

ATTESTATION PAPER.

No. 1057356

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Morrison
- 1a. What are your Christian names?..... William Joseph
- 1b. What is your present address?..... 239 University St Moncton Que
- 2. In what Town, Township or Parish, and in what Country were you born?..... St John N.B Canada
- 3. What is the name of your next-of kin?..... James L. Morrison
- 4. What is the address of your next-of-kin?..... 14 Cliff St. St John N.B. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Sept 16th 1887
- 6. What is your Trade or Calling?..... Plumber
- 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

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 Feb 1st 1917. W. J. Morrison (Signature of Recruit)
E. E. Hauser (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 Feb 1st 1917. W. J. Morrison (Signature of Recruit)
Freemill (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 Moncton, P.Q. this 1st day of February 1917.
W. A. Rankin (Signature of Justice)

Description of William J. Morrison on Enlistment.

Apparent Age 29 years 5 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. 10 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 42 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

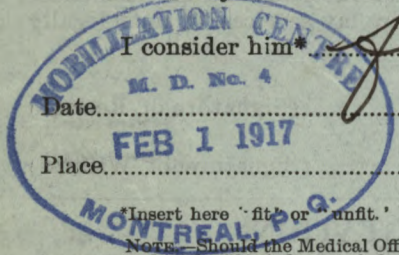
Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... X
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

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 for the Canadian Over-Seas Expeditionary Force.



Date..... 191 .

W. MacVaugh
Major
 Medical Officer.

Place.....
*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:—

I certify that this man has been before the STANDING MEDICAL BOARD and has been found fit.

J. P. Dunmore Capt.
 Officer in Charge Mobilization Centre

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Morrison
William J. 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.

Robert [Signature] Lieut. Col.,
 C.O. 245th "Overseas" Battalion, C.E.F. (Signature of Officer)

Date Feb 27 191 .

REGIMENTAL DOCUMENTS

NAME

Morris William Joseph

REGT. NO.

1047356

UNIT

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

M

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

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)

DISCHARGE

Category

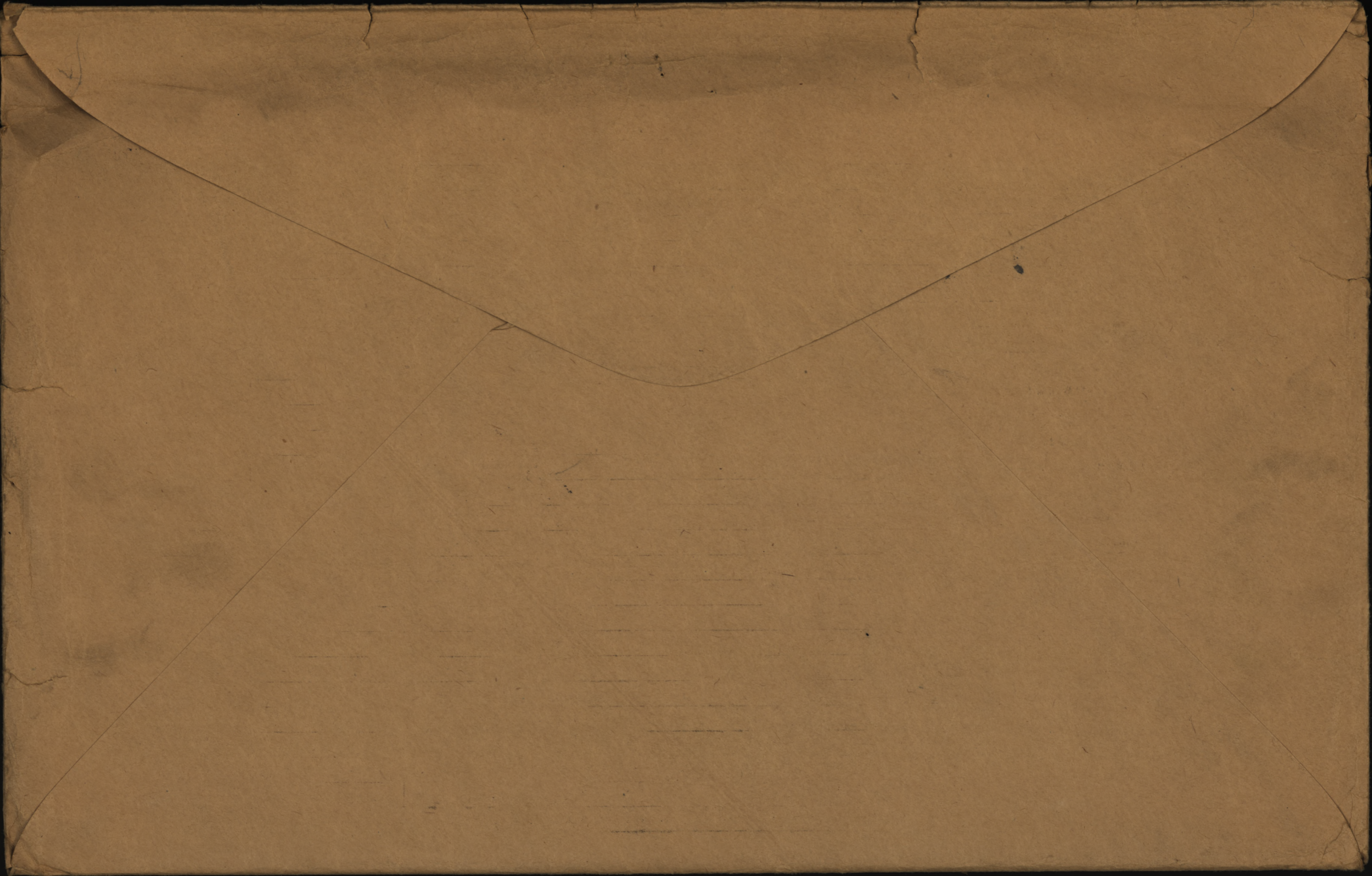
DESERTION

34782

H

180 176

*3
51-24
27-24
7-26
3*



SURNAME.

Morrison

CARD No.

12
5
18

FOLL.

CHRISTIAN NAMES

William Joseph

REGL. No.

105735

RANK

Pvt

UNIT

245th (1st Depot Bn. (1st Q.R. 1st P.I.O.)) Bn.

FORMER COPPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, James L.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

14 Cliff St., St. John, N.B.

COUNTRY OF BIRTH

Banada, St. John, N.B.

DATE

Sept. 16th 1887

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Feb. 1st 1914

*018-2210-17-947
3*

FROM HALIFAX PER

~~S.S. SCANDINAVIAN 22/10/17~~

MARRIED

SINGLE *ye*

WIDOWER

TRADE OR CALLING

Plumber

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

29

YEARS

5

MONTHS

HEIGHT

5-1

FEET

10

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Montreal. P.Q.

DATE

Feb. 11th 1917

Present Address: 239 University St., Montreal. P.Q.

Mkt
How

B

Number.....

1007306

Rank.....

Pte

Surname.....

MORRISON

Christian Name.....

William Joseph

Units..... Theatre of War.....

42nd Pan Cav Inf

France

Date of Service.....

19-4-18

D

Remarks.....

mother

Latest Address.....

Mrs. L. L. Morrison

14 Cliff. St.

Roll No.

B. Page 6164 St. John N.B.

X

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

SIG.
OR
REC'T

PAID
TO

PAID
FROM

PARTICULARS

AUTHORITY

OCT 4 1921

Gr 44765
Heck

MORRISON, Pte. W. J. #1057356 - 42nd Bn

Med & D

(Mother)

Mrs. L. L. Morrison,
14 Cliff Street
St. John N.B.

M

P & S

(Father)

James Morrison Esq.,
14 Cliff St.,
St. John N.B.

Ser. # 968842

Scroll Desp.

WIN 1 7 1922 Reqn. No 2147449

Mem Cross

(Mother)

Mrs. L. L. Morrison
14 Cliff St.
St. John N.B.

Plague Desp.

Reqn No 23938

*not elig. for star.
" " U.M.
" " B.W.M.*

JAN 7 1922

a

mf.

95-9

~~M~~ G-39599 JAN 4 1921

REG. NO.

1057356

NAME

Morrison W. J.

(SURNAME FIRST)

RANK

Pte.

CORPS

5. R. H. C.

AGE

29

SERVICE

NAME OF HOSPITAL

General

PLACE

Montreal

DATE OF ADMISSION

Aug. 2. 17.

DISEASE

Boils.

DISCHARGE

Aug. 14-17-

OPERATION

DISCHARGED TO DUTY

Yes.

TRANSFERRED TO

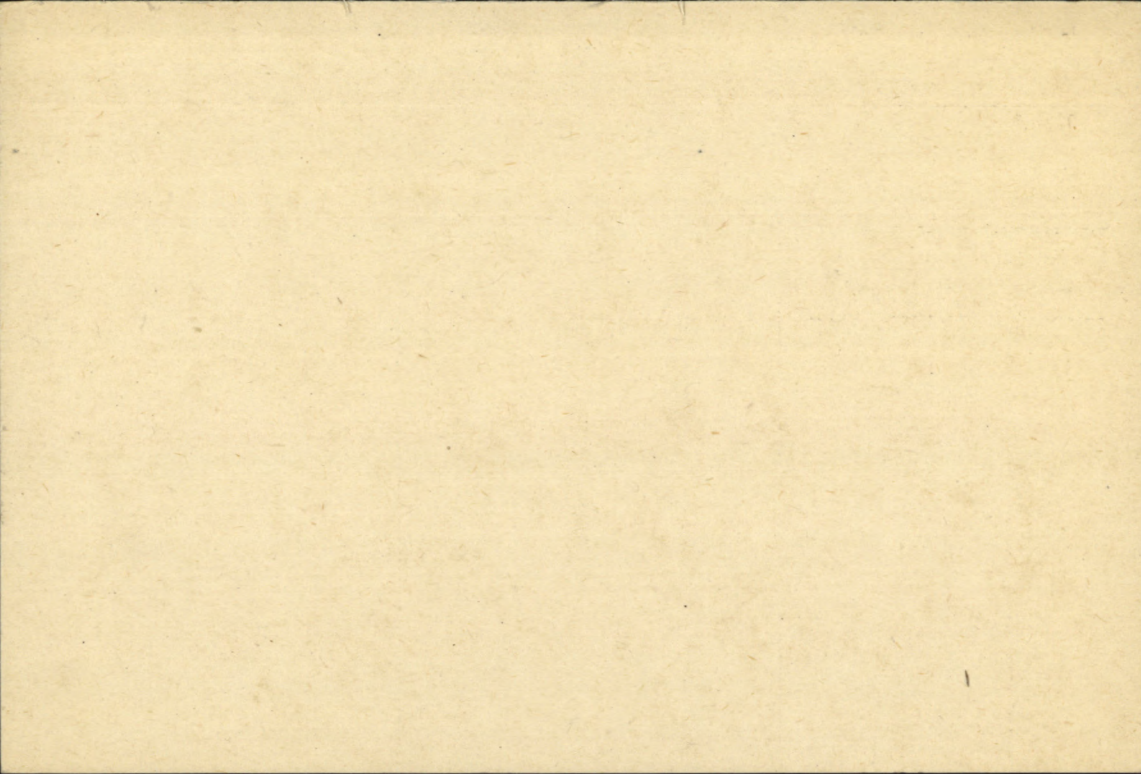
DISCHARGED BY MEDICAL BOARD

No. 1057356. RANK *Pte*

NAME *Morrison, M. J.*

T. O. S. *21-7-17.* UNIT *5th Regt. Royal Highlanders of Can.*
(D.O. 174.) *Reinforcing Draft.* M. D. *4.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917.</i> <i>July 21.</i>	<i>1917.</i> <i>July 31.</i>	<i>M.</i> <i>L</i> <i>M.</i>		



No. 105-7356 RANK

Pte

NAME

Morrison, W. J.

T. O. S. 1-2-17.

UNIT 245th Battalion, C. B. I.

(Do. # 33 of 2-2-17)

M. D. 4

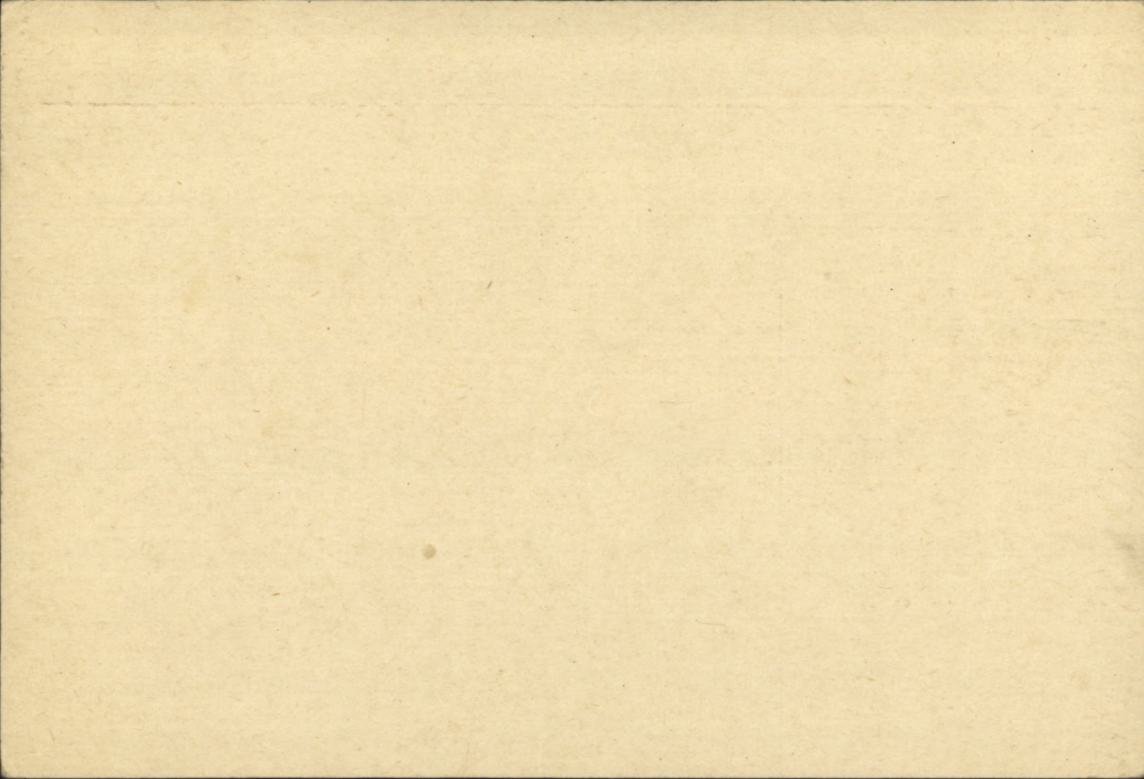
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

1917 Feb 1	1917 Feb 28	L		
1917 Apr. 1	1917 Apr. 27	L M.		



NAME

Morrison William Joseph

REGT'L No. 1057356

H. Q. FILE No. 649.

RANK AND CORPS

Pte. 42nd Bn. form 245th

FOLLOWE

NO.

CABLE

NO.

DATE

NATURE OF CASUALTY

1st CR. 1st. W. Follows

W of K.

Morrison James L. (father)

14 Cliff St. St John. N. B.

D. of W. No. 4 Fld. Amb. Aug 13th 1918
Gsw chest head.

17-2

5261

20-8-18

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 295 ⁽²⁾	No. 4 Can. 3rd Amb.	13-8-15	Lw. R. Chest & Head. Died of wounds.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Morrison W. J.

1057356 ✓
TROOP BATTY

RANK

UNIT

CO.

TROOP

BATTY

HOSPITAL

42 Bn Que

DATE OF ADMISSION

1. 46. 4th. Amb.

HOSP. 13-8-18.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

W. Rt. Chest & Head.

2.

3.

Died of Wds. 13-8-18 R. ✓

DISPOSITION

DATE

62 18-8-18 0295. 2

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.

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.

2nd Regt DFL RHC to 1st A.P. 20th Res Bn

Unit, Regiment or Corps. 245TH OVERSEAS BATTALION C.F.F.

Regimental No. 1057356 Rank Private Name MORRISON, William Joseph

C. E. F.

Enlisted (a) 1.2.17 Terms of Service (a) D of W. Service reckons from (a) 1.2.17

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) Plumber

Report Date	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
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CERTIFIED CORRECT.
 CAN. RESERVE COMMAND.

		Rebaptised	Montreal	16-10-17	UNTS. "Coordination"
		Discharged	Liverpool	1-11-17	
5/11/17	20 Res	L. O S	Wansholt	2/11/17	D.O. 302
10/11/17	20 Res	Granted free transp	Wansholt	12/11/17	62/402889/90 D.O. 312
12/4/18	20 Res	Free transp Draft leave	Bislett	9/4/18	D.O. 103.
19.4.18.	20 Res.	SOS on footing to 42nd Bn. Overseas.	B-shott.	18.4.18	D.O. 104 WSET LT. & ADJUT. 2ND CANADIAN RESERVE BN

O. C. C. B. D.

Landed in France. Taken on Nom. Roll d

strength 42nd Cdn. Bn. 19/4/18 Pt II D.O. 70/ 27/4/18.

— do. —

Left for Cene 3rd 21/4/18 Nom Roll # 1152

O. C. C. B. D.

Arrived 22/4/18 # 22/4/18 24/5/18

to Unit arrived Unit 24/5/18 N. N/10 815

29/5/18 3283

13/8/18 121. 10-16704
P.O. 77 17/8/18

24/5/18 50
1/6/18 424
13/8/18 407. A.

(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.

1057356 Pte. MORRISON, W. J.

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				
					<p><i>R. Winter</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>

GR. Rank

Name MORRISON, William Joseph

Reg'l No. 1057356.

Unit

If in perm. Corps }
What Unit? }

Married or Single Single.

2nd Rein, Dft. RHC to 1st Qne. R. D. 20th Reg. Bn

Place and Date of Enlistment Montreal, Feb. 1st. 1917.

Place of Birth St. John, N.B.

Name and Address, Next-of-Kin

James. L. Morrison.

14 Cliff St., St. John, N.B., Canada.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R.B. No. 13346
File R.L. 2574-7238
Category 75W.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—11319-17.

Date.	Report.	From whom received.	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.
			Arrived in England		11-17	S/S Scandinavian
5-11-17	OC	20th Reg Bn	Taken on strength. as Pte	Brampton	11-17	F 11 D. C. 302
19-4-18			Sel. to 42 Bn	Pte	18-4-18	109 Do. 37 M/27-y-18 42 Bn
17.8.18		42 Bn	Died of Wounds	Field	13.8.18	77
18.8.18			Died of Wounds		13.8.18	6 L ^A = 295.

A.F. 102-CHECKED
17 APR 1918



*dm X
27/2/18*

245th BATTALION OVERSEAS
CANADIAN CREW & GUARDS
ORIGINAL
MEDICAL HISTORY SHEET

1057356

Surname *Morrison* Christian Name *William Joseph*

Examined { on **FEB 1 1917** day of **1917**
at *Montreal, Que.*
Birthplace { City or Town *St John*
County *KB*

Approved by *W MacParrish*
Rank *Major* M.O.

Apparent age *29*
Trade or occupation *Church*
Height *3* feet *10* Inches
Weight *136* lbs.
Chest measurement { Minimum *30 1/2* inches
Maximum expansion *35* inches
Physical development *good*
Small-pox Marks *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
	Declared FIT	MOBILIZATION CENTRE, M. D. #	M.O.
		<i>H. Aubry</i> President, S. M. C.	M.O.
		FIT CATEGORY "A-1"	M.O.
		<i>light duty</i>	M.O.

Vaccination Marks { Arm Right Left
Number *1*
When Vaccinated last *Child*
(a) Marks indicating congenital peculiarities or previous disease *none*

Date	Result	VACCINATIONS	M.O.
<i>3/2/17</i>	<i>Good</i>	<i>Q.D. Traces</i>	M.O.
			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection
cutaneous Piles

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<i>3/2/17</i>		<i>Q.D. Traces</i>	M.O.
<i>19/2/17</i>		<i>Q.D. Traces</i>	M.O.
<i>24/2/17</i>		<i>Q.D. Traces</i>	M.O.

Enlisted on *1st* day of *February* 1917 at *Montreal, P.Q.*

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<i>245th Bn. C. E. F., C. G. G.</i>	<i>1057356</i>		<i>FEB 1 '16</i>
Transferred to	<i>20th CANADIAN RES. BTN. R.H.Q.</i> <i>42 Bnops</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
	<i>OCT 13 1917</i>		<i>William Joseph Morrison</i>
	<i>SEP 26 1917</i>		<i>William Joseph Morrison</i>
	<i>APR 3 1917</i>		<i>H.R. Edward Capt. Amc.</i>

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.

MOBILIZATION CENTRE M. D. No. 4 JUL 21 1917 MONTREAL, P.Q. 17/11/17

Surname *Morrison* Christian Name *William* *Joseph*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Montreal</i>	<i>M.G.H.</i>	<i>23</i>	<i>4</i>	<i>17</i>	<i>28</i>	<i>4</i>	<i>17</i>	<i>Fracture Fibula left</i>	<i>5</i>	<i>leg in plaster - good position Got forward sent home</i>	<i>Prof. Lanney Lieut</i>
<i>Montreal Que,</i>	<i>G.N.C.H.</i>	<i>28</i>	<i>4</i>	<i>17</i>	<i>20</i>	<i>7</i>	<i>17</i>	<i>Had broken fibula</i>	<i>83</i>	<i>Discharged to M.O. i/c Clearing Stn. fit for duty to be transferred to the Mobilization Depot</i>	<i>Prof. Lanney Lieut</i>
MONTREAL GEN HOSP		<i>2</i>	<i>8</i>	<i>17</i>	<i>14</i>	<i>8</i>	<i>17</i>	<i>Folliculitis axillae</i>	<i>12</i>	<i>To duty fit</i>	<i>Prof. Lanney Lieut</i>

FORM OF WILL

I, William Joseph Morrison (Name in full)
 Regimental Number 1057356 serving in 2nd Reinforcing Coy., 5th RHC. CEF.

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

Mrs Louise Logue Morrison
14 Capp St. St John,
N. B. Canada.

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

absolutely, and my personal estate I bequeath to

Mrs Louise Logue Morrison,
14 Capp St. St John,
N. B. Canada.

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

NOTE

This space for the
 appointment of
 Executor if
 necessary.

IMPORTANT
 NOTE

this 1st day of October A.D. 1917

This must be signed
 and Dated by
 THE SOLDIER
 HIMSELF.

William Joseph 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 Julia Lora Luit
 Address of Witness 290 Drummond St. Montreal Can
 Occupation of Witness Soldier
 Signature of Second Witness [Signature]
 Address of Witness 1808 Boye St Montreal, Canada.
 Occupation of Witness Soldier

THE TWO
 WITNESSES

MUST
 SIGN HERE

FORM OF WILL

I, *John Doe*, of the County of *Alameda*, State of *California*, do hereby certify that I am of sound mind and memory, and am capable of making this my last will and testament.

I hereby declare that I am not married, and have no legal wife, and that I have no child living, and that I have no child in ventre sa femme, and that I have no child in ventre sa matre.

I hereby declare that I have no other will, and that this is my last will and testament. I hereby bequeath, devise and dispose of all the estate, real and personal, which I own at the time of my death, unto *John Doe*, my son, and unto *Jane Doe*, my daughter, in equal shares, to have and to hold unto them, their heirs and assigns forever.

I hereby declare that I have no other will, and that this is my last will and testament. I hereby bequeath, devise and dispose of all the estate, real and personal, which I own at the time of my death, unto *John Doe*, my son, and unto *Jane Doe*, my daughter, in equal shares, to have and to hold unto them, their heirs and assigns forever.

I hereby declare that I have no other will, and that this is my last will and testament. I hereby bequeath, devise and dispose of all the estate, real and personal, which I own at the time of my death, unto *John Doe*, my son, and unto *Jane Doe*, my daughter, in equal shares, to have and to hold unto them, their heirs and assigns forever.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3				4					CREDIT	DEBIT						
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.				DATE	NO.						DATE	NO.	DATE			
MONTH	PARTICULARS			CR.1			CR.2			PARTICULARS			DR.1			DR.2			DR.3			DR.4			BALANCE											

DEFERRED PAY
SEP. ALLGE ENG.

* Strike out which ever is inapplicable

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	
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.			

NAME:- **MORRISON** *Wm. Jos.*

NUMBER:- 1057356.

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Pl.</i>	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>1st Lt. par R.W.</i>			
DATE ACCOUNT FIRST OPENED:- <i>1.11.17.</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>37</i>	<i>19-4-18</i>	<i>21-5-18</i>	<i>1st Lt. R.W.</i>
<i>6th A 295</i>	<i>18/8/18</i>	<i>1/9/18</i>	<i>21/9/18 NED. Dead</i>

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
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DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Balance foward.</i>								<i>7358 75</i>		
	<i>P-Pe.</i>	<i>33</i>		<i>AR 53-20 Res - 10/4/18</i>	<i>- 1460</i>				<i>5898</i>		
		<i>33</i>		<i>DN-C.I.B.D-AR228-21/4</i>	<i>- 446</i>				<i>9198</i>		
<i>May</i>	<i>P Pay.</i>	<i>3410</i>		<i>AR 279 42nd Bn 13/5/18</i>	<i>357</i>				<i>8395</i>		
		<i>3410</i>			<i>357</i>				<i>11805 105</i>		
<i>June</i>	<i>"</i>	<i>33</i>		<i>AR 279 42nd Bn 3/6</i>	<i>892</i>				<i>10913</i>		
		<i>33</i>		<i>AR 190 7th Bde 19/6</i>	<i>357</i>				<i>14213</i>		
<i>July</i>	<i>PP</i>	<i>3410</i>		<i>AR 378 " 8/7</i>	<i>357</i>				<i>13499</i>		
		<i>3410</i>		<i>20 - 641. " 27-7-16</i>	<i>446</i>				<i>13053</i>		
		<i>3410</i>			<i>803</i>				<i>16463 13500</i>		
<i>Aug</i>	<i>"</i>	<i>3410</i>		<i>AR-760 7th Bde 4/8</i>	<i>357</i>				<i>16106</i>		
		<i>3410</i>			<i>357</i>				<i>19516</i>		
<i>Nov</i>	<i>Monday Pay.</i>	<i>3410</i>							<i>19860</i>		
		<i>3410</i>							<i>19860</i>		<i>NESA 12-11 Cr 19860</i>
<i>Feb</i>				<i>A 6353 Bal to Ottawa</i>	<i>19860</i>				<i>Nil</i>		

**CANADIAN
ASSIGNED PAY AUDITED**

nil

Boyd
AUDIT CLERK

DATE *14-10-19*

cho 295-18/18

