.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Depressed area (bone removed) 3" x 2" in parietal area of left side of skull. Scar in scalp 2" in length in above area.  
Small scar size of 10 cent piece on lower third of anterior surface of right leg.  
Anchor tattooed on left arm.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

On duty

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not exceptional

14. Treatment.

1st Australian Gen Hosp, Rouen 3 1/2 wks, trephine operation, piece of left skull and foreign body removed.  
2nd Western Gen. Hosp, Manchester 3 wks. Epsom Hosp. 6 wks (convalescence). Recommended for head plate which has not come as yet.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

(1) Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

~~2/5~~ 2/5

18. State if for discharge on account of unfitness for Service.

Yes.

St. A. J. Butler M.O.  
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. *yes*

11. *yes*

12. *yes*

15. *yes*

16. *yes*

17. *yes*

18. Is he unfit for Military Service. *yes*

Recommendations :

*That he be discharged with compensation  
in Category E.  
No further treatment advisable*

Signatures :-

*[Signature]* ..... President.

*[Signature]* .....  
*[Signature]* .....  
.....

Members.

Station. **SPADINA MILITARY HOSPITAL**

Date. **JUN 11 1917**

*J. D. London, Lt* .....

Date. *14/6/17*

Approved.

Date. *18-6-17*

*[Signature]* Capt  
Asst. Director of Medical Services

*[Signature]*  
Director-General of Medical Services.

7335-  
16-6-17  
Q 162 16 6/17

BOARD OF THE MEDICAL BOARD

Division of the Medical Board

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
200th. 8-16.  
H. Q. 1772-98-117.

Station	Regimental No.	Rank
Corps		
Name		
Disability		
Date		
Hospital or Station transferred to for final disposal.		
Date of final disposal		
How finally disposed of		

The original Report is invariably to accompany the discharge documents of Invalids.

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number 510113 Rank Driver Name and Corps of disabled soldier. Thomson William C.A.S.C.  
Previous Civilian Occupation. Carpenter.

DEPT MILITIA & DEFENCE  
APR 15 1917  
H.S. CANADA  
649-92-8392

Cause of disability:-

Loss of portion of skull left parietal.

Condition in detail which prevent the soldier earning a Full livelihood:-

J.S.W. left side of head 7-10-16 - followed by paralytic attack to loss of power of speech - Present condition. Paralysis has completely cleared up - speech is O.K. He has repeated attacks of dizziness and headache - There is a healed 3" scar over left parietal bone a portion of bone 1" square missing over same area

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

7/10 - reducing to 1/10 in 3 to 6 months

Probable duration of incapacity:-

3 months <sup>with</sup> Permanent

Does it render him permanently unfit for "Military Service?"

yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Conalescent Home.

Signature.

R.L. Miller Capt President.  
A. Stanley Kirkham Capt  
H. J. Cairns Lieut

Station. Quebec

Date 5-4-17

Approved.

Date April 5/17

W.W. Carrick Major  
Assistant Director Medical Service.

Date Apr 27/17

John Thomson Com  
Director General Medical Service.

14

R  
3

Proceedings of the Board of Directors  
of the  
American Medical Association

MINNEN  
210113  
Previous Civilian Occupation  
J. G. W. [Name] [Address] [City] [State] [Zip]

Reason of absence:-  
I am absent from work because of illness which prevents me from attending to my duties. I was last seen on 7-10-10. I am sorry to hear of your illness and hope you will soon be able to return to work. I am sure you will be able to do so as soon as you are able to do so. I am sure you will be able to do so as soon as you are able to do so.

Opinion of the Board

Degree of incapacity (Please state in detail)  
Possible duration of incapacity:-  
Does it render him permanently or temporarily incapable of performing his duties?  
Would operation, special treatment or any other application, etc., lessen incapacity?  
Signature: \_\_\_\_\_  
President: \_\_\_\_\_

Station: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

# No. 2 DISTRICT DEPOT

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

173 Niagara St  
Hamilton ON  
MORRISON W.

AUDITOR *JPH* PAYMASTER

M. OR S.

REGT. No. 510113.

RANK *Plt.*

NAME (IN FULL)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		C.		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
Jan.																						Cr. 189, No. 649-M-8392.





# MEDICAL HISTORY SHEET.

Surname Morrison Christian Name William

Examined { on 20 day of Sept 1915  
 at Hamilton  
 Birthplace { City or Town Keith  
 County Banffshire Scotland  
 Apparent age 28  
 Trade or occupation carpenter  
 Height 5 Feet 8 Inches.

Approved by McLaurith  
Lieut. Stewart  
 Rank Capt M.O. 27 JAN. 1917

Form—R. 190 8528-25M-25, 10/16.  
**IMPORTANT.**  
DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
  - (b) On transfer to another Unit—to Officer Commanding such Unit.
  - (c) On proceeding Overseas — return to Record Office, London, without delay.
- (Authority, Army Council Instruction 831, April, 1916.)

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>7/10/15</u>		<u>W. Stewart Capt</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/9/15</u>		M.O.
<u>28/9/15</u>		M.O.
<u>4/10/15</u>		M.O.

Enlisted on 20 day of Sept 1915 at Hamilton Amoris

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No 2 Overseas ASC</u>	<u>510113</u>		
Transferred to.. ..	<u>Training Depot</u>			
	<u>6 E.F.</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.

CANADIAN

**ORIGINAL MEDICAL HISTORY SHEET.**

Surname Morrison Christian Name William

Examined { on 20 day of Sept 1915  
 at Hamilton

Birthplace { City or Town Keith  
 County Highland Scotland

Apparent age 28

Trade or occupation carpenter

Height 5 Feet 8 Inches.

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 36 inches.  
 Maximum expansion 3 inches.

Physical development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left  
 Number 4

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Approved by M. Stewart  
L. Stewart  
 Rank Capt M.O. 27 JAN. 1917

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>7/10/15</u>		<u>W. Stewart Capt</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/9/15</u>		M.O.
<u>28/9/15</u>		M.O.
<u>4/10/15</u>		M.O.

Enlisted on 20 day of Sept 1915 at Hamilton Ontario

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No 2 Overseas</u>	<u>510113</u>		
Transferred to.. ..	<u>Training Depot</u>			
	<u>I.E.F.</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISCASE.	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.

CANADIAN

Christian Name *William*

Surname *Morrison*

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				
<i>Neagara</i>	<i>21/9/15.</i>										
<i>2nd WESTERN GENERAL HOSPITAL, MANCHESTER.</i>		<i>24</i>	<i>10</i>	<i>16</i>	<i>25</i>	<i>1</i>	<i>17</i>	<i>9.3.20 head.</i>	<i>94</i>	<i>W. ad. 7.10.16. L. parietal W. healed. 24.10.16. No cerebral symptoms except slight headache</i>	

*Ed. Lloyd*  
 Secretary and Registrar  
 2nd WESTERN GENERAL HOSPITAL  
 W.M.F., R.A.M.W., F.S.