

TRIPPLICATE

2 M. D. 1st Depot Battalion 1st Central Ont. Regiment

Regtl. No. 3039993

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname MORRISON
2. Christian name William Edward
3. Present address Callander, P.O. Ont.
4. Military Service Act letter and number 784920
5. Date of birth 13th February 1892.
6. Place of birth Callander, Ont.
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Barrister
10. Name of next-of-kin Mrs. Elizabeth MORRISON
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Callander, P.O. Ont.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any None.
15. Medical Examination under Military Service Act:—
(a) Place North Bay, Ont. (b) Date 5th Nov. 1917. (c) Category A-2

DECLARATION OF RECRUIT

I, William Edward MORRISON, do solemnly declare that the above particulars refer to me, and are true.

William Edward Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs 4 mths.
Height 5 ft 8 ins.
Chest measurement fully expanded 35 ins.
range of expansion 3 ins.
Complexion Fair
Eyes Grey
Hair Fair
Distinctive marks, and marks indicating congenital peculiarities or previous disease. long scar on right wrist.

Major O. C. 1st Depot Btl. 1st Central Ont. Regt.

Place Niagara Camp, Ont. Date 17th June 1918.



REGIMENTAL DOCUMENTS

NAME

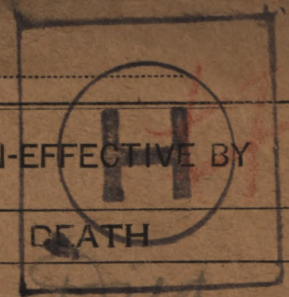
*M. Wilson* *Wm. Edward*

REGT. NO.

*303993*

UNIT

H. Q. FILE NO.



**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED



DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

34756

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

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

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

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

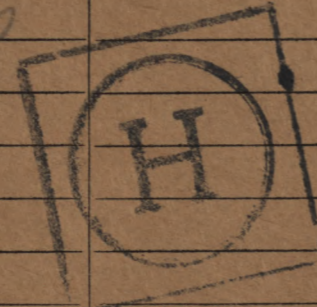
LAST PAY CERTIFICATE (M.F.W. 44)

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

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

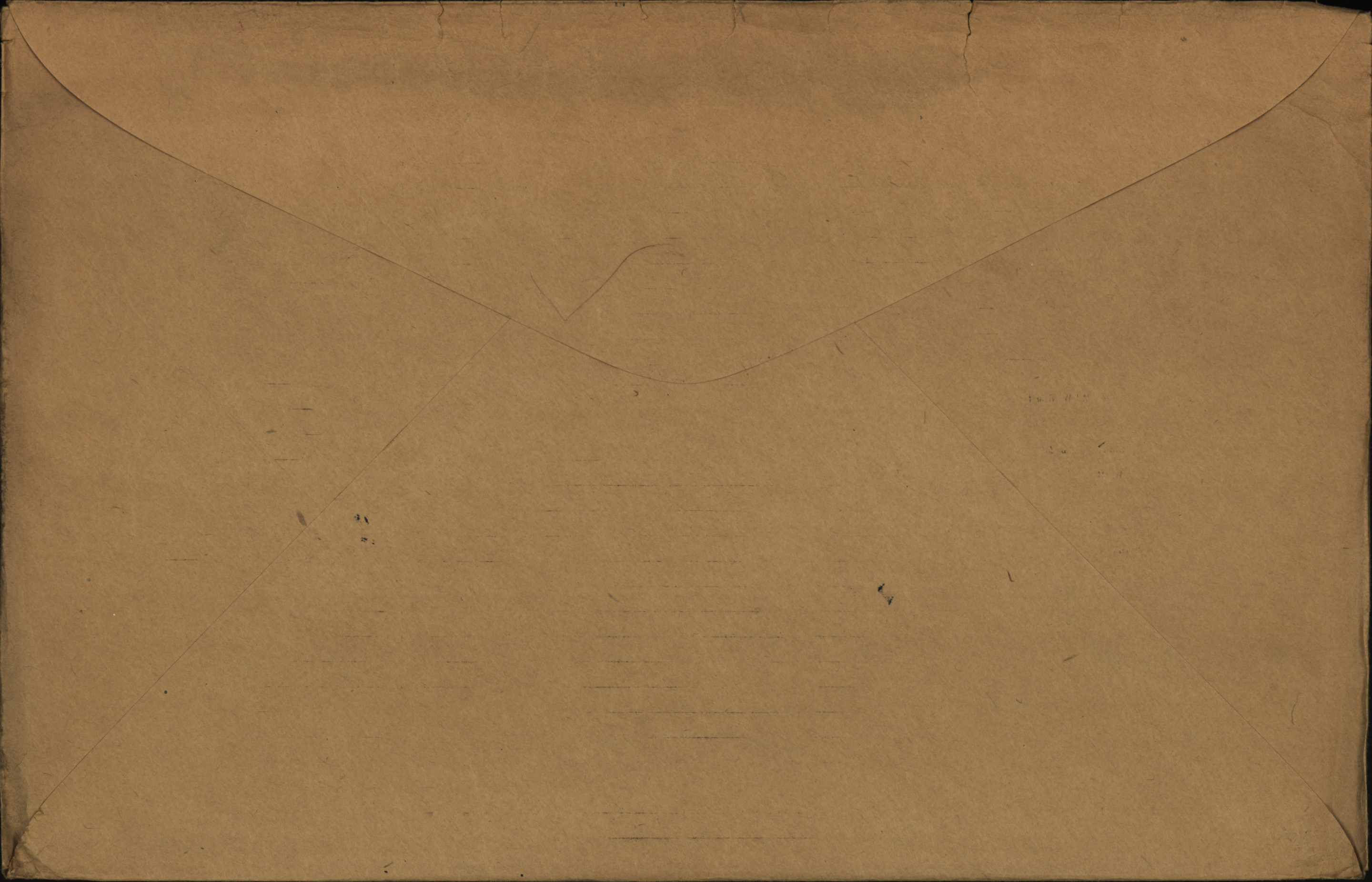
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1 R/4*  
*1 Edward*  
*2 copies of M.F.W.*  
*1 copy of M.F.W.*



*1*  
*34-24*  
*27-24*  
*2-25*

*MX*  
*21-1*



BL 25-17-7462 William Edward

Name MORRISONRank Pte.Reg. No. 3089993

Unit

~~17th Res. C.M. G. D.~~~~(Father)~~Records not yet received  
Hosp. #1  
Mother  
Callander  
Ontario

Next of Kin

Mrs. Elizabeth Morrison, Callander P.O.,  
94 Isabella St Toronto Ont.

Date	Movement	ONTARIO. Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
20-8	Mil. Isol. Aldershot					
	<b>DANG ILL</b>					1306
	<del>17th Res. C.M. G. D.</del>	beriberi spinal fever				1465-
29-8	<b>DIED</b>	"	"	0257	0491 DUP	1530
						1580
						CMFL
						30/8
Apr 26 $\frac{4}{12}$						
Rel	Pushy					



3039993

NAME

Morrison, William P. REGT'L No.

RANK AND CORPS

Pfc.

Can. M. G. Dep.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
34-7. P456	22-5-18	Dang. ill Isolation H. Aldershot. Aug. 20 <sup>th</sup> 1918.
1-2. P486	30-8-18	Re your ill 24/8/18 - G.O.K. Mrs. Elizabeth Morrison Lalander - Ont.
<del>P49140</del> <del>XXX</del>	31-8-18	D of cerebro spinal Meningitis Isol.
H.L.C 2573	3-9-18	H. Aldershot Aug 29 <sup>th</sup> 1918

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS





*Miss Home*

~~B~~

Number.....3039993.....Rank.....Plt.....

Surname.....MORRISON.....

Christian Name.....William Edward.....

Units.....C. G. Y. Coe.....Theatre of War.....England.....

Date of Service.....16-8-18.....**D**.....

Remarks.....*Another*.....

Latest Address.....Mrs. Elizabeth Morrison.....

.....Callander.....Out.....

Roll No. *a Page 1011*

NO

RANK

NAME

T. O. S.

UNIT

M. D.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.  
PARTICULARS  
AUTHORITY

DESP. APR 22 1922  
REGN. NO. 4528197

No. 3039993 RANK *Pte*

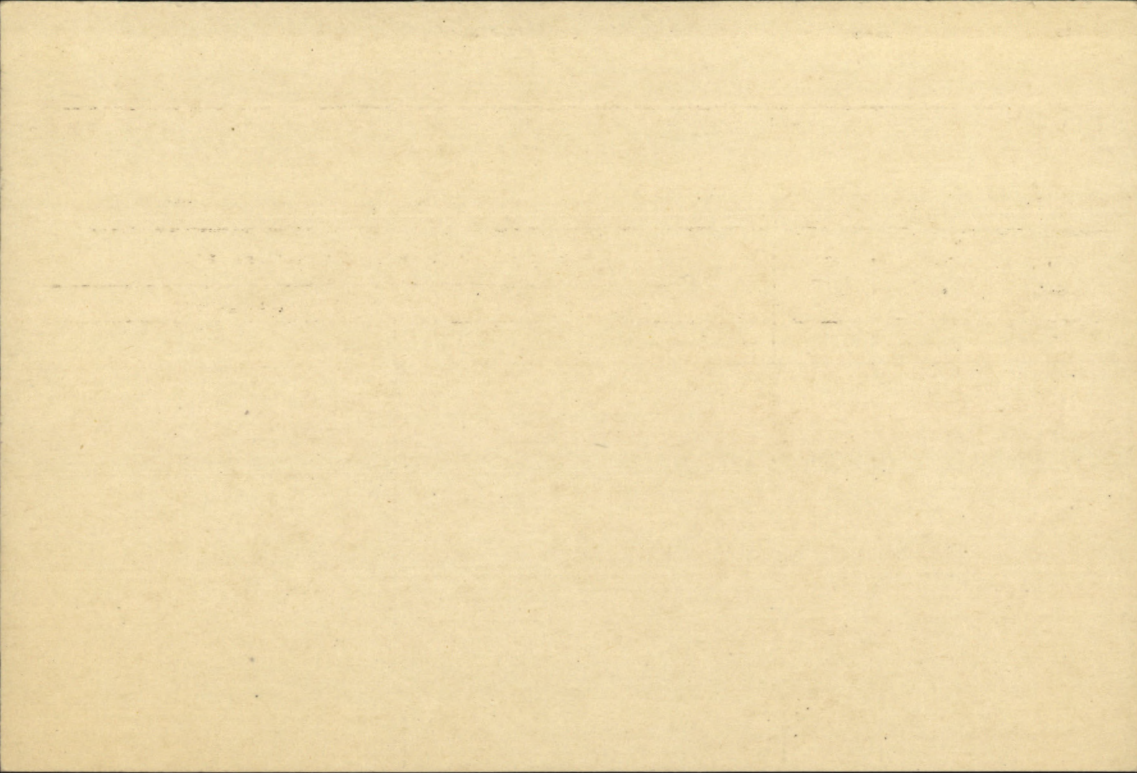
NAME *Morrison W E*

*T.O.S. Transfer from*  
*1st W. B. 1st Co. O. I. R.*  
*24-6-18 W. O. 185 of*  
*7-18*

UNIT # *3rd Machine Gun Corps, C. E. F.*

M. D. *2*

PAID			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918</i> <i>June 25</i>	<i>1918</i> <i>June 30</i>	<i>W</i>	<i>Org. date of Ent. 17/6/18</i>	<i>fine paylist</i>



649-71-36009



Surname *6 Morrison*  
 Christian names *William Edward*  
 Regtl. No. *3039993* Rank *Pt*  
 Unit *1st Gen Ont Regt 1st Dps Bn*  
 H. Q. ....  
 M. D. No. *2*  
 T. O. S. *June 17th 18*  
 D. O. Pt. II *169 of 18 6-18*  
 S. O. S. .... 19  
 Reason .....  
 Auth. ....

Next of kin *Morrison Mrs Elizabeth* Relationship *mother*  
 Address *Callander, Ont.*  
 Also notify: .....  
 .....  
 .....

BORN—Place *Canada Callander, Ont.* Date *Feb. 13th 1892*  
 ATTESTED—Place *Niagara Camp, Ont.* Date *June 17th 1918*  
 O/S *3-8-18* *1328*  
*4.* R/C .....



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Morrison

E.

3039993

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Inf. Co. (Depot)

HOSPITAL

DATE OF ADMISSION

1. Mil. Isol. Aldershot.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

Cerebro Spinal Ferr.

2.

3.

Disd

29. 8. 18 R

DISPOSITION

DATE

Sept. 3. 9. 18 6257

Disch. Ill. 20. 8. 18. REMARKS

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



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.

M. S. A.

1. Surname Morrison Christian name William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 784920
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Callander, Ont.

SEP 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of November 1917, by the undersigned medical board sitting at North Bay, Ont.

5. Age as stated 25 Years 8 Months. 6. Apparent age 25 Years 8 Months
7. Height 5 Feet 8 Inches. 8. Weight 148 Pounds.
9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins.
10. Complexion Fair
11. Physical development Good
12. Smallpox marks Nil
13. Number of vaccination marks { Right arm Left arm 1
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

Signature of Man

16. Slight defects but not sufficient to cause rejection None
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 Right eye D/20 Left eye D/20 (hearing normal)

W. Henderson President.
Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for M.O. and Sept.

Joined 17th day of June 1918 at Niagara Camp, Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 1st Depot En. 1st C.O.R. 30 39993 and MACHINE GUN CORPS.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

A copy of this document which is delivered to the man examined will be attached by him to the "Report for Service" or "claim for exemption" made by him or on his behalf after the proclamation under the Military Service Act calling out Class 1. has been issued.

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.

CANADIAN



# FORM OF WILL.

I, William Edward Morrison (Name in full)

Regimental Number 3639993 serving in MACHINE GUN CORPS,  
C. E. F., M. D. 2.

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs. Elizabeth Morrison  
Callander, Ont. } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 28th day of June A. D. 191 8

William E. 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 John Hoffman

Address of Witness Delton, Michigan

Occupation of Witness Soldier

Signature of Second Witness Ed Menzies

Address of Witness 368 Lakeshore Ave Detroit Mich

Occupation of Witness Soldier

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**







*CMSD*

Rank *Pte* Name MORRISON WILLIAM EDWARD Reg'l No. 3039993

Unit *87th S.A.M.B.* If in perm. Corps, }  
What Unit? } Married or Single *Single*

Place and Date of Enlistment *Niagara Camp 17-6-18* Place of Birth *Callander Ont*

Name and Address, Next-of-Kin *Mrs Elizabeth Morrison*  
*Callander O O Ont* Relationship *Mother*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

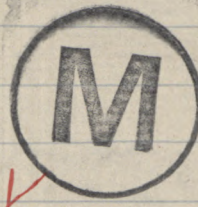
Relationship

N/E. R.B. No. *1848*  
File R.L. *25-M-7462*  
Category *DOC.*

Discharge, Date and Place Reason *QF2* Character

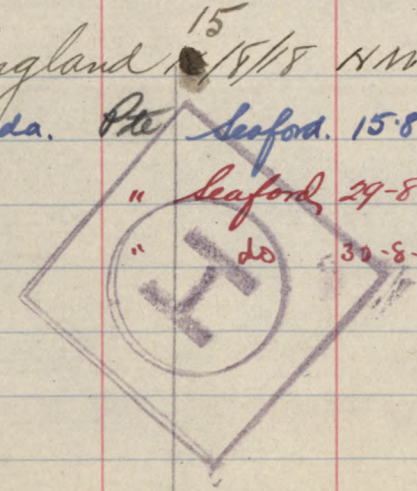
H. W. V., Ltd.—9546-16.

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.				
<i>10/1</i>		<i>Arrived in England</i>	<i>15</i>	<i>15/5/18</i>	<i>NMT Cannarovershire</i>
<i>13-9-18</i>	<i>CMED.</i>	<i>T.O.S. from Canada.</i>	<i>Pte</i>	<i>15-8-18</i>	<i>Pt. II DO*247.</i>
<i>3-9-18</i>	<i>CMED.</i>	<i>Died,</i>	<i>"</i>	<i>29-8-18</i>	<i>C.L. "C.227."</i>
<i>13-9-18</i>	<i>do</i>	<i>Died (in hospital)</i>	<i>"</i>	<i>30-8-18</i>	<i>Pt. II DO 247</i>



*ME 21-1-21*

*Insuno*







# FORM OF WILL

I, William Edward Morrison.....(Name in full)

Regimental Number 3039993.....serving in Machine Gun Corps.....

C.E.F. M.D.2.

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

### Bequeath

I ~~devise~~ all my real estate unto

~~.....~~

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

absolutely, and my personal estate I bequeath to

Mrs. Elizabeth Morrison.....

Callander, Ont......

Name and Address  
of person or  
persons to receive  
personal estate

(See note).

### NOTE

This space for the appointment of Executor if necessary.

*[Handwritten signature]*

### IMPORTANT NOTE

this 28th day of June A.D. 191 8

This must be signed and Dated by

THE SOLDIER William E. Morrison.....Signature of Soldier.  
HIMSELF.

\*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.....John Hoffman.....

Address of Witness.....Delton, Michigan.....

THE TWO WITNESSES

Occupation of Witness.....Soldier.....

MUST SIGN HERE

Signature of Second Witness.....H.D. Menzies.....

Address of Witness.....368 Pateskey Ave., Detroit Mich......

Occupation of Witness.....Soldier.....

I hereby certify that this document is a true copy of a original document now in possession of this office.

L.A. Hubbard, Capt.  
Director Military Estates.

MAY 9 - 1919



Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: <i>1/8/18</i>		EFFECTIVE DATE: -	
AMOUNT: <i>20<sup>00</sup></i>		AMOUNT: -	

NAME: *MORRISON Wm Edward*  
NUMBER: *3039993*

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.

*Mrs. Elzbe Morrison (Mother)  
Ballanters P.O. Ont.*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P. 6. Can</i>	<i>1/8/18</i>	<i>plc</i>

*Total Can Allow = 40<sup>00</sup>  
20<sup>00</sup> from 1/8/18 to 30/9/18  
C.F.X 5/9/18*

UNIT AND TRANSFERS			
ORIGINAL UNIT: <i>87 M G. Sgt.</i>	DATE ACCOUNT FIRST OPENED: <i>1/8/18</i>	AUTHORITY	DATE EFFECTIVE

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

*N.B. Statement rendered 6-1-19 @ Bal 473.55*

*ASPB received checked & verified W&K 21-12-18*

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	<i>1.00</i>	<i>.10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Diad & Feun 7 29/8/18 C.L.C 257 5/9/18 M.G. Sgt.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>July 31</i>	<i>Bal from Can</i>								<i>30 50</i>		
<i>Aug</i>	<i>Pay</i>	<i>34 10</i>	<i>34 10</i>	<i>Can</i>				<i>20</i>	<i>44 60</i>		
<i>Sept</i>	<i>C Note 8731 J.G.H. Cash in Eff. received from Bal.</i>		<i>433 95</i>								
<i>"</i>	<i>Debit Note, A.H. 6. 20-7-18. 6 YACS Halifax</i>		<i>433 95</i>		<i>5 00</i>				<i>473 55</i>		
<i>Feb</i>	<i>A Voucher 58009 for Bal Transf Ottawa</i>				<i>473 55</i>				<i>nil</i>		



Date of Enlistment

17th. June. /18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch M 25330

1st. August /18.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20. <sup>00</sup>			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_  
 Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name \_\_\_\_\_  
 Battalion *Machine Gun Corps, Craft 87.*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address  
 1 ELIZABETH MORRISON, (mother)  
 CALLANDER,  
 2 ONT. 20 20.00  
 % 3039993 PTE WILLIAM EDWARD MORRISON  
 3 TWENTY DOLLARS  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 Aug	X 41021		20	20 ✓
Sep	U 43042		20	20 ✓
			40	40

File 013139-W-79 REMARKS  
 Ac closed 30 Sep 1918  
 Died 29 Aug 1918 C.S. meningitis  
 C 2<sup>3/19/18</sup> 290 72 12 - Destroy MRO 249991 10/9/18  
 Debit note for \$20. issued to acc. 8-27-19.  
 Authy Mr. Bowen above file.  
 Cash Slip #5508 for \$20 a/c credited. 8-28-19.

ENTERED IN  
 AUDIT LEDGER  
 AUG 22 1918  
 BY N.F.W.  
 VOUCHER SECTION

M. F. W. 128.  
 400m. 17-1772-33-1141  
 L. L. 25220-M & D. 7983.

AUTHORITY FOR NEW ACC'T. } M. O. 2. B. 8  
 Kate Lawrence

