

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2381950

10-5-18
K.P.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Morrison

2. Christian name William Hogg

3. Present address 182 Lenore St., Winnipeg, Canada.

4. Military Service Act letter and number 311095 JR.

5. Date of birth 18 May 1890
Pictou, Nova Scotia, Canada.

6. Place of birth Si. " ----
(town, township or county and country)

7. Married, widower or single Single

8. Religion Presbyterian

9. Trade or calling Accountant

10. Name of next-of-kin Mrs. Jane Herritte Morrison

11. Relationship of next-of-kin Mother

12. Address of next-of-kin Church Street, Pictou, ^{Pictou Co.} Nova Scotia, Canada.

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act:—
(a) Place Winnipeg, Canada (b) Date 25 Sept. '17 (c) Category B.2

DECLARATION OF RECRUIT

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

(William Hogg Morrison) (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	27	yrs.	11	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height	5	ft.	8½	ins.		
Chest measurement	fully expanded		37	ins.		
		range of expansion	3½	ins.		
Complexion	Fair					Nil
Eyes	Grey					
Hair	Fair					

(Signature) Major for
Commanding C. 1st Depot Battalion Manitoba Regiment
Depot Btln.
Regt.

Place Winnipeg, Canada Date 16 April 1918.

MORRISON WILLIAM HOGG

2381950

C.A.D.C.

34771

DEMOB.



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



SURNAME.

Morrison

CHRISTIAN NAMES

William Hogg

REGL. No.

2381950

RANK

Pte

UNIT

Man. Regt. 1st. Div. Bn.

FORMER CORPS

Nil

T. O. S. Apr. 16 1918

D.O. Part II No 104

10

CARD No.

Sask. 15-2-19
00-42-11-2-19
Qemb. FOLD. 24.06.10

NEXT OF KIN.

NAMES IN FULL

Morrison Mrs. Jane Berilte

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Church St. Pictou, Pictou Co.
N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Pictou, N.S.

DATE

May 18th, 1890

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

April 16th 1918

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 22021

This is to Certify that No. 2381950 (Rank) Private

Name (in full) William Stagg Morrison enlisted in

the 1st Depot Bn. M.R.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 16th

day of April 1918

HE served in Canada - only

and is now discharged from the service by reason of Demobilization R.O. 1420/C.

Co. 35 Para 479 Det. Ord. H.Q. P. 3. (1919). 10ms 44-m-975

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

Age 28 years 7 months

Marks or Scars None

Height 5ft 8 1/4 in.

Complexion Fair

Eyes Grey

Hair Fair

W. Stagg Morrison
Signature of Soldier



W. Stratton
Issuing Officer

Date of Discharge 15-2-1919

Captain
Rank

Signed at Winnipeg this Fifteenth day of February 1919

O.C. Canteen M.D. #10.
Appointment

in Military District No. 10

File Reference No. 10ms 44-m-975

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

In addition to the
particulars called for
the back of this certificate
will not be completed.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2381980 Rank Pte. Name Harrison W.H.
 Corps Sundry Units, (C.A.B.O.) who was* Discharged
 On February 21, 1919, to February 21, 1919
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 21, 1919 to February 21, 1919, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques } No.			Regt'l Pay <u>15</u> days at \$ <u>1</u> c <u>00</u>	15	00
Assigned Pay No.			Field Allow. <u>15</u> days at \$ <u> </u> c <u>10</u>	1	50
Other Charges* <u>victory bond</u>	0	00	Other Allowances*		
Payment on transfer or discharge No. <u>2322</u>	68	50	Other Credits* <u>Clothing</u>	35	00
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Expense 80¢ a day</u>	12	00
			Bal. Dr. (to be deducted by new unit)		
Total	673	50	Total	673	50

*Give Particulars.

A monthly stoppage of \$ NIL (†) has NIL (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted
- (3) cause of discharge and authority

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

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

Date

Place

Prosen Cell
 Paymaster

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EAST PAY CERTIFICATE

This form to be used by the Contingent Force of the Canadian Expeditionary Force, 1915.

Regimental No. _____
Company _____
Name _____
Rank _____
Branch _____
The following is a statement of the amount of the above named pay for the month of _____ 1915.

Balance (to be paid at the present time)	
Other Charges	
Assigned Pay No.	
Other Allowances	
Pay for the month	
Less: (to be deducted by new unit)	
Total	

A monthly stoppage of _____ will be made on account of Assigned Pay for the month of _____ 1915.

On transfer of an officer, the above named pay has been paid by the Contingent Force of the Canadian Expeditionary Force.

REMARKS:
(1) Date of presentation
(2) If marked and if a separate allowance has been authorized
(3) Cause of discharge and authority

The following is a statement of the amount of Assigned Pay for the month of _____ 1915. This statement is to be a correct extract from the pay-roll of the unit.

Date _____
Place _____
Paymaster _____

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

Casualty Form—Active Service.

Unit, Regiment or Corps. ~~THE DEPOT BATTALION, MANITOBA REGIMENT.~~Regimental No. 2381950 Rank PRIVATE Name ~~Monson~~ William Hogg

Enlisted (a) 16/4/18 Terms of Service (a) C.E.F. Service reckons from (a) 16/4/18

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)

CIVIL ^{Accom}
MILITARY

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				
24/4/18	a.g.	transferred to C.A.C.	Winnipeg	27/4/18	Auth. C.O. 93 of 24/4/18
15-2-19	a.a.g.	Discharged.	Winnipeg Man.	15-2-19	Quartermobilization L.O. 14420/c. C.O. 35 P. 429 D.O. 44 B. 3. (1919) 10MS-44-m-975 Operational CAPT O. C. C. A. D. C. M. D. 10.

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

[P.T.O.]

90

182 Lenore St

D

MEDICAL HISTORY SHEET

Surname Morrison Christian Name William Hogg

Examined { on 25 day of Sept 1917 Approved by _____
 at McGregor Street, Winnipeg, Manitoba, Canada 311095
 Birthplace { City or Town Pictou, Nova Scotia, Rank _____ M.O. _____
 County Halifax

Apparent age 28
 Trade or occupation Accountant
 Height 5 feet 8 1/4 Inches
 Weight 157 lbs.
 Chest measurement { Minimum 33 1/2 inches
 Maximum expansion 3 1/2 inches
 Physical development Fair
 Small-pox Marks _____
 Vaccination Marks { Arm Right Left
 Number - - -

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		P. E. 20/200 - 20/60 M.O. <u>Glasses</u>
		L. E. 20/200. 20/30 M.O.
		H rounded M.O.

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS
6-8-18		P. E. 20/200, H. M.O.

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
30-5-18		} R. H. J. Barry Capt. M.O.
8-6-18		
6-8-18		

Enlisted on 16th day of April 1918 at WINNIPEG, MANITOBA, CANADA

CORPS	REG'TL NUMBER	HABITS	DATE
1st. DEPOT BATTALION, MANITOBA REGIMENT	2381950		APR 16 1918
Transferred to <u>C. A. D. C.</u>	2381950	<u>Capt. C. A. D. C.</u>	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<p>The 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.</p>			<p>Category of man examined.</p> <p><u>Fit B. 2</u></p>

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.

M. F. B. 313.
 500M.—3-16.
 H. Q. 1772-39-439.

Signature of man examined (Both copies to be signed).
W. Morrison

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 1st DEPOT BATTALION, MANITOBA REGIMENT.

(2) Regimental Number 2381950

(3) Full Name of Soldier William Hogg Morrison

(4) Place of Birth Pictou, Canada

(5) Are you married, or not? Single

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

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....**No**.....

If so, state name and address

(10) Is your Mother alive?.....**Yes**.....**Mrs. Jane Herritte Morrison**.....

If so, state name and address....**Church Street, Pictou, Nova Scotia, Canada**.....

WJ

(11) If your Mother is a widow.....**No**.....

Are you her sole support, or not?.....

(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.

(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.

As above

(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.

(15) Are you insured?.....**Yes**.....

If so, in what Company?.....**New York Life, Winnipeg, Canada,**.....

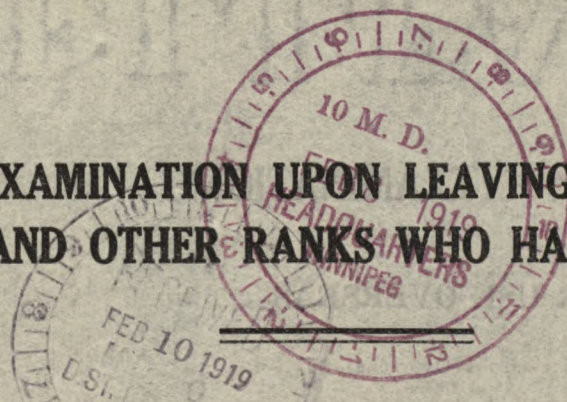
Have you made arrangements for payment of your Insurance premium.....**Yes**.....

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

[Signature]..... Major for
Commanding, 1st Depot Battalion Manitoba Regiment.
Officer Commanding.

Date.....**16 April 1918.**.....

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



44m-975

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. 2381950 Rank Pte Surname Morrison
 (Given name in full) William Hogg
 Unit or Corps 1st Dismk; CADC Birthplace Victon N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 157 lbs. Height 5.8 1/4 ft. Colour of Eyes blue
 Nutrition good
 Pulse 78
 Condition of arteries good
 Vision Rt. 20/200 Left 20/200
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
1" scar over left eyebrow. 8 years ago. Hit by hockey stick.

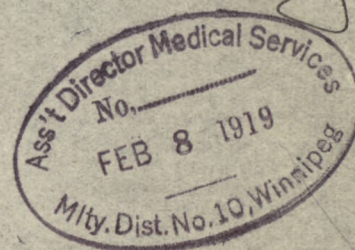
Opinion as to general health and physical condition good

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 Sytem no Cardio-Vascular System no
 Special Senses yes Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

Defective Vision given above. Congenital.



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at Winnipeg (Canada)

Date 6/2/19 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]

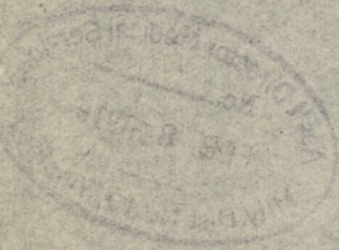
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

APPROVED

FEB 10 1919

**FOR A. S. M. S., M. O. NO. 10
WINNIPEG, MAN.**



[OVER]

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>2381950</i> ✓	
Rank <i>Private</i>	
Name <i>William Hogg Morrison</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>Law Army Dental Corps, M.D.C.</i>	
Date of Discharge <i>15-2-1919.</i>	
Place of Discharge <i>Winnipeg, Manitoba, Canada</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>38</i> years <i>7</i> months.	Descriptive Marks <i>Nil</i>
Height <i>5</i> feet <i>8 1/4</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Grey</i>	
Hair <i>Fair</i>	
Trade <i>Accountant. (Banker).</i>	
Intended place of residence <small>(To be given as fully as practicable.)</small>	
} <i>182 Lennox St. Winnipeg</i>	
2. The above-named man is discharged in consequence of <i>Own Demobilization</i> <i>R.O. 1420 f.c. R.O. 35 Para 479. Det. O. #42 P.3.</i> <i>10 M.D. 44-m-975</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. ✓
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) ✓	

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

11-3-19
M.D.W.
Approved
1-2-19

5. He is in possession of the following number of G. C. Badges:

✓

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

✓
✓
✓
✓

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... ✓

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Winnipeg Man*..... (Signature of Soldier.)

(Date)..... *February 15th 1919*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... *Winnipeg Man*.....

(Date)..... *February 15th 1919*.....

(Signature)..... *D Stratton Captain*.....
62. base No #10

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.