

ATTESTATION PAPER.

No. 2265410

Divisional Signallers.

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 Alexander,
- 1b. What is your present address?..... 143 Laclie Street, Orillia, Ontario,
2. In what Town, Township or Parish, and in what Country were you born?..... Kenora, Ontario,
3. What is the name of your next-of-kin?..... Angus Morrison,
4. What is the address of your next-of-kin?..... 143 Laclie Street, Orillia, Ontario,
- 4a. What is the relationship of your next-of-kin?..... Father,
5. What is the date of your birth?..... February 15th., 1899.
6. What is your Trade or Calling?..... Horseman,
7. Are you married?..... Single,
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 } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes,
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? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Alexander 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.

W A Morrison (Signature of Recruit)

Date April 7th, 1917 191 . H. Worsick (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Alexander 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.

W A Morrison (Signature of Recruit)

Date April 7th, 1917 191 . H. Worsick (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 Toronto this 7th day of April 1917.

[Signature] (Signature of Justice)

Description of William Alexander Morrison on Enlistment.

Apparent Age.....18.....years.....1.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft. 11½.....ins.

Chest measurement { Girth when fully expanded.....38.....ins.
Range of expansion.....5.....ins.

Complexion.....fresh

Eyes.....1 brown

Hair.....brown

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

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).

Mole right side,
Birth mark left shoulder blade,

Both eyes D. 20, Hearing good,
Nose & throat O.K.

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.....April 7th, 1917.....191.....

Place.....Toronto Canada.....

*Insert here "fit" or "unfit."

Toronto Mobilization Centre. Medical Officer.

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:—

**DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE**

E. J. Howard M.O.
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....William Alexander 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.

T. E. Brown (Signature of Officer)
O.O. SIGNAL TRAINING DEPOT, C.E.F.

Date.....May 9.....1917.....

REGIMENTAL DOCUMENTS

Div. NAME MORRISON William Alexander REGT. NO. 2265410 UNIT 2d Par. Eng. Co. FILE NO. _____

196/19

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

M

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

34745

H

39-24
25-217
4-24

2

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 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)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAS. 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)
- 1 *CAD C 5009 a*
- 1 *C.D. 3*
- 1 *M.F.W. 67*
- 2 *Misc Papers*
- 2 *0791237*
- 1 *002 B 181*
- 1 *Aug*
- 1 *Casual*
- 1 *R 122*



SURNAME.

Marrison

CARD No.

Sos No 27-5-19
Demog # 260
Do. 16 19 10619
FOUL

CHRISTIAN NAMES

William Alexander

REGL. No.

2265-410

RANK

Sapper

UNIT

Signal Tr. Depot. (14th B.D.)

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Marrison, Angus

RELATIONSHIP TO SOLDIER

Father

ADDRESS

143 Laclie St; Orillia, Ont.

COUNTRY OF BIRTH

Canada Kenora, Ont.

DATE

Feb. 15th 1899

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Apr. 4th 1914

OS 21-12-17 $\frac{1037}{9}$

R/C. 25-5-19 $\frac{334}{96}$ Am

Sailed from Halifax Rev S.S. "Grampian" 21-12-17.

MARRIED

SINGLE yes

WIDOWER

TRADE OR CALLING

Horseman

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

1

MONTHS

HEIGHT

5-

FEET

11 $\frac{1}{4}$

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

5-

INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Mole R. side. Birthmark L. shoulder
blade.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Apr. 7th 1914

Present address

143 Laclie St., Orillia, Ont.

No. 2265410

RANK

Pvt

NAME

Morison, W. A.

T. O. S. 5-5-11

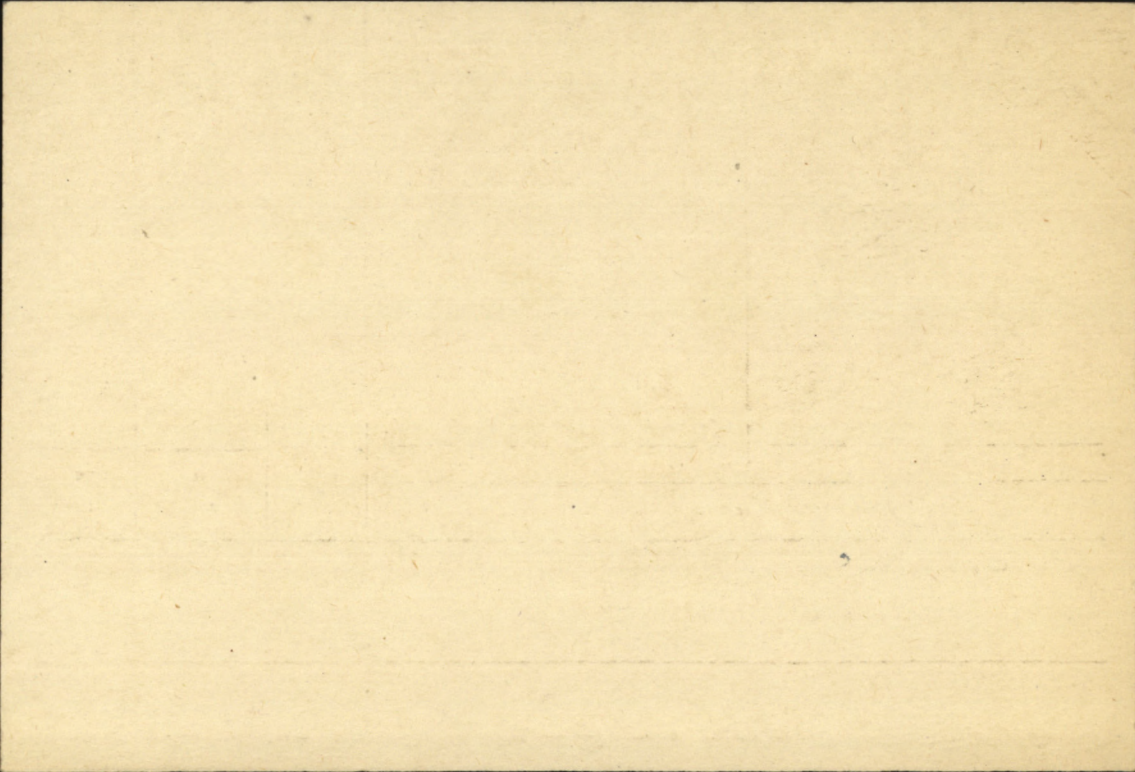
UNIT

4th Divisional Signal Training Depot

D. 0108 of 8-5-11

M. D. H. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 May 8	1917 May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		n.		



Copy

~~B~~
~~X~~

Number *2262410* Rank *sp*

Surname *MORRISON*

Christian Name *William Alexander*

Units *C-E* Theatre of War *France*

Date of Service *19-9-18*

Remarks *143 Labice St*

Latest Address *P.O. Billia*

Cent-

Roll No. *B. Page 6177*

NO.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM

PAID TO

SIG. OR REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

YA 45-198

REGT'L. No. 2265410.

H. Q. FILE NO 649

NAME *Morrison W.*

RANK AND CORPS *Spv*

a.
6E.25.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
6124	# 14 Can. Gen. Eastbourne	30-1-18	(Can. Eng) Influenza
6147 ¹ .	Discharged	25-2-18	Influenza.
6248	14 Can. Gen. Eastbourne	25-6-18	Influenza.
6252.	" " " Disch.	4-7-18	Influenza.

SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S 1300

REG. NO.

MORRISON

W .A.

2265410.

RANK

UNIT

Co

TROOP

BATTY.

Spr.

"1" CETD.

HOSPITAL

DATE OF ADMISSION

14 C.G. Eastbourne.

30-1-18.

1. H. C. G. Eastbourne

HOSP 25. 6. 18.

2.

HOSP

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Influenza.

1.

Influenza. ^{Sw.} R

2.

3.

DISPOSITION

Dis. 25-2-18

DATE

CL 1-9-18 C124.

Disch. 4-7-18
REMARKS

28. 2. 18 C147 (1)

A.M.D. 2 DEPT.

29. 6. 18 C 248.

Bch. of D.O.M.S. O.M.F.C. London.

5-7-18 C 252

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

W.S.B. Class A

W.S.B. CLASS

Unit, Regiment or Corps..... Signal Training Depot.

MORRISON

Regimental No. 2265410 Rank Spl Name Morrison William Alexander

C. E. F.

Enlisted (a) 7.4.17 Terms of Service (a) REVE 1000 Service reckons from (a) 7.4.17

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) Harrison

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				
		<i>Embarked Canada</i>		<i>19/12/17</i>	
		<i>Disembarked England</i>		<i>31/12/17</i>	
<i>2 JAN 1918</i>	<i>O.E.T.D.</i>	<i>Canada</i>	<i>Seaford</i>	<i>1 JAN 1918</i>	<i>Part II Order No. 1</i>
<i>21.5.18</i>	<i>C&JD</i>	<i>Spl to 7th C&RB</i>	<i>Seaford</i>	<i>21.5.18</i>	<i>DD 104 " " 18.12.18 A. Sedgwick C.E.</i>
<i>22.5.18</i>	<i>C&RB</i>	<i>Spl from C&JD</i>	<i>Seaford</i>	<i>21.5.18</i>	<i>DD 104 " " 21.5.18 for AC C&JD</i>
<i>4-9-18</i>	<i>1st C&RB</i>	<i>L.O.S. to 2nd C&RB</i>	<i>Seaford</i>	<i>3-9-18</i>	<i>Each 2 D.O. 91</i>
<i>4.9.18</i>	<i>2 C&RB</i>	<i>L.O.S. 1st C&RB from 1st C&RB</i>	<i>Seaford</i>	<i>3.9.18</i>	<i>Adjutant Capt. C.E. Adjutant 1st C.E.R.B. Pt II Order 90</i>

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

2265410 Morrison W.A.

CERTIFIED CORRECTION
25 SEP 1918
WAR RECORDS, LONDON.

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				
18-9-18	2nd CERB	S.O.S. of 2nd C.E.R.B. to C.E.Pool. France.	Seaford	17-9-18	Part II. Order No. 102.
		Lieut. C.E. Commanding, 2nd Canadian Engineers Reg. Batta.			Lieut. C.E. for Lieut-Colonel. C.E.
19.9.18	CERA T O S CER POOL			19.9.18	R&R 765 PART 2 NO 104
21.9.18	CCRC JOINED HOME BASE			21-9-18	R&R 1483
28.9.18	CERC S.O.S. to 2nd Br C.B.			28.9.18	R&R 1730 P/105
5.10.18	2 Bn C.E. S.O.S. 2nd Bn C.E.			29.9.18	B.213 8/41
18/3/19	Emb Camp	Proceeded to England.		18/3/19	N.R. Pt. 2 C.No.
17.3.19	39 Gen N.Y.D.	A. 39 Gen		17.3.19	W.358
	A.A.G. Trans to C.E.R. Pool			27.3.19	Sp. 4.919
14/5/19	S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA.				
	SE AQUITANI. Sig. No-77				
	EMB S, HMPTON 18-5-19				
	Disemb HLFX 25-5-19				

A. Love

SR

G. J. Skelton

LIEUT.
FOR LT COL.
A.A.G.
LIEUT.
FOR LT COL.
A.A.G.

Port II Orders 18/5/19
D.H. Clusholm Lt

LTR

Rank

Name

MORRISON, William Alexander

Reg'l No.

2265410

Signal D Ottawa To CETD
 If in perm. Corps, }
 What Unit? }

Married or Single

Single

Place and Date of Enlistment

Toronto April 7th, 1917.

Place of Birth

Kenora, Ontario.

Name and Address, Next-of-Kin

Angus Morrison

143 Laclie Street, Orillia, Ontario.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 15481
 File No. CAN. OR
 Category

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<u>C.</u>			Arrived in England	31-12-17	S/S GRAMPAN
2-1-18	CETD	T.O.S.	Seaford	1-1-18	D.O.I.
21.5.18	1st CERB	T.O.S. From CETD	Seaford	21.5.18	D.O.I. CETD, D-O.117
3.9.18	"	S.O.S to 2nd C.E.R.B	Seaford	3.9.18	P.O. 91. 2nd CERB No 90
11.10.18	C.E.R.P.	T.O.S from 2 C.E.R.B.	Zuld	19.9.18	P.O. 104. 2 CERB No 102
18.10.18	2 Pub. L.	T.O.S from C.E.R.P.	"	29.9.18	P.O. 41. 100-105
30-3-19	"	S.O.S to C.E.R.P	"	27.3.19	" 21 18 CERP 17/14.4.19
12.4.19	G.Wing. c.c.	T.O.S. from frame	Bikott	8.4.19	" 4
19.5.19	G.Wing c.c.	SOS to Canada	Bramshott	18.5.19	111111

A.F.B. 103 CHECKED
 264 SEP 1918

26 SEP 1917

SIGNAL TRAINING REPORT
MEDICAL HISTORY SHEET

ORIGINAL *A4*
 2265410

Surname *Monison* Christian Name *William Alexander*

Examined { on 7 day of April 1917
 at Toronto

Approved by _____

Birthplace { City or Town Kenora
 County Ontario

Rank _____ M.O.
Toronto Mobilization Centre.

Apparent age 18

EXAMINED FOR RE-ENGAGEMENT

Trade or occupation Horseman

**DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE** M.O.

Height 5 feet 11 1/4 Inches

C. S. Howar M.O.

Weight 144 1/2 lbs.

PRESIDENT M.O.

Chest measurement { Minimum 33 inches
 Maximum expansion 38 inches

Physical development good

Small-pox Marks ---

Vaccination Marks { Arm Right Left
 Number _____

VACCINATIONS

When Vaccinated last ---

12/4/17 *g. S. Porter Cpt* M.O.

(a) Marks indicating congenital peculiarities or previous disease ---

3.1.18 JAB 201 M.O.

(b) Slight defects but not sufficient to cause rejection
 Both eyes D. 20, Hearing good.

ANTI-TYPHOID INOCULATIONS, ETC.

Nose & throat O. K.

12/4/17 } *JAB 13-9-18* ^{D.S.} M.O.
18/4/17 } *g. S. Porter Cpt* M.O.
24/4/17 } M.O.

Enlisted on 7 day of April 1917 at Toronto

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Div. Signallers.</u>	<u>2265410</u>		<u>7.4.17</u>
Transferred to	<u>CE Pool,</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.

DIV POOL

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

9
17

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2265410 Rank 2nd Lt Surname MORRISON
(Given name in full)

WILLIAM ALEXANDER

Unit or Corps 2nd CE Birthplace Keuroa Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 11 in. Colour of Eyes Hazel
 Nutrition Good
 Pulse 70 Regular
 Condition of arteries Soft
 Vision Rt. 6/7 Left 6/2
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Tattoo - 7 May Left Forearm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Cardio-Vascular System
 Special Senses Integumentary System Respiratory System
 Disturbance of mentality Muscular System Digestive System
 Osseous and Joint System Any other general condition

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

Influenza 29/1/18. Fully Recovered.
Influenza 24/6/1918 - Fully Recovered.

n.y.d. 17/3/19.

He states that he tore the femur & was sent to us 39 General. He was never treated for Syphilis - was in 39 Gen for about two weeks. There is no record in documents of V.D.S. & the Wassermann now - 7/5/1918 Can. Gen Lab is negative.

3

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Barnstable (Overseas)
Date 8/5/19 Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)
Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

S.A.R

Admitted 29/1/18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 29/1/18	2265410	Sp. Plt.	Morrison,	W. A.
	C.F.T.D.	Unit.	Age.	Service. 10/12
Station and Date 29/1/18	Disease Influenza			
	Complaint - Pain in chest } 7 days - cough			
	Post Illnesses - always been healthy.			
	Examination - Temp. elevated - no increase in Respiration. No head & cough - slight expectoration.			
	Dullness found - B.S. clear a few Rhonchi heard over upper part of right lung near middle line - clearing on coughing.			
	Heart rds regular, no mitral systolic murmur.			
	J. H. Little Capt.			
25/2-	Discharged to duty ca & A.			
	J. H. Little Capt. ca & A.			

DISCHARGED
25 FEB. 1918
To

DISCHARGED
25 FEB. 1918
To

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____ Rank and Name _____

Military Hospital _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																														
Days of Disease																														
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 Hours																														

Signature _____ In charge of case.

admitted 24 JUN 1918
RAVENS CROFT MILITARY HOSPITAL, SEAFORD. 14 CAN HP Army Form I. 1237.
MEDICAL CASE SHEET.* EASTBOURNE

No. in Admission and Discharge Book. 2646 Year 1918	Regimental No. 2265410 Rank. Lvt Surname. Morrison Christian Name. W A
	Unit. C. C. B. Age. 19 Service. 14/12
Station and Date. 24 JUN 1918	Disease Influenza Complaint
	General pains all thru body. Headache.
	Duration One day. 2 F 2 3
	Examination - Complaining of general pains and aches to severe headache. Coughing slightly - temp high. Nothing abnormal found in chest. Other systems apparently normal. J. Strickland Capt
4/7/18	Discharged to Category - A - J. Strickland Capt

DISCHARGED
4 - JUL 1918
Category A

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 2265-410 Rank War Name Marrison W. A
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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 18 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. C. 161
MAY 27 1919	S. O.	S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. C. 161

W. C. Roberts

L. Br.
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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 2265410 (Rank) Driver
Name (in full) William Alexander Morrison enlisted in
the Signal Training Depot, of the
CANADIAN EXPEDITIONARY FORCE at Toronto on the 7th
day of April 1917
HE served in 2nd. Canadian Engineers.
Demobilization. France
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 18
Height 5ft 11 1/4 in
Complexion fresh
Eyes brown
Hair brown

Marks or Scars Mole right side,
Birth marks left
shoulder blade.

Signature of Soldier. W.A. Morrison

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 27 1919
TORONTO

Issuing Officer.

W.A. Morrison
For
O.C. No. 2 District Depot.

Rank

Date **MAY 27 1919** 19....

NB.- 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.

22 62 410
The following is a list of the
signals having defects of the
signals

April 17
John Buchanan Engineer

~~XXXXXXXXXXXXXXXXXXXX~~

Check right side
with work left
check side.

18
2 1/2
check
brown
brown

W. A. M. Brown

O.C. No. 2 District Depot
For

MAY 27 1912

NO. 2 DISTRICT DEPOT
MAY 27 1912
TORONTO

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) MORRISON, W. A.
REGIMENT 2^d Can Eng. RANK Dr. No. 2265410

Date of Examination in England 9-4-19 Date of Examination in France _____

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.



Di Pod

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS 19,

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 _____
- (c) In France _____

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer *J. Henderson Capt*

CANADIAN ARMY DENTAL CORPS FORM 1001
DENTAL CERTIFICATE FOR DEMOBILIZATION

THIS FORM IS TO BE
COMPLETED BY THE
DENTAL OFFICER IN
CHARGE OF THE
DENTAL UNIT TO WHICH
THE PATIENT IS
ASSIGNED. IT IS TO
BE SUBMITTED TO THE
DENTAL OFFICER IN
CHARGE OF THE
DENTAL UNIT TO WHICH
THE PATIENT IS
ASSIGNED. IT IS TO
BE SUBMITTED TO THE
DENTAL OFFICER IN
CHARGE OF THE
DENTAL UNIT TO WHICH
THE PATIENT IS
ASSIGNED.

NAME OF PATIENT: _____
SERIAL NUMBER: _____
GRADE AND POSITION: _____
DATE OF EXAMINATION: _____

TO: _____
FROM: _____
RE: _____

1. Name of Patient: _____
2. Serial Number: _____
3. Grade and Position: _____
4. Date of Examination: _____
5. Name of Dental Officer: _____
6. Signature: _____
7. Date: _____

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **Signal Training Depot.**

(2) Regimental Number **2265410**

(3) Full Name of Soldier..... **William Alexander Morrison**

(4) Place of Birth..... **Kenora Ont.**

(5) Are you married, or not? **no**

(6) If married, state,
 (a) Full name of your wife..... **lie**

(b) Present Postal Address..... **lie**

(7) Are you a widower? **lie**

(8) Have you any children?..... **lie**
 If so, give number of boys and girls..... **lie**
 Also their names and ages..... **lie**

(9) Is your Father alive? Yes
If so, state name and address Angus Morrison, 143. Lachie St. O'Neill's pr.

(10) Is your Mother alive? No
If so, state name and address Nil

(11) If your Mother is a widow? Nil
Are you her sole support, or not? Nil

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Nil

(15) Are you insured? No
If so, in what Company? Nil
Have you made arrangements for payment of your Insurance premium? Nil

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date May 5th 1917

H. P. Engleby
Office Commanding Adjt.
SIGNAL TRAINING DEPT. C.E.F.

13

Div Pool

*"G" Wing
Bramshott
142*

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASES FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name. *Morrisson, W. A.* Reg. No. *2265410* Rank. *Driver*
 Unit. *2nd C. Coy.* Date of Service. *7-4-17*
 Is T. Pallidum found. Secondaries if any.
 Other symptoms.
 Treatment if any. Arsenical.
 Mercury. Previous Wassermann Test.
 Result. Station and date.

Result of Wassermann (Original) Quarter System.

Date. Serial No. Result.

Accepted
Wassermann
WASSERMANN
NEGATIVE
 Major,
 Officer Commanding,
 Canadian General Laboratory.

Witley, Surrey.
 1919.



13

RECEIVED
1877

RECEIVED
1877

* Strike out whichever inapplicable.

ASSIGNED EFFECTIVE DATE: 1-12-17.	ENGLAND OR CANADA. CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA. CANADA.
AMOUNT:- 20⁰⁰	AMOUNT:-		

NAME: **MORRISON William Alward**
NUMBER: **2265410.**

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.

**Miss K. Morrison
Quillia Ont.**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Lapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- **C.E.T.D.**

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
-----------	----------------	---------------------------	---------------------

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/4/19	205	Letter	25 p.c.				4.66
14/4/19	574	Wing	25 00				73
							77.66

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS. C. ALL'CE
	1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Transf. to Canada eff 1/5/19. Ref. K. 6711. Bramshott. Wing. 14/4/19. D. Bal. 1892.**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Command								22.04		
April	SP	33		b.a.p.				20			
				313 b.e. 2 D 13/4/18	4.84						
				596 " 20/4/18	9.73				20		
May	SP	33		b.a.p.	14.60			20			
		3410		918 b.e. 2 D 14/5/18	4.84						
				451 b.e. RB 30/5/18	9.73				20		
June	S.P.	33		b.a.p.	14.60			20			
		3410		a.R. 194 b.e. RB 13/6/18	4.84				20		
July	SP	33		b.a.p.	4.84			20			
		3410		" 641 1 b.e. RB 12/7/18	9.73						
				" 567 " 10/7/18	25						
				" 860 " 25/7/18	9.73				20		
Aug	S.P.	33		C.A.P.	19.71			20			
		3410		- 1066 - 13-8-18	4.84						
				- 1321 - 27-8-18	9.73				20		
Sept	Pay.	33		C.A.P.	14.60			20			
		3410		1885 2nd b.e. RB 12/9/18	4.84						30.09 agreed.
					4.84				20		
Oct	Pay.	33		C.A.P.				20			
		3410		799 2nd C.E. 4/10/18	3.73						140.46
					3.73				20		
				C.A.P.				20			
				1217 2nd C.E. 2/11/18	3.73						
				1342 " " 15/11/18	13.06						
				1451 " " 6/12/18	3.73						

Compiled by
G. Taylor
Checked by

NUMBER 2265410 RANK SPR

NAME MORRISON William Alexander

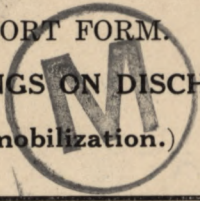
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brought forward	2052			20	4046		
Nov	Pya.	33-		Dec. C. a. P.				20			
Dec	Pya.	3410		C. a. P. Jan.				20			
Jan	Pya.	3410							61.14		
		10120			2052			60-			
				1661. 4 th C. 2 nd C. 20/12/18.	389						
				1817. " " 2/1/19.	377						
Feb	Pya.	3080		1930. " " 19/1/19.	373						
				2148. " " 29/1/19.	933						
				2183. " " 2/2/19.	373						
				2358. " " 14/2/19.	373						
				6781. Paymaster Brussels 28/1/19.	373						
				2495. 2 nd C. 24/2/19.	373						
				6913. 6 th Camp. Le Nours 13/3/19.	466						
				Cad. Feb				20-			
Mar.	Pya	3410		Cad. Mar.				20-	45 7/4		
		6490			4030			40-			
Apr.	Pya.	33-		Cad. April				20-			
				AR 205. 2 nd 19. Le Nours	456				78 7/4		
				20. 19. 28 th 19. C.E.R. Hosp. 15 th pages U.D.				960	net. see adv		
				from 17 th 19. to 1.4.19 = 16 days @ .66c p.d.							
				AR. 574. 10 th 19. G. Wing 6.66	73-						
				" 2081. 18 th 19. " " "	973						
				" 3223. 2 nd 19. " " "	487						
				" 4432. 16 th 19. " " "	973					52 7/5	
		33-			10189	960		20-			
				10R Shrubtown. 1/4/19	137					54 1/2	
					137						

S.O.S. Can. 18.5.19
 Lt. 77. Sect. 2.

D. A.
D. G.

IV
A

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



War Service Badge
Class "A" No. 323545

1. No. *2265410*

2. Rank. *Driver*

3. Name. *W. A. Morrison*

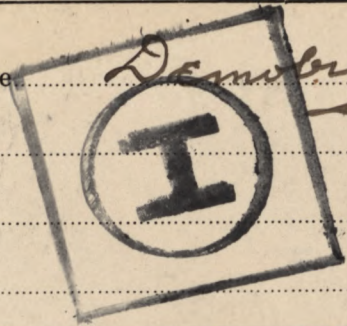
4. Unit. *2ND Can Engineers*

5. Date of Discharge **MAY 27 1919** Place *Toronto* **TORONTO, ONT.**

6. Reason for Discharge *Demobilization*

7. Authority. *No. 2 District Depot, Part II, D.O. No. 161*

8. Proposed Residence after Discharge *Oshawa Ont*



DEMOBILIZATION

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.?

W. A. Morrison

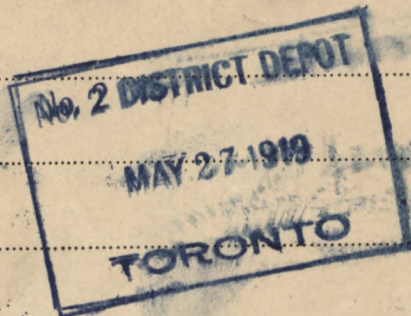
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

[Signature]
For
O.O. No. 2 District Depot.

(O. C. Discharging Unit.)

323247
War Service Bonds
Form No. 10

SHORT FORM
PROCEDURES ON DISCHARGE
(Demobilization)

1. Name of Soldier

2. Rank

3. Unit

4. Date of Discharge

5. Reason for Discharge

6. Address after Discharge

7. Authority for Discharge Paper, Part II, D.S. No.

8. Signature of Soldier



DEMobilIZATION

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. I.

Signature of Soldier

10. CONFIRMATION

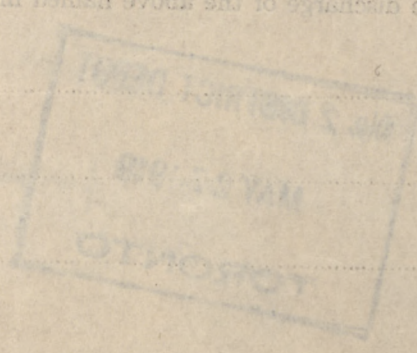
The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit)



LIST OF DISCHARGE DOCUMENTS

.....	Attestation Paper, Typewrite
.....	or Particulars of Record
.....	Field Conduct Sheet
.....	Casualty Form
.....	Last Pay Certificate
.....	Certificate that missing documents are unobtainable
.....	Medical History Sheet
.....	Proceedings of Medical Board
.....	Dental History Sheet
.....	Medical Report
.....	Regimental Conduct Sheet
.....	Company Conduct Sheet

GROUP
CLASS
D

LIST OF DISCHARGE DOCUMENTS.

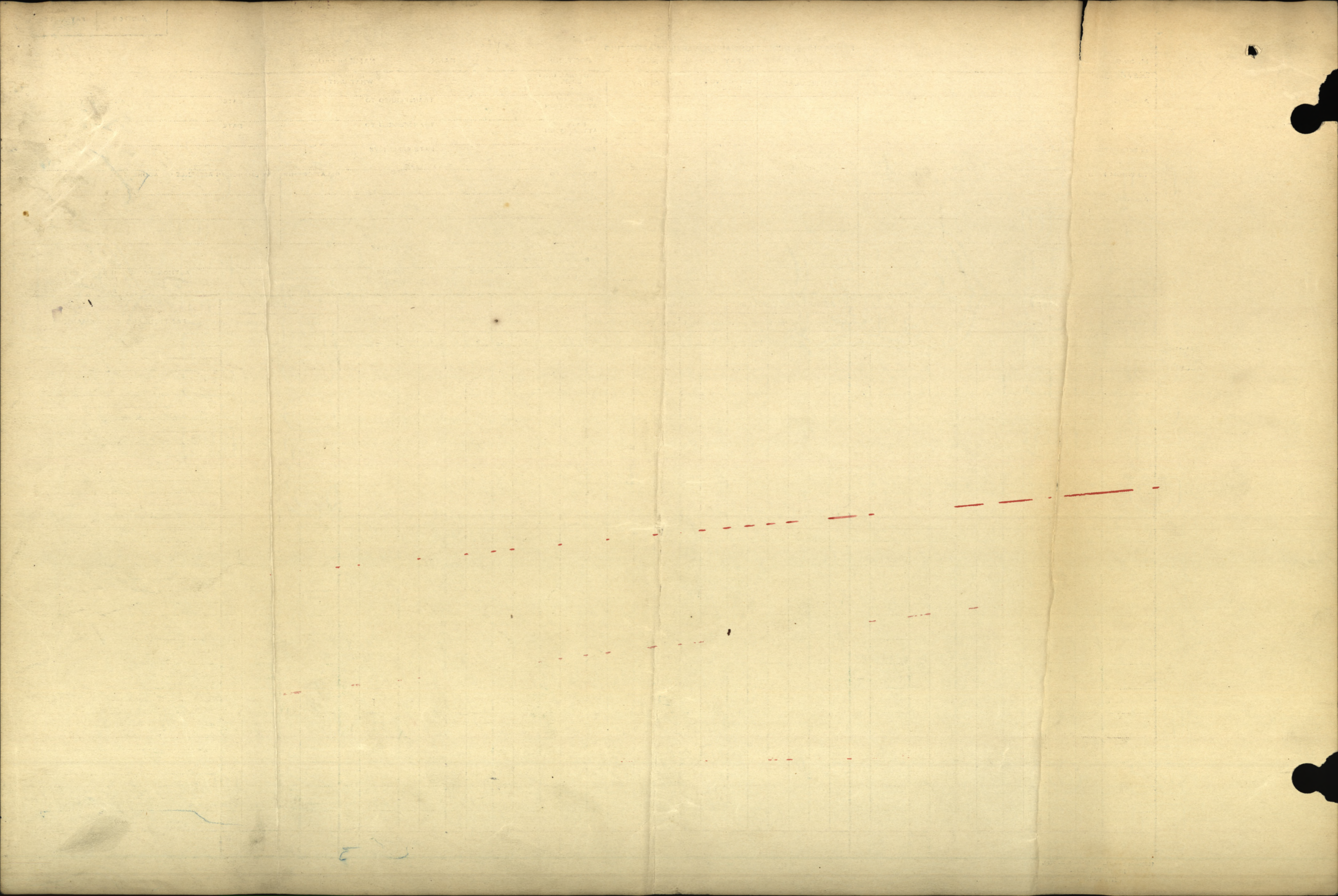
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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). *& Dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B.....

Checked by No. PN.....

Date 11-5-19.....



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

OK
Boyer 1-4-17

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
----	----	--	--

1-12-17

RATE OF ASSIGNMENT

--	--	--	--

2018

7

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2265410
 Rank *Spv* Promoted Reverted Discharge
 Soldier's Name *Wm Alex Morrison*
 Battalion *Sig. Train Depot*
 Beneficiary *Miss Kate Morrison*
 Relationship *Foster mother*
 Address *#143 Laclie St. Orillia Ont.*

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Jan 21 1918	69256	65		65	mailed 15-1-18. Pay appears SD at 40 ⁰⁰ per month
-------------	-------	----	--	----	--

See Morrison ledger.
See Morrison ledger.
See Morrison ledger.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-4-17

Separation and Assigned Pay Branch

M

20125 Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
----	----	----	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2265410
 Rank *Spr* Promoted Reverted Discharge
 Soldier's Name *W.A. Morrison*
 Battalion *Sig Train Depot C/S. Draft Dec 17.*
 Beneficiary *Miss Kate Morrison*
 Relationship *Foster - mother* *Ret'd. 24-11-18"*
 Address *Orillia, Ont. M7W 2S54 29/1/18*

Name *Miss K. Morrison*
 Address *Orillia Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					0 13 13 9 - 7 - 29
Dec	U. 66370		20	20	✓ mailed 31/12/17. <i>M.R. 01^B 11-4-18</i>
Jan 18	P 72461		20	20	✓
Feb.	O 75139		20	20	✓
Mar	N 92563		20	20	✓
Apr.	70 10580		20	20	✓
Jan.	U. 69256	65		65	✓
Apr.	S. 3246	195		195	✓ mailed 12-4-18
May	H 6842	50	20	70	✓ md 17/5/18
May	R 17806	25	20	45	✓ <i>R 17806 cancelled 16/5/18 #1162</i>
May	R 17806	25	20	45	✓ <i>R 17806 not cancelled. Error in PO branch returned and cancelled 29/5/18</i>
June	N 22040	25	20	45	✓
July	H 31452	25	20	45	✓
Aug	P 40742	25	20	45	✓
Sep	U 43036	25	20	45	✓
Oct.	H 54281	25	20	45	✓
Nov.	U 57480	25	20	45	✓
Dec.	P 68256	45	20	65	✓ ✓ <i>A/c Closed 31-5-19</i>
Jan	U 72761	30	20	50	✓ <i>Ret'd per. agustania</i>
Feb	U 77039	30	20	50	✓ <i>Date 25/5/19 M.F.W. 187 2/6/19</i>
Mar	M 86276	30	20	50	✓ <i>M.D. # 2.</i>
Apr.	P 3868	30	20	50	✓ <i>Des. L.P. 108025 2-6-19.</i>
May	S 8324	30	20	50	✓
		655	360		

add
May 25

M. F. W. 128
4000-617-172-80-141
L. L. 22220-M. & D. 7583.

