

**ORIGINAL**  
**SUDBURY MOBILIZATION CENTRE**

(B)

**ATTESTATION PAPER.**

No. 3108092

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

- 1. What is your surname?..... **M O R R I S O N**
- 1a. What are your Christian names?..... **William**
- 1b. What is your present address?..... **Sudbury, Ontario**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Dunfermline, Scotland**
- 3. What is the name of your next-of-kin?..... **William Morrison, Sr.**
- 4. What is the address of your next-of-kin?..... **Airdrie, Scotland**
- 4a. What is the relationship of your next-of-kin?..... **Father**
- 5. What is the date of your birth?..... **September 13th, 1882**
- 6. What is your Trade or Calling?..... **Laborer**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?.. **No**  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No**
- 14. If so, what was the nature of the disability? **Nil**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... **Yes**
- 16. If so, what was the reason?..... **Defective Eyesight.**

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

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

Date **April 3rd** 191 **8** *W. Morrison* (Signature of Recruit)  
*J. Williams* (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.

Date **April 3rd** 191 **8** *William Morrison* (Signature of Recruit)  
*J. H. Ormiston* (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 **Sudbury** this **3rd** day of **April** 191 **8**

*James P. ...* (Signature of Justice)

**Description of MORRISON, William on Enlistment.**

Apparent Age 35 years 7 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. 6 1/4 ins.

Chest measurement { Girth when fully expanded..... 33 ins.  
Range of expansion..... 37 ins.

Complexion ..... Medium

Eyes ..... Grey

Hair ..... Brown

Nil

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

**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 A 2 for the **Canadian Over-Seas Expeditionary Force.**

Date..... April 3rd 1918.

Place..... Sudbury, Ontario

DECLARED FIT BY MEDICAL BOARD  
SUDBURY MOBILIZATION CENTRE  
H.M. Jamieson A 2  
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.

S. G. C. 1st Depot Bn., 2nd C. MAJOR  
(Signature of Officer)

Date..... April 3rd 1918.

REGIMENTAL DOCUMENTS

26101

NAME *MORRISON WILLIAM*

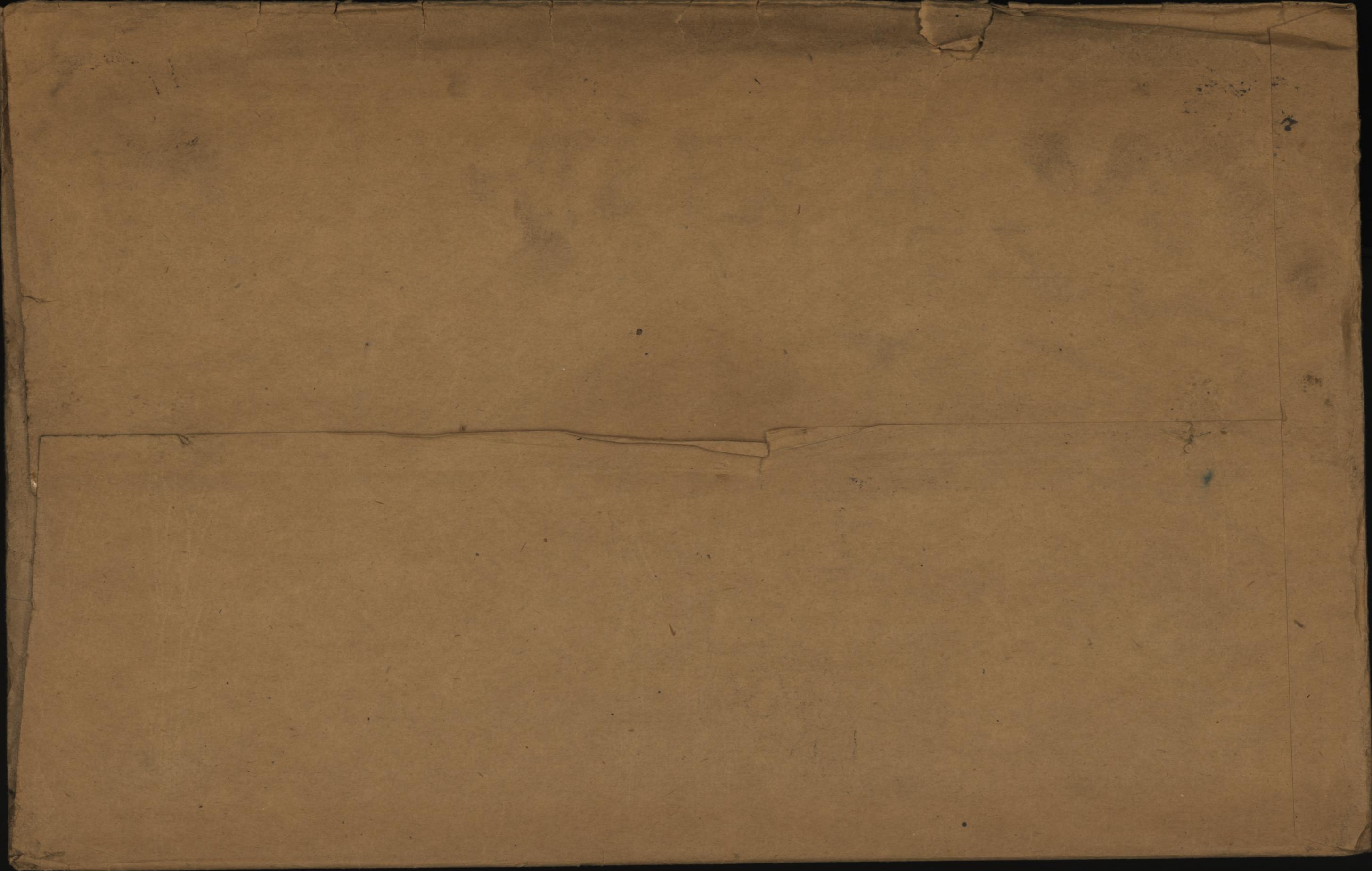
REGT. NO. *3108592* UNIT *102 Bn* H. Q. FILE NO.

NON-EFFECTIVE BY  
  
 DEATH

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)					
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)				34734	Category <i>Demobilization</i>
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)					
2 Misc					
1 503					
1 10/22					







SURNAME. *Morrison,*  
CHRISTIAN NAMES *William*  
REGL. NO. *3108592.* RANK *Pte.*  
UNIT *2nd Cen. Ont. Regt. 1st Depo. Bn.*  
FORMER CORPS *nil.*

2.  
CARD NO.  
*m-d 2. 2*  
*8051018-6-19 Demob*  
*D0164 POLL 13-5-19*  
*#2 W.D.*

*T.O. Sept. 4, 1918*  
*D.O. Pt. 96.*

NEXT OF KIN.  
NAMES IN FULL *Morrison, William*  
RELATIONSHIP TO SOLDIER *Father*  
ADDRESS *Airdrie, Scot.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Scotland* *Dunfermline* DATE *Sept. 13th 1882*  
PLACE OF ATTESTATION *Sudbury Ont.* DATE *Apr. 3rd 1918.*  
*O/S. 9-6-18.  $\frac{1272}{23}$*  *R/c. 6-6-19  $\frac{343}{71}$  Pte*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

M 84.

B

Number... 3108 592 Rank Pter

Surname... MORRISON

Christian Name... William

Units... 10.2 Bn. Coy. Theatre of War France

Date of Service... 16/10-18

Remarks... c/o General Delivery, Detroit, Mich., U.S.A.

Latest Address... General Post Office  
Detroit, U.S.A.

Roll No. B. Page 7369. Mich.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			DESP. NOV 10 1925 REGN. NO. 17934	

2

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

# Casualty Form—Active Service.

Unit, Regiment or Corps.....  
 Regimental No. 3108592 Rank Sgt. Name Morrison W.  
 C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

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				
MAY 31 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	164
JUN 8 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			164

*W. C. [Signature]*  
 Licut.  
 For O. C. No. 2 District Depot.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

2ND CEN. ONT. REGT.  
Reg'l No. 3108592.

G.H.

Rank

Name MORRISON, William.

Married or Single Single.

44th Bn C.O.R

If in perm. Corps, }  
What Unit? }

Place and Date of Enlistment Sudbury, April 3rd 1918.

Place of Birth Dunfermline.  
Scotland

Name and Address, Next-of-Kin William Morrison, Sr.

Airdrie Scotland.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

NO AP

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 19146  
File R.L.  
Category O R G O N

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.				
	Arrived in England			21-6-18	S/S CASSANDRA
14, 7, 18	8th Res	T.O. S. from CANADA	WITLEY.	21, 6-18	DO 195
17-10-18	8 Res Bn	505 to 102 <sup>nd</sup> Bn	Witley Pte	16-10-18	Do 290
13-3-19	102 Bn	Placed under stoppage of pay to make good for pay lost. Hedra Jenkin 25/12/18 see 102 Bn 26. 16 & 24. 3-19	Field	20-2-19	.. 14
		102. BATT DO 26 D 6.5, 19			
		1 REC TO. ENG. D 3,5 19			
		A WING CCC			
		DO, 22, DI 2, 3, 19 1			
		TOS. D 4 5 19			
6.6.19	A Wing CCC	S.O.S to ban.	Bram	31-5-19	-30

A.F.B. 703 CHECKE  
24 OCT 1918



Frensham Pond CAMP.  
Farnham, Surrey.  
9th July, 1918.

I No. 3108592 Private William Morrison have no known next-of-kin living and desire in case I become a casualty that that undermentioned man be notified:-

Mr. W. E. LEMON  
158. Lafayette Street,  
Detroit, Mich. U.S.A.

*Wm Morrison*

Wrenham Road, Ont.  
Wrenham, Ont.  
25th July, 1918.

I No. 210850 Private William Morrison have no  
known next-of-kin living and desire in case I  
become a casualty that that aforementioned man  
be notified:-

Mr. W. Y. LEMMON  
150 Lafayette Street  
Detroit, Mich., U.S.A.

13  
3108592

MEDICAL HISTORY SHEET.

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

1. Surname MORRISON Christian name William  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Recruit  
3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
4. Address (including street and number, if any) Sudbury, Ontario

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of April 1918, by the undersigned medical board sitting at Sudbury, Ont. M.B.C. #19

5. Age as stated 35 Years 7 Months. 6. Apparent age 35 Years 7 Months  
7. Height 6 Feet 6 1/2 Inches. 8. Weight 128 Pounds.  
9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Grey  
Maximum 37 Ins. { Hair Brown  
11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 0  
Left arm 2 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2  
17. (a) Vision R. 80 L. 30  
(b) Hearing. R. Normal L. Normal

H. M. Jamington President. M. Patterson Member.  
J. D. Als Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
10/4/18		<u>H. M. Jamington</u> M.O.	10/4/18		<u>M. Patterson</u> M.O.
		M.O.	12/4/18		<u>H. M. Jamington</u> M.O.
		M.O.	17-4-18		<u>H. M. Jamington</u> M.O.

TAB-21/9/18 J.A.E.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 1918 at \_\_\_\_\_

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	<u>102ND BN.</u>			<u>16 OCT. 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Bramhall</u>	<u>12-5-19</u>	<u>Def Vision</u>	<u>A. R. Johnston Capt</u>

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

Mr. Morrison  
Signature of Man



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

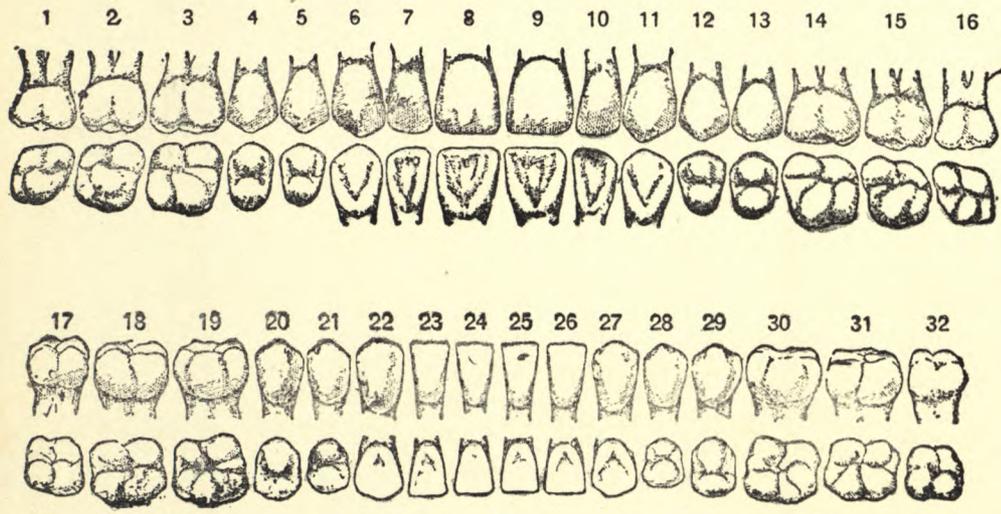
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORRISON W

REGIMENT 102 Bn RANK Plt No. 3108592

Date of Examination in England 5/5/19 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

8-1

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

BRAMSHOTT CAMP HANTS

Signature of Dental Officer J. Wilson Capt



To: - Officer Commanding, *102<sup>nd</sup>* .....

The following is a special EYE Report on the undermentioned, Your M.O.'s attention should be called to it, and the case should now be paraled with this report in TRIPLICATE, the Medical History Sheet, and the Casualty Form, to:-

The ~~LONG~~ Board, as there IS ~~not~~ a disability of the EYE.

Name *Morrisin, W.* Number *3108592* Rank *Pte*

Unit *102<sup>nd</sup> Bn.* Former Occupation *Labourer*

Original Disease or Injury *Myopic Astigmatism*

Date of Origin *Confidential* Place of Origin .....

Cause .....

Present Disability *Defective Vision*

VISION:- RT:- *6/24* WITH GLASSES RT:- *6/12*  
LT:- *6/6* LT:- *6/6*

Category Recommended *A*

History of Present Condition *Confidential*

Did the disabling condition have origin before Enlistment? *yes*

If so, has it been aggravated by Service? *no*

Has the disability been caused or aggravated by Intemperance or Improper Conduct, or by unreasonable refusal to accept treatment? *no*

What is the present duration (in months) of the disability? *Permanent*

Can the former Trade or Occupation be resumed? .....

Findings: *Normal*

*J. Merrett*  
Capt. C.A.M.C.  
Officer i/c. Eye & Ear Dept.,  
Medical Board, Bramshott.

DATE *12/15/19*



FORM OF WILL

M.S.A.

I, William MORRISON (Name in full)

Regimental Number 3108592P serving in 1. ST DEPOT BATTALION.

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

I devise all my real estate unto

[Redacted]

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

absolutely, and my personal estate I bequeath to

Victoris Convelescent Home, Hamilton, Ontario.

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

NOTE

This space for the appointment of Executor if necessary.

9. P.O. Detroit Mich.

IMPORTANT NOTE

this 11 day of April A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Wm Morrison Signature of Soldier.

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

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

Signature of First Witness: J. B. Begg Major, 14 LYMAN ST.

Address of Witness: ST. CATHARINES ONT.

THE TWO WITNESSES

Occupation of Witness: OFFICER C.E.F.

MUST SIGN HERE

Signature of Second Witness: O. J. Macatton

Address of Witness: Hamilton Bermuda

Occupation of Witness: Sailor



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Class *2* Badge  
No. *133294*

THIS IS TO CERTIFY that No. *3108592* (Rank) *Pte.*

Name (in full) *Morrison William* enlisted in  
the *2nd. C.O.R.*

CANADIAN EXPEDITIONARY FORCE at *Sudbury* on the *3rd.*  
day of *April* 19*18*.

HE served in *France - 102nd. Battalion*

Demobilization.

and is now discharged from the service by reason of

**Medical Unfitness.**

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

Age *36 yrs.*

Marks or Scars

Height *5' 6 1/4"*

*Nil.*

Complexion *Medium*

Eyes *Grey*

Hair *Brown*

*Wm Morrison*

Signature of Soldier.

*H. Sargent*

Issuing Officer.

Date of Discharge

No. 2 DISTRICT DEPUT  
JUN 8. 1919  
TORONTO

..... Capt.  
FOR *O. Rank* No. 2 D. D.

JUN 8 1919

Date ..... 19.....

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

REPUBLIC OF HAWAII  
OFFICE OF THE ATTORNEY GENERAL



IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Office of the Attorney General at Honolulu, Hawaii, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Attorney General

\_\_\_\_\_  
[Faint signature]

\_\_\_\_\_  
[Faint signature]

\_\_\_\_\_  
[Faint signature]

\_\_\_\_\_  
[Faint signature]

\* Strike out whichever inapplicable.

ASSIGNED PAY.	CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>MORRISON Williams</i>
EFFECTIVE DATE: <i>1.8.18.</i>		EFFECTIVE DATE: -		NUMBER: <i>D. 3108592.</i>
AMOUNT: <i>\$20.</i>		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
<i>Bank of Nova Scotia King &amp; Sherman St. (S. Roll) Hamilton</i>		<i>L.P.C. Ban.</i>		<i>Pte.</i>

*Stopped Eff: 1/6/19*

UNIT AND TRANSFERS			
ORIGINAL UNIT: <i>1<sup>st</sup> Depot Bn 2<sup>nd</sup> B. O. R.</i>			
DATE ACCOUNT FIRST OPENED: <i>1.6.18</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 P D	UNIT TRANSFERRED TO
			<i>1<sup>st</sup> Res Bn.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>19/1/19</del>	<del>746</del>	<del>Hal. Stoppage. Field 146.</del>	<del>304</del>				
<del>27/4/19</del>	<del>4066</del>	<del>French Fr. 20.</del>	<del>364</del>				
<del>10/5/19</del>	<del>6306</del>	<del>A. Wing £7.</del>	<del>3407</del>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
<i>L.P.C. Ban</i>	<i>1</i>	<i>10</i>		

*Trans. to loan 1/6/19 NR 8784 B 13/5/19 Rehoff to Rehoff MD 2. L.P.C. Bal: 3.20*

PARTICULARS OF RENDERING NON-EFFECTIVE

*Note: assigned pay for month of May 1918 deducted on pay list of Regimental paymaster for that month.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31.5.18</i>	<i>B. Bal<sup>ce</sup> from Canada.</i>								<i>26.65</i>		
<i>July</i>	<i>P.P. June &amp; July</i>	<i>67</i>	<i>10</i>	<i>A.P. June &amp; July</i>				<i>40</i>			
				<i>AR 600 9/7/18 8<sup>th</sup> Res</i>	<i>487</i>						
				<i>" 3249 25/7/18 "</i>	<i>487</i>				<i>44.01</i>		
		<i>67</i>	<i>40</i>		<i>9.74</i>			<i>40</i>			
<i>Aug</i>	<i>P.P.</i>	<i>33</i>		<i>A.P.</i>				<i>20</i>			
				<i>Q.R. 1. 5/7/18 8<sup>th</sup> Res.</i>	<i>132</i>						
				<i>AR. 3897 12/7/18 ✓</i>	<i>487</i>						
				<i>Q 1016 31/7/18 ✓</i>	<i>26</i>						
				<i>AR 4045 31/8/18 ✓</i>	<i>2920</i>				<i>22.46</i>		
				<i>Q 43 29/7/18 "</i>	<i>119</i>				<i>21.87</i>		
		<i>34</i>	<i>10</i>		<i>36.84</i>			<i>20</i>			
<i>Sept.</i>	<i>do</i>	<i>33</i>		<i>AR 4478. 10/9/18 "</i>	<i>1730</i>						
				<i>A.P.</i>				<i>20</i>			
		<i>33</i>		<i>AR 4801. 26/9/18 "</i>	<i>1730</i>						
					<i>14.60</i>			<i>20</i>	<i>19.67</i>		
<i>Oct.</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>J.O.R. A. 32 10/8/18 8<sup>th</sup> Res</i>	<i>117</i>						
				<i>A.R. 5410 10/10/18 "</i>	<i>487</i>						
				<i>A.P.</i>				<i>20</i>			
				<i>A.R. 5585. 16/10/18 "</i>	<i>487</i>				<i>22.86</i>		
		<i>34</i>	<i>10</i>		<i>10.91</i>			<i>20</i>			
<i>Nov.</i>	<i>P.P.</i>	<i>33</i>		<i>A.P.</i>				<i>20</i>			
				<i>AR. 952 10/11/18 102 Bn</i>	<i>373</i>						
				<i>1019 19/11 "</i>	<i>12.06</i>						
<i>Dec</i>	<i>✓</i>	<i>54</i>	<i>10</i>	<i>A.P.</i>				<i>20</i>			
				<i>AR 1092 3/12 "</i>	<i>373</i>						
				<i>1165 15/12 "</i>	<i>373</i>						
<i>Jan</i>	<i>✓</i>	<i>34</i>	<i>10</i>	<i>A.P.</i>				<i>20</i>	<i>29.81</i>		
		<i>101</i>	<i>20</i>		<i>24.25</i>			<i>60</i>			

NUMBER 3108592 RANK

NAME MORRISON, William

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brought forward								3981		
Feb	RR	3080		at				20	6490		
				AR 1275-6/1- 102 Bn	373				10471		
				✓ 1398-15/1- ✓	373				8088		
				✓ 1512-28/1- ✓	1566				2383		
				1579 4/2	373						
				1648 16/7 11 <del>23</del>	373						
Mar	✓	3410		at	3388			20			
				AR 1807-3/3- ✓	365						
				✓ 1871. 15/3. ✓	365						
		6490			4088			40	2383		
				ARRH 3/4 10R	349				9093		
				" 84 14/4 "	349						
Apr May	RP	6710		at				40			
				AR 4066 27-4-19 Lett.	315				8470		
				" 6306 10-5-19 A@@@	3407	4470					
		9093			4470			40	623		
June		6710		AR 8655 A@@@ End 2-5-19	487				1361		
					487						
July				AR 4005 20R 19-2-19	314				319		

LoB 3-5-19 Canada Sk68 Ltd

23.83.	6.98
67.10	40.-
90.93	3.04
87.73	37.71
<u>3.20</u>	<u>87.73</u>

W. Briner  
13/5/19

War Service Badge  
Class "A" No. 133294 SHORT FORM.

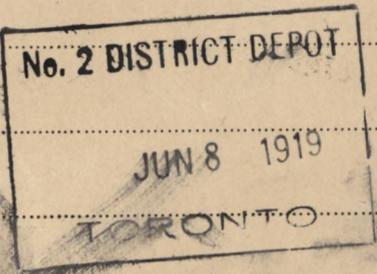
Occupational Group No. 13

*R. A. T.*

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. <u>3108592</u>	
2. Rank. <u>Pvt.</u>	
3. Name. <u>Morrison</u>	
4. Unit. <u>102</u>	
5. Date of Discharge	Place
<u>JUN 8 1919</u>	<u>TORONTO, ONT.</u>
6. Reason for Discharge. <u>Demob.</u>	
7. Authority. <u>No. 2 District Depot, Part II. D.O. No. 164</u>	
8. Proposed Residence after Discharge. <u>S. 20</u>	
<u>Detroit Mich. U.S.A.</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.?	
<u>Morrison</u>	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	Date
<u>No. 2 DISTRICT DEPOT</u>	<u>JUN 8 1919</u>
<u>TORONTO</u>	
Signature	Capt.
<u>[Signature]</u>	<u>[Signature]</u>
(O. C. Discharging Unit.)	







**LIST OF DISCHARGE DOCUMENTS.**

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

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. Sundry Documents.

Group..... B

Checked by No..... 15

Date..... 29/5/17

*[Handwritten signature]*

a-8

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 12-5-19

1. 1 (a) Unit 102nd Bu (b) Regimental No. 3108592 (c) Rank Pte  
 (d) Surname Morrison (e) Christian name William  
 (f) Home address Detroit, Mich. U.S.A.  
 (g) Next of Kin William Morrison (h) Relationship Father  
 (i) Address of Next of Kin Airdrie - Scotland

2. Age last birthday 36 last birthday Date of birth 13th Sept. 1882.

3. Enlistment, or Appointment (if an Officer) (a) Place Susbury (b) Date 3-4-18

4. Personal description:  
 (a) Height 5 ft 7 in (b) Weight 137 lbs (c) Complexion Dark  
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. None!

5. Former trade or occupation Iron Smoulder

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	1	41

	PERIODS	
	From	To
Canada	3-4-18	8-6-18
England	21-6-18	18-10-18
France or other theatres of War	18-10-18	Present time

7. Original disease, or injury Myopic astigmatism

(a) Date of origin congenital (b) Place of origin Dumfermlin Scotland  
 (c) Cause congenital

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Myopic astigmatism (defective vision)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialists' Report:

Right 6/24 Right 6/12  
Left 6/6 Left 6/6  
with glasses

Myopic astigmatism

Prof. Pennington Capt. Brule  
No. 12. C. G. S.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No Cardio-Vascular System... No Genito-Urinary System... No  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses... No Respiratory System... No Integumentary System... No  
Disturbances of Mentality... No Digestive System... No Muscular System... No  
Osseous and Joint Systems... No Any other general condition... No

10. (a) History (of the condition referred to in Section 9 (a).)

Has always had poor vision in right eye.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

*breached in childhood*

*no disability*

(c) (Here give a description of wounds, scars and deformities.)

*bone*

11.—(a) Did the disabling condition have its origin before enlistment?

*yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

*no* *no*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) No (b) No*

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Permanent*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

*See Specialists report.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed?  
(If not, briefly state why)

*Yes*

17. Recommendations

*n.a.*

*Franklin M. Horn Capt G. A. C.*

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *William Morrison* have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

*nothing*  
*W.M.*

*William Morrison Pte.* Rank.  
Signature of invalid examined.

*W.M.*

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? -If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *Category A*
- (b) Service abroad, not general service, ( " B) (Yes or No.)
- (c) Home service (Canada only), ( " C) (Yes or No.)
- (d) Temporarily unfit. ( " D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.)

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*Boarded with A.S. 9083 of 11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Bramshott* *D. Mathau Capt* President.  
*R. J. Johnston Capt* Members  
 DATE *12-5-19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... *President*  
 DATE..... } Members

APPROVED BY *W. Haldenrie Capt* APPROVED BY  
*for Assistant Director of Medical Services.* Director-General of Medical Services.  
 DATE *12/5/19.* DATE.....

Date of Enlistment 3<sup>4</sup>/18

MILITIA AND DEFENCE

M

Date of Assignment

Separation and Assigned Pay Branch

20114

June 1<sup>st</sup> 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

70 <sup>00</sup> / <sub>100</sub>			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1<sup>st</sup> Spt. Bn. 2<sup>nd</sup> C.O.R. 1/3 of 44 Draft

Beneficiary

Relationship

Address

Name

Address

Change of Address

1 BANK OF NOVA SCOTIA,  
SHERMAN AVE. & KING ST., BRANCH,  
2 HAMILTON, ONT. 20 20.00  
3 % 3108592 PTE WILLIAM MORRISON  
4 TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
June	Y 27545		20	20
July	X 31440		20	20
Aug	P 40730		20	20
Sep	U 43023		20	20
Oct.	H 54269		20	20
Nov.	2 57468		20	20
Dec	X 67742		20	20
Jan	2 72751		20	20
Feb	W 77030		20	20
Mar.	M 86269		20	20
Apr.	P 3862		20	20
May	S 8319		20	20
June	H 11407		20	20
			260	260

013139-N-72 REMARKS

June 1919 chq H11407 ret'd & canid.  
per H. 13844. a/c closed by soldier  
& bank does not know his address.  
837-11

M. F. W. 128  
400M-6-17-1772-89-1141  
L. L. 22320-M. & D. 1983.

A/c Closed 30-6-19.  
Ret'd per... mauretania  
Date 6/6/19 M.F.W. 187 12/6/19  
J.S.D.

LP 94247 des J. and 12-6-19

AUTHORITY FOR NEW ACCT. MR. J. A. 203. Mr. Beaumont 1918

MD#2.





ms

Handwritten red ink markings, including a horizontal line and several small marks, possibly representing a signature or a date.

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

M. F. W. 54. (A. F. B. 193.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. <sup>44th Dft</sup> 1st D. Bn. 2nd C.O.R.

Regimental No. 3108592 ✓ Rank Pte Name MORRISON, William  
C. E. F.

Enlisted (a) 3-4-18 Terms of Service (a) Duration of War Service reckons from (a) 3-4-18

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

Extended ..... Re-engaged ..... Qualification (b) Civilian—Laborer

**W. S. B. CLASS A**

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	Badge	Remarks
Date	From whom received					

Transferred to C. J. Dooy  
From 1st Depot Batt'n, 2nd C. O. R.

Embarked Canada JUN -3-1918 H.M.S.  
Disembarked London 21.6.18 "Epsandria"

C. J. Sawyer  
Major C. P. O. N. 44

21.6.18 50-195.

CERTIFIED CORRECT.  
 26 OCT 1918  
 CAN. RECORDS, LONDON.

14.7.18 8th Res. P.O.S. from Canada.

17 OCT 1918 8th Res. Proceeded overseas for Service with 103rd Bn.

Witley

Witley

16 OCT 1918 Do #290

F. W. Arnold

**8**

ASS'T ADJ'T FOR O.G. 8th CANADIAN RES. BN

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Fill in this form in duplicate, back and front  
Casualty Form - Army Form B. 213

Date	Report From whom received	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
18.10.18	CCRB	202 102 <sup>nd</sup> Bn on arrival	France	18.10.18	NR DO. 109 23/10/18
do	do	202	T. C. B. C.	20.10.18	"
20.10.18	CCRB	202	do	do	"
23.10.18	do	202	T. M. U. I.	23.10.18	"
7.11.18	Unit	Joined	Field	28.10.18	B. 213
27-2-19	do	Placed under stoppage pay to make good Gout property Lost. 1- Leather jerkin. £15-0-	12/6	20-2-19	O.C. 102 Bn A. 752069 d/27-2-19 A. 2074- d/19 DO. 16 21/2/19
		Proceeded to England.		3 MAI 19	

*J. S. Curzon*  
for Lt.-Col., A. A. G. Capt.

S.O.S. Proceeding to Canada Canadian Section, G. H. Q., 3rd Echelon, B. C.  
Aving c.c.c. 31.5.19 Part II Order No. 30

T. S. Cudemans Major

← H. M. T. S. MAURETAN →  
EMBARKED 31-5-19