

3. M. D. 72nd (Queen's) ~~Regiment~~ Battery, C.F.A., C.E.F. Regiment

72nd (Queen's) Battery, C. E. F. Regtl. No. 343312.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname..... Morrison

2. Christian name..... William Marshall

3. Present address..... Consecon, Ontario.

4. Military Service Act letter and number..... P.C. 923107

5. Date of birth..... August 14th., 1895.

6. Place of birth..... Consecon, Ontario.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Anglican

9. Trade or calling..... Baker

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

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... Consecon, Ontario.

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

14. Particulars of previous military or naval service, if any..... No

15. Medical Examination under Military Service Act:—
(a) Place Trenton, Ontario. (b) Date Oct. 20th/17. (c) Category A.II.

DECLARATION OF RECRUIT

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

W. Morrison

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs..... 5 mths.

Height..... 5 ft. 9 1/2 ins.

Chest } fully expanded..... 37 1/2 ins.

measurement } range of expansion..... 3 1/2 ins.

Complexion..... Fair

Eyes..... Brown

Hair..... Dark Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

nil.

W. Cantor Major
O.C. 72nd (Queen's) Battery, C.F.A., C.E.F.

O. C. Depot Btln. Regt.

Place Kingston, Ontario. Date January 8th., 1918.

CLASSIFIED UNDER MILITARY SERVICE ACT, 1917

2nd (Queen's) Infantry, C.E.F. (Regular Force)

Class One

1. Surname: Morrison
 2. Christian name: William Marshall
 3. Present address: Gesscon, Ontario
 4. Military service number: F.C. 232107
 5. Date of birth: August 14th., 1898.
 6. Place of birth: Gesscon, Ontario.
 7. Height: 5ft 10in.
 8. Complexion: Fair
 9. Eyes: Brown
 10. Hair: Dark Brown
 11. Nature of service: Regular
 12. Name of next of kin: Mrs. Nellie Jane Morrison
 13. Relationship of next of kin: Mother
 14. Address of next of kin: Gesscon, Ontario.
 15. Whether or person a member of the Active Army: No
 16. Particulars of military or naval service: No
 17. Medal of Honour and William's Victoria Cross: No
 18. Name of Regiment and Corps: 2nd (Queen's) Infantry, C.E.F. (Regular Force) A.I.I.

DECLARATION OF RECRUIT

William Marshall Morrison

DESCRIPTION ON CALLING UP

Age	22
Height	5ft 10in
Weight	140lb
Complexion	Fair
Eyes	Brown
Hair	Dark Brown
Build	Slender
Stature	Upright
Complexion	Fair
Eyes	Brown
Hair	Dark Brown
Build	Slender
Stature	Upright

Place: Gesscon, Ontario. Date: January 27th., 1918.

9-1-19

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Patent Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

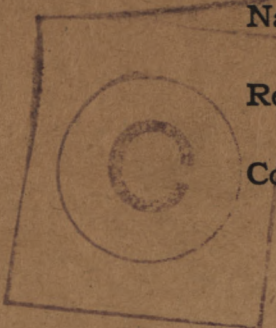
Last Pay Certificate.....

Name MORRISON WILLIAM MARSHALL

Regt. No. 343312 Rank Spl.

Corps Dep. Bay # 6 Arty Dep.

Demobilization



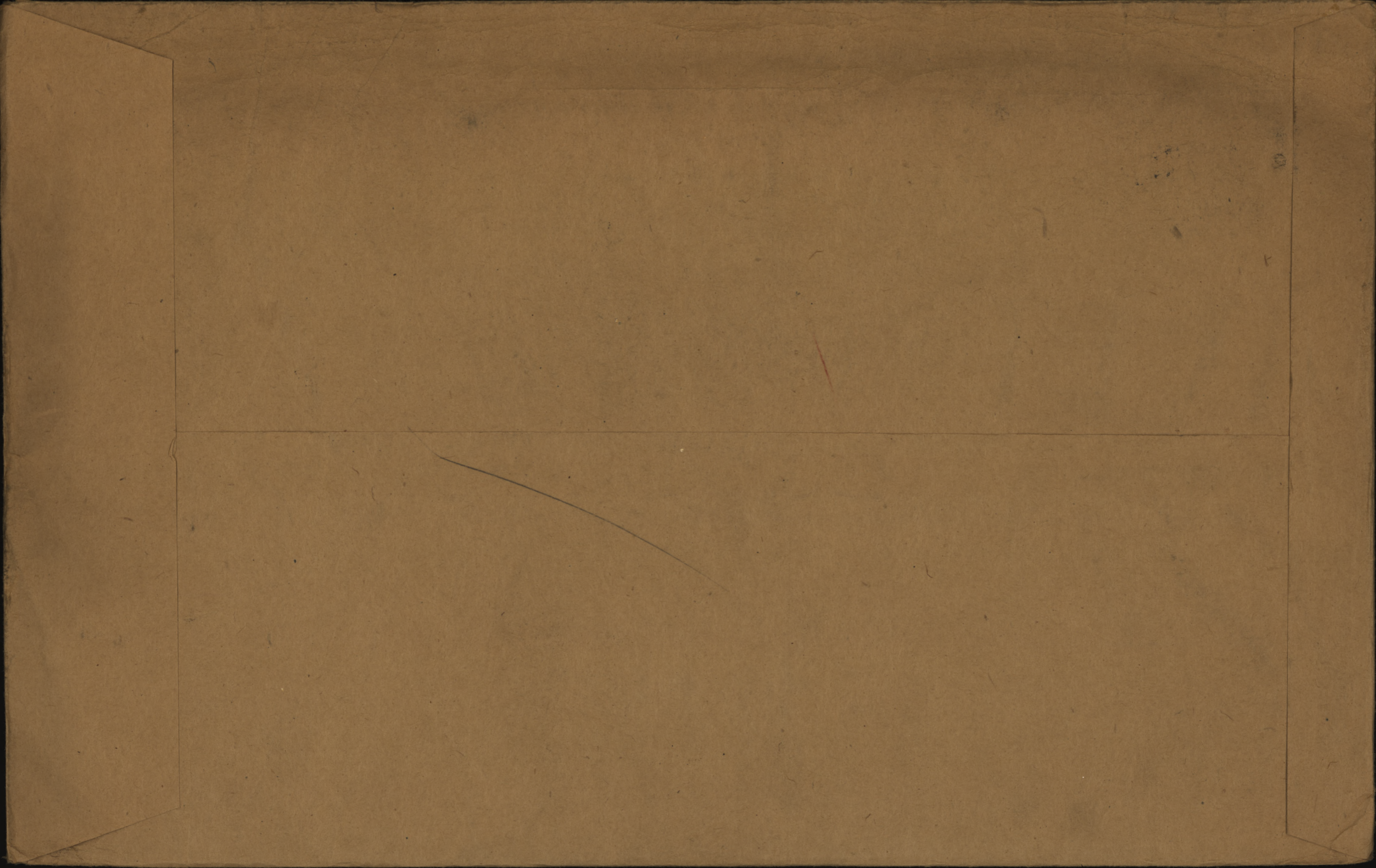
34787



M.D.B 465-2
M.D.W 113-1
A.D.B 122-1
M.D.W 124-1
M.D.W 71-1

Misc - 3

Index board



SURNAME.

Morrison

J.O.S. no. 22/118
D.O. 15th of 22-11-18

86, 6-10-18 D.O. 69 of 81078
GARD NO.
S.O.S. Div 142.0.
6.80.178 of 16.12.18.
6 art. d po.

CHRISTIAN NAMES

William Marshall

REGL. No.

343312.

RANK

Gr.

UNIT

72nd ~~W. Prob. Bty.~~

~~R. B. S. A.~~

16th art. Sps.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs. Nellie Jane

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Consecon. Ont.

COUNTRY OF BIRTH

Canada Consecon. Ont.

DATE

Aug 14th 1895.

PLACE OF ATTESTATION

Kingston. Ont.

DATE

Jan 8th 1918.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Baker.

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

22.

YEARS

5

MONTHS

HEIGHT

5

FEET

9½.

INCHES

CHEST MEASUREMENT

37½.

INCHES

EXPANSION

3½.

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Dark Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Trenton Ont.

DATE

Oct 20th 1917.

Present Address: Consecor Ont.

NAME MORRISON, William Marshall

REGIMENTAL NO. 343312 n RANK Corporal

ENLISTED AT Kingston, Ont.

PROMOTIONS, &c.
AND DATE

DATE January 3, 1918

IF SERVED PREVIOUSLY STATE UNIT &c.

MARRIED, WIDOWER, OR SINGLE single

NEXT OF KIN Mrs. Nellie Jane Morrison RELATIONSHIP Mother

ADDRESS OF Consecon, Ontario.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 343312 RANK *Plt.*NAME *Morrison W. M.*T. O. S. *8-1-18*
*20.909-1-18*UNIT *72nd Battery Co. F. A. Co. E. F*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Jan. 8</i>	<i>1918</i> <i>Jan. 31</i>	<i>n.</i>		
<i>Feb.</i>		<i>n.</i>		
<i>Mar.</i>		<i>n.</i>	<i>Prom. Priv. Bdr. 9/3/18</i>	<i>D.O. 68 of 9/3/18.</i>



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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 72nd (Queen's) Battery, C. E. F.

Regimental No. D 343312 Rank Private Name Morrison, William Marshall
C. E. F.

Enlisted Jan 8/18 Terms of Service (a) 6 mo Ex Force Service reckons from (a) Jan 8/18

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) Gun Baker

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				

Mar 9/18	Promoted to Private	Bombardier Kingston	March	N.D. Part 2 # 18	
May 20/18	Promoted to Provisional Corporal	Kingston	May	N.D. Part 2 # 141	

October 3/18 Transferred to Reg. I.A
for Garrison Duty at Halifax Oct 3/18
for Major
for O.C. 72nd (Queen's) Battery, C.F.A., C.E.F.

DEC 14 1918 M.D. 6 Discharged in consequence of demobilization. Halifax, N.S. DEC 14 1918
Authority R.O. 1328 dt 18-11-18

Les G. Esther Capt.
O. C. Depot Company R.C.G.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. [P.T.O]

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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **343312** (Rank) **Corporal**

Name (in full) **MORRISON, William Marshall** enlisted in
the **72nd (Queen's) Battery, C.P.A., C.E.F.**

CANADIAN EXPEDITIONARY FORCE at **Kingston, Ont.** on the **8th**
day of **January** 19**18**

HE served in **Canada**
and is now discharged from the service by reason of **demobilization, Authority R.O.**
1328 dt 18-11-18

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

Age **23 yrs 4 mos**
Height **5 ft 9½ ins**
Complexion **fair**
Eyes **brown**
Hair **dark brown**

Marks or Scars
NIL

W. Morrison
Signature of Soldier

W. B. Almon
Issuing Officer
Lieut.-Col.

Date of Discharge **December 24, 1918.**

C. R. C. A., Halifax, N. S.

Signed at **Halifax, N. S.** this **14th** day of **December** 19**18**
64x

in Military District No. _____

File Reference No. **686-31-M-147**

DEPOT COMPANY

DEC 14 1918

R. C. G. A.
HALIFAX, N. S.

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. 343312 (Rank) Corporal Name MORRISON, William Marshall

Unit Depot Coy., #6 Artillery Depot

Address on Discharge P.O. Box 76, Consequoi, Ont.

Character and Conduct Very Good-

Former Occupation Baker

Special Qualifications of Value in Civil Life

Medals and Decorations NIL

Remarks _____

Signed at Halifax, N.S. this 14th day of December 1918

A. B. Almon

Name of Officer

Lieut.-Col.

Rank

C. R. C. A., Halifax, N.S.

Appointment

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

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. 343312 Rank Captal. Surname Morrison
 (Given name in full) William M
 Unit or Corps 6th Div D. Birthplace Consecon Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 9 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 78
 Condition of arteries Good
 Vision Rt. 20/15 Left 20/15
 Hearing (conversational voice) Rt. ft.
 Left ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Muscle scar back of neck right side

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 No Cardio-Vascular System No
 Special Senses No 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.

It is occasional attacks of asthma -
Controlled @.

EXAMINATIONS
THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.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 *Califon*(Canada)

Date *Dec. 12-1918* Signed *W. M. O'Connell*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 *A. Morrison*

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

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

[OVER]

MEDICAL HISTORY SHEET

#343312.

Surname **MORRISON**

Christian Name **WILLIAM MARSHALL**

Examined { on **8th.** day of **January** 191**8.**
at **Kingston, Ontario.**

Approved by

CT Ellery

Birthplace { City or Town **Consecon,**
County **Ontario.**

Rank

Capt

M.O.

Apparent age **22 Yrs. 5 Months**

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Trade or occupation **Baker**

Height **5** feet **9 1/2** Inches

Weight **135** lbs.

Chest measurement { Minimum **33** inches
Maximum expansion **37 1/2** inches

Physical development **good**

Small-pox Marks **Nil**

Vaccination Marks { Arm Right **---** Left **X**
Number **One**

Date	Result	VACCINATIONS
2-3-18		<i>CT Ellery</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last **Childhood**

(a) Marks indicating congenital peculiarities or previous disease **Chr. Br. Asthma**
nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
16		
9-2-18		<i>CTE</i>
		M.O.
27-2-18		<i>CTE</i>
		M.O.
2-3-18		<i>CTE</i>
		M.O.

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

Enlisted on **8th.** day of **January** 191**8** at **Kingston, Ontario.**

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	72nd. (Queen's) Battery	343312		Jan. 8th., 1918.
Transferred to	<i>R.C.I.A at Halifax</i>		<i>Oct 3/18</i>	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Kingston C.A.V.</i>	<i>7-2-18.</i>	<i>Chr Br. Asthma</i>	<i>CI m. P. G. L. M. Capt. Chamberlain Pres Med Board</i>
<i>Kingston, Ont</i>	<i>20-2-18</i>	<i>Ch. Br. Asthma</i>	<i>CI m. P. G. L. M. Capt. Chamberlain</i>
<i>Kingston</i>	<i>May 2/18</i>	<i>Chr Br Asthma</i>	<i>CI m. P. G. L. M. Capt. Chamberlain</i>
<i>Peterborough</i>	<i>July 22/18</i>	<i>Chr. Br. Asthma</i>	<i>CI m. P. G. L. M. Capt. Chamberlain</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.

Surname **MORRISON** Christian Name **WILLIAM MARSHALL**

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				
Kingston, Ontario	Jan 8/18						Chilidhood	8			
Kingston, Ontario	3 1/2							1			
Kingston, Ontario								1			

DENTAL HISTORY SHEET

M.F.B. 465
2009-1-17
177-960

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

Morrisson William Marshall

REGIMENT

72nd Battery C.E.F.

RANK

Captain

No.

343312



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
	1918									2 30-19											
	Jan 23	1/3																	C.F. McCartney		
	Sept. 17	27 3 28.2.3																			complete
	Sept. 18	2 12.14				1/2															RA. Strathern Lt. 3 RA. Strathern Lt. 3 Incomplete. Complete.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of signs to be made in red ink.

Only such signs to be made on this sheet as are shown

BRITISH MEDICAL ASSOCIATION

Condition on leaving Camera

Condition on discharge

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50

Diagram of the mouth showing the position of the teeth and the direction of the jaw

Diagram of the mouth showing the position of the teeth and the direction of the jaw

Diagram of the mouth showing the position of the teeth and the direction of the jaw

BRITISH MEDICAL ASSOCIATION

1914

72nd (Queen's) Battery, C. E. F.

DENTAL HISTORY SHEET

M.F.B. 465
2000-1-17
1-39 950

CANADIAN ARMY DENTAL CORPS DISTRICT 3

NAME OF SOLDIER

Lawson, William Marshall

REGIMENT

72nd Battery RANK Gunner No. 343312



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a)G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
Jan 22		$\frac{1}{13}$								$\frac{2}{19.30}$											
.. ..		$\frac{1}{27}$																			3 Complete.

Lt C.F. McCartney

INSTRUCTIONS

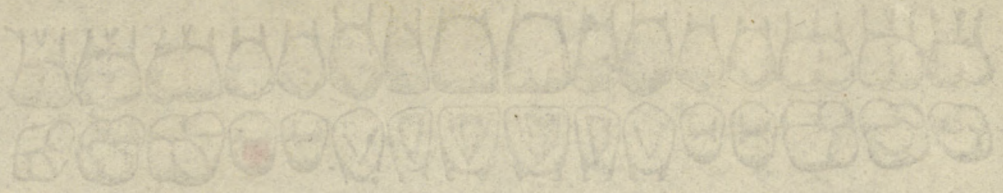
1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Condition on examination to be noted in red ink. Condition on leaving Canada to be noted in red ink.

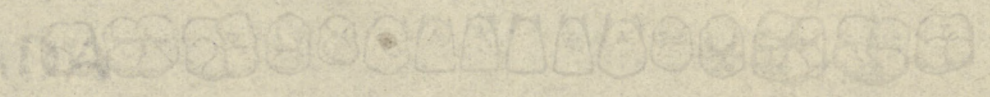
Condition on leaving Canada.

MADE IN CANADA

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



LEAFLET FOR THE DENTIST



STANDARD DENTAL LEAFLET FORM NO. 1

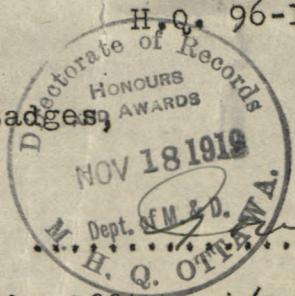
DEPARTMENT OF HEALTH

1918

H. Q. 96-11-77-M.

To, -

Officer i/c War Service Badges,
Record Office,
Ottawa, Ont.



13th 1919.

RECEIVED RECORD OFFICE
NOV 17 1919
<i>Awards</i>
ACTION TAKEN

Received from the Officer i/c War Service Badges,
Ottawa, Ont.,

Badge "A" Nil and "B" Nil

Badge "C" 75740

W.S.B.

Signature *[Signature]*

Former Regimental No. 343312

Unit... 72nd Queen's Battery...

500/16-10-19.
MC

1919

Office of the
Commissioner of
Education
Albany, N.Y.

1919

Received from the Office of the
Commissioner of Education

Albany, N.Y.

for the purchase of

books and materials

for the use of the

schools of the

State of New York

1919

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.	343312	
Rank	Corporal	
Name	William Marshall Morrison	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	Depot Coy., #6 Artillery Depot	
Date of Discharge	DEC 14 1918	
Place of Discharge	Halifax, N.S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23	4
.....years.....		months.
Height.....	5	9 1/2
.....feet.....		inches.
Complexion	fair	
Eyes	brown	
Hair	dark brown	
Trade	Baker	
Intended place of residence	P.O. BOX 76, Consecon, Ont.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of demobilization. Authority R.O. 1328 dt 18-11-18		
<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>		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Very Very Good</i>		
<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.)		
<i>Baker</i>		

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

NIL

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

6. Medals and Decorations.....NIL

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).....Halifax, N.S.

A. B. Almon

Lt. Col.

(Date).....DEC 14 1918

Commanding...C.R.C.A., Halifax, N.S.

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).....Halifax, N.S. *A. Morrison*.....(Signature of Soldier.)

(Date).....DEC 14 1918 *J. P. McLean*.....(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.

A. Morrison.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....¹⁴⁻¹²⁻¹⁸(the date to which the Record of Service is completed).....years ³342 days.
Total.....years ³342 days.

11. Confirmation of Discharge.

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

(Place).....Halifax, N.S.

A. B. Almon

Lieut.-Col.

(Date).....DEC 14 1918

(Signature).....C.R.C.A., Halifax, N.S.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil

A. Morrison Signature.

J. P. McLean

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> <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="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

MILITARY DISTRICT No. 6
 HALIFAX, N. S.
 MAR 31 1919
 17-2-878
 M. D. No. 6

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. 34312 Rank Cpl. Name Morrison, W.
 Corps No. 6 Arty. Depot who was* discharged
 On 14/12/18 191... to
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12/18 191...
 to 14/12/18 191..., the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Balance Cr. from prev. month		13	00
Advances by Cheques	No.			Reg'tl. Pay	<u>14</u> days at \$ <u>1.10</u>	15	40
Assigned Pay and Sep'n Allee.	No.			Field Allow.	<u>14</u> days at \$ <u>10</u>	1	40
Other charges	<u>Regtl.</u>		40	Separation Allowances* (Monthly)			
Payment on transfer or discharge	No.	64	40	Other Allowances* <u>Clothing</u>		35	00
Balance Cr. (to be paid by the new unit)				Other Credits*			
Total		64	80	Bal. Dr. (to be deducted by new unit)			
				Total		64	80

*Give particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191...
 and Sep'n Allee. for 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.

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

REMARKS:—

State (1) date of enlistment 8/1/18
 (2) if married and if a Separation Allowance Card has been submitted
 (3) cause of discharge Demob authority
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit

Date Dec. 19th, 1918

Place Halifax

W. J. O'Connell
 Paymaster No. 6 Artillery [Paymaster, F.]

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Morrison, F.

Cpl.

34315

discharged

No. 6 Arty. Depot

14/12/18

1/12/18

14/12/18

13.00

15.40

1.40

32.00

64.80

1.10

1.10

Clothing

40

64.40

64.80

Regtl.

711

8/1/18

Demop

Dec. 19th, 1918.

Halifax