

8336

B.C.R.M. ORIGINAL

A2 Scotch.

ATTESTATION PAPER.

No. 2011819

Canadian Engineers. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? MORRISON
1a. What are your Christian names? William Nicol.
1b. What is your present address? 230 Baker St. Fort Wayne, Mich. USA.
2. In what Town, Township or Parish, and in what Country were you born? Falkirk, Scotland.
3. What is the name of your next-of kin? Thomas Morrison.
4. What is the address of your next-of-kin? 24 Learmouth St, Falkirk, Scotland.
4a. What is the relationship of your next-of-kin? Bather.
5. What is the date of your birth? March 10th 1881.
6. What is your Trade or Calling? Stone Mason.
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? Yes. Q.O.R.G.I.Y. for 4 Yrs (Cpl)
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 Nicol 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.

Wm Nicol Morrison (Signature of Recruit)

Date July 24th 1918 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Nicol 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.

Wm Nicol Morrison (Signature of Recruit)

Date July 24th 1918 (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, Ont this 24th day of July 1918.

(Signature of Justice)

M. F. W. 23. 750 M.-1-17. H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.



Description of William Nicol Morrison on Enlistment.

Apparent Age.....27 years .....4 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. 3 ins.

**Birtmark back of neck.**

Chest measurement { Girth when fully expanded..... 37 ins.  
 Range of expansion..... 4 ins.

Complexion ..... Medium

Eyes ..... Blue.

Hair ..... Brown.

**dilated veins. upper plate.**

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

**Each Eye D20  
 Hearing Nose & Throat Normal.**

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..... July 24th. ..... 191 . 8

Place..... Toronto, Ont.

*Car A. A. [Signature]*  
 Medical Officer.  
 BOARD  
 TORONTO MEDICAL BOARD  
 PRESIDENT

\*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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... William Nicol 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.

*[Signature]*

*Capt.*  
 Lt. Colonel C. E.  
 (Signature of Officer)  
 for U. C. Engineer Training Depot.

Date..... AUG 3 1918 ..... 191 .



REGIMENTAL DOCUMENTS

NAME

*Morrison*

REGT. NO.

*201181*

UNIT

H. Q. FILE NO.

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
34	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
8	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	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)					DESERTION
1	LAST 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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	<i>misc</i>					
	<i>177</i>					
	<i>Index to card</i>					

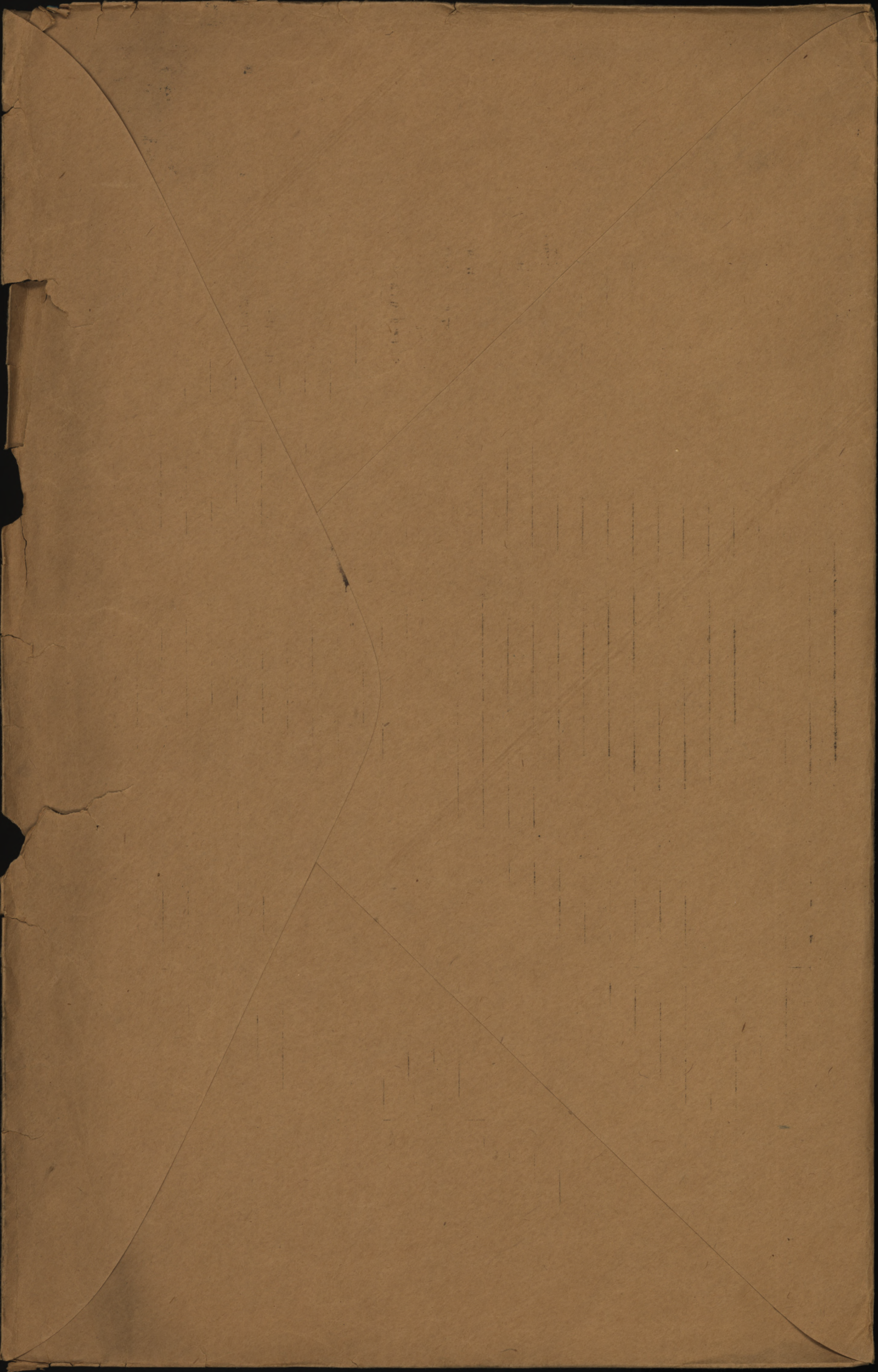
M

34788

*14/6*

H







*3rd*  
*Ham*

*13*

Number. *2011819* ..... Rank ..... *Spl*

Surname. *MORRISON* .....

Christian Name. *William Nicol* .....

Units. *6 Co* ..... Theatre of War. *England*

Date of Service *16-9-18* .....

Remarks. ....

Latest Address. *24 Leamouth St* .....

*Galkirk, Scot.*

Roll No. *A Page 1011*



No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

DESP. APR 22 1922  
REGN. NO. 28328



Reg. No. <b>201189</b>	Rank. <i>Private</i>	Surname <b>MORRISON</b>	Category. <b>AI</b>	Dentally Unfit.
Christian Names (1) <b>N</b>		(2) <b>N</b>	(3)	Date

Place of Enlistment: <b>Toronto</b>	Date of <b>24/7/18</b>	Taken on from	Religion <b>Pro.</b>	Inoculations <b>T.A.B. 10-8-18.</b>	Company
Province: <b>Ont.</b>	Age on <b>36.</b>	Date	Vaccination		<b>9</b>

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted	<b>V.8</b>	

Record of Overseas Service:	Profession or Trade (Civil)
	Transferred or Posted to
Reason for Return:	Date

Married or Single <b>Single</b>	LEAVE.		
Address of Next of Kin <b>Mr. J. Morrison 24 Leasmonth Galkirk Scot.</b>	No. of Pass Issued.	FROM.	To.
			Free Transportation.
		<b>19.12.18</b>	<b>27.12.18</b>
		<b>25/1/19</b>	<b>30/1/19</b>
			<b>FREE</b>
			<b>1/2 2/1</b>







Surname *Morrison* H. Q.   
Christian names *William Nicol* M. D. No. *4*  
Regtl. No. *2011819* Rank *Spl.* T. O. S. *Aug 1st 1918*  
Unit *Cann Eng 2s Depo* D. O. Pt. II *214 of 2-8-18*  
S. O. S. *Low 25-8-19 19 O/S*  
Reason *10am ob.*

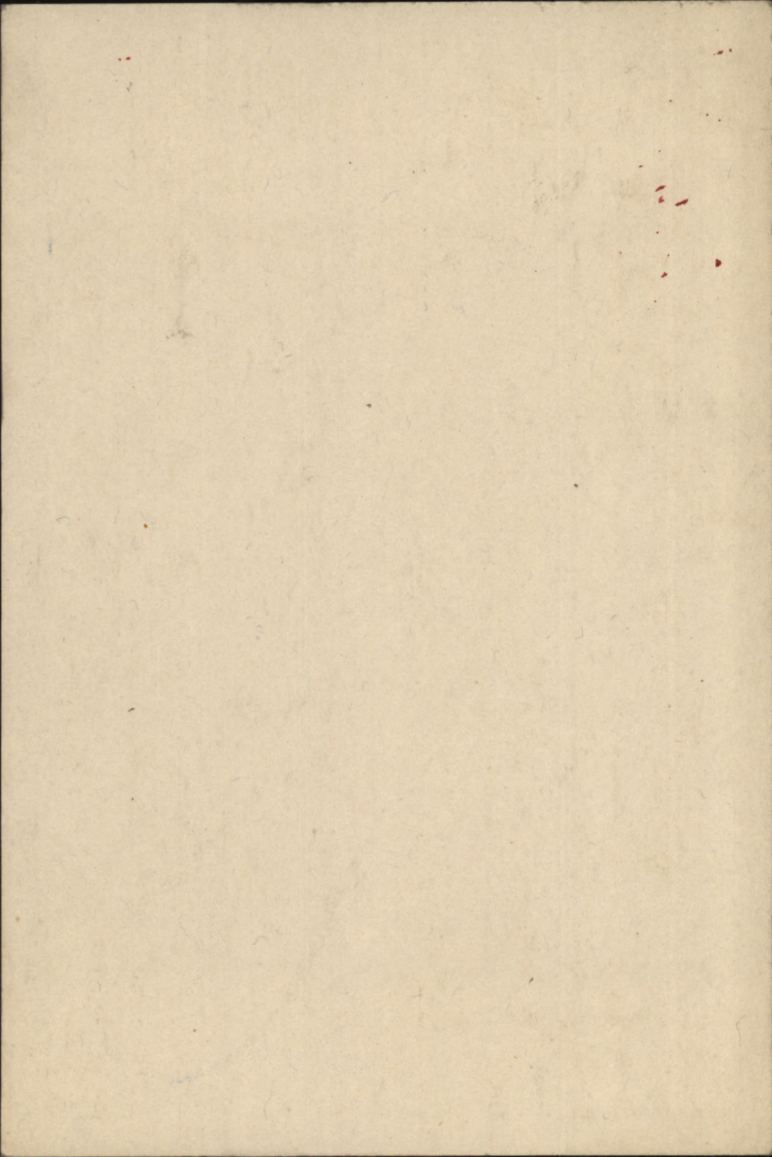
Auth *Do. 119 of 27-8-19 Pt. II O/S*  
*orders ban concentration camp.*

Next of kin *Morrison Thomas* Relationship *Father*  
Address *24 Leamouth St*  
*Falkirk, Scotland*

Also notify:

BORN—Place *Scotland, Falkirk* Date *Mar. 10th 1881.*  
ATTESTED—Place *Toronto, Ont* Date *July 24th 1918.*  
O/S *30/8/18 1413* R/C *[Signature]*  
W. 22-100M 7-1s. 1772-39-839.







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. CANADIAN ENGINEERS, C.E.F.

Regimental No. 2011819 Rank Sapper Name Morrison William Neal  
C. E. F.

Enlisted (a) 24/7/18 Terms of Service (a) Def 7.6 mos after Service reckons from (a) 24/7/18

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) Stone-mason

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				
<u>No Entries</u>		<u>Transferred to E.T.D. St. Johns, Que</u>		<u>24/7/18</u>	
		<u>Embarked Montreal</u>		<u>30-8-18</u>	<u>Smallon CAPTAIN C. E. O. C. ENGINEERS' RECRUITING DEPOT TORONTO, ONT.</u>
		<u>arrived Liverpool</u>		<u>16-9-18</u>	<u>Saturnia</u>
<u>28-9-18</u>	<u>3rd. CERB TOS</u>	<u>3rd. CERB from Canada</u>	<u>Seaford</u>	<u>17-9-18</u>	<u>Pt. II. D.O. #47.</u>
<u>28-9-18</u>	<u>3rd. CERB On Command</u>	<u>Frensham</u>	<u>Seaford</u>	<u>17-9-18</u>	<u>Pt. II. D.O. #47.</u>
<u>13-11-18</u>	<u>3rd. CERB Off Command</u>	<u>Frensham</u>	<u>Seaford</u>	<u>12-11-18</u>	<u>Pt. II. D.O. #86.</u>
<u>12-12-18</u>	<u>3rd CERB On Command</u>	<u>Bethell</u>	<u>Seaford</u>	<u>12-12-18</u>	<u>Pt II D.O. 111</u>
<u>9/5/19</u>	<u>3. CERB A.O.S.B</u>	<u>CDN</u>	<u>Seaford</u>	<u>9/5/19</u>	<u>Pt II D.O. 108.</u>
					<u>W. J. Vadboncaer</u>
					<u>LIEUT. C.E.F.</u>
					<u>SEN LT. COL. O.C. 3rd. C.E.F.</u>

(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.]







Rank Name MORRISON, William Nicol Reg'l No. 2011819 ✓  
 Unit 185th Dft Engineers If in perm. Corps, }  
 What Unit? } "Married or Single" Single  
 Place and Date of Enlistment Toronto, Ont. July 24 1918. Place of Birth Falkirk, Scotland.  
 Name and Address, Next-of-Kin Thomas Morrison  
 24 Learmouth St, Falkirk, Scotland. Relationship Father.  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

*Copy*

N/E. R.B. No 16216  
 File R.L.  
 O. Gordon  
*X 099ing*

Discharge, Date and Place Reason 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.				
					Arrived in England. 16, 9, 18 SATURNIA
28. 9. 18	366RB	T.O.S from CANADA AWL 27-12-18 to 6-1-19 13th	SEAford	16.9.18	PTO. 47
1-1-19	"	9 day 19 hrs. award adme for file 10 days pay under Pt A	"	7-1-19	PT# 12
24. 5. 19	Gen Dep	SOS to H Wing ccc Witley	pte Witley	23.5.19	Do 111
9. 5. 19 14. 5. 19	366RB	SOS to Gen Dep	"	9.5.19	TOS Gen Dep DO 103 - 108 2/12.5.19.
30-5-19	H Wing ccc	SOS from Gen Dep.	Witley	22-5-19	DO 49
12-7-19	" "	SOS to R Wing bbb.	" "	3-7-19	DO 65
14. 7. 19	R. Wg bbb	T.O.S from H Wg. pen. disch. in B.D	" "	3.7.19	- 81 A. Wing DO. 22.9



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.				
27.8.19	R. W. King	Discharged in B. J. S. Sabden in B. J.	Wully	26.8.19	NR 949 D.O. 119



# 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. *CE* ..... Rank *Spr.* ..... Surname *Morrison*  
*2011819* .....  
 (Given name in full)  
*William Nicol*  
 Unit of Corps *CE* ..... Birthplace *Falkirk Scotland*

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

## 1. GENERAL DESCRIPTION:

Physique *Good* Weight *132* lbs. Height *5' 3* in. Colour of Eyes *Blue*  
 Nutrition *Good*  
 Pulse *To Reg.*  
 Condition of arteries *Soft*  
 Vision Rt. *6/12+* Left *6/12+*  
 Hearing (conversational voice) Rt. *20* ft.  
 Left *20* ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).

*Two Vacc. Left.  
 Upper Plate.*

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.

*Diseases of childhood.  
 No disability.*



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley.....(Overseas)

Date 28. 7. 19..... Signed Douglas Walker M.O.  
Capt.

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 W. N. Harrison.....

(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 a Medical Board.)

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



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

H

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. 2011819 Rank Spr. Surname Morrison  
 (Given name in full) William Nicol  
 Unit or Corps P. E. Birthplace Falkirk Scotland  
 (Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**I. GENERAL DESCRIPTION:**

Physique Good Weight 132 lbs. Height 5 3 ft. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 70 Reg.  
 Condition of arteries Soft  
 Vision Rt. 6/12 Left 6/12  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Two Danc. Left Upper plate.

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 Yes

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.

Diseases of childhood.  
No disability



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley.....(Overseas)

Date 28. 7. 19..... Signed Douglas Wallau M.O.  
Capt.

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 Wm N. Morrison

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed Wm N. Morrison 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 a Medical Board.)

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

*Wm N. Morrison*



# MILITARY SERVICE ACT, 1917. B.C.R.M. MEDICAL HISTORY SHEET. 2011819

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.

1. Surname **Morrison** Christian name **William Nicol.**  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.  
3. Consecutive number on schedule of men reporting for service (if he appears on it).  
4. Address (including street and number, if any) **230 Baker St. Fort Wayne. Sababx Mich. Ind.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **24th** day of **July 1918.** 1917, by the undersigned medical board sitting at **Toronto, Ont. Canada.**

5. Age as stated **37** Years **4** Months. 6. Apparent age **37** Years **4** Months.  
7. Height **5** Feet **3 1/2** Inches. 8. Weight **121** Pounds.

9. Chest measurement { Minimum **32 1/2** Ins. Maximum **37** Ins. 10. Complexion **Medium** { Eyes **Blue.** Hair **Brown.**

11. Physical development **Good.** { Good Fair Poor 12. Smallpox marks **None.**

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 **dilated veins. upper plate.**

16. Slight defects but not sufficient to cause rejection  
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 **A2** Each Eye **D20** Hearing Nose & Throat **Normal.**

*Edw. H. Gray Capt* President.  
*Nicholas G. Wilby* Member. *J. M. Dalrymple Capt* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
30/7/18		<i>gs vorta Capt</i> M.O.	26/7/18		<i>gs vorta Capt</i> M.O.
		M.O.	30/7/18		M.O.
		M.O.	10.8.18	<i>25</i>	<i>7" H. Coone Capt</i> M.O.

Joined **24th** day of **July** 1918 at **Toronto, Ont. Canada.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<b>Can Engineers.</b>	<b>2011819</b>		<b>JUL 24 1918</b>
Transferred to.....				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<b>ST. JOHNS, P. Q.</b>	<b>AUG 2 1918</b>		<i>A. M. Black Capt</i> President Medical Board, St. Johns, P. Q.

Signature of Man







U.K. Coy

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MORRISON, W.N.

REGIMENT 3rd C.E.R.B. RANK Sapper No. 2011819.

Date of Examination in England 29-5-19 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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer W. H. Shepherd Capt.















WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to MORRISON, Mrs. W. 2011819  
Dependent

Address 24 Leamouth St.  
Falkirk, Scotland  
Address

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
Aug 26	81815		18 7 8		beat r/c
29	LP6	2 15 5			
29	bb	4 0 0			
27	81976		2 15 5		hpc
Sept 9	Gratuity	57 10 8		43 3 0	
15	90464	64 6 1	14 7 8	28 15 4	Gratuity 2nd half
Oct 15	128005		14 7 8	14 7 8	do 3rd "
Nov 27	140221		14 7 8	0/0	Final
		64 6 1	64 6 1		



Имя: \_\_\_\_\_ Фамилия: \_\_\_\_\_ Отчество: \_\_\_\_\_

Подпись: \_\_\_\_\_

Дата: \_\_\_\_\_

МАШИННОЕ СЕРТИФИКАТНОЕ ПОСВИДЕТЕЛЬСТВО

№ \_\_\_\_\_

Лист № \_\_\_\_\_



FRENHAM

AUTHORITY  
A.P. NOM. BOLL

Strike out whichever inapplicable.

ASSIGNED PAY.	England ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1.9.18	EFFECTIVE DATE:-	
AMOUNT:-	20 <sup>00</sup>	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.	
Mr Thomas Morrison 24 Learmouth St (Father) Falkirk. Scot <sup>d</sup>			

NAME: MORRISON William  
NUMBER: 2011819-2 Nicol

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1.9.18	Sapper.

UNIT AND TRANSFERS

ORIGINAL UNIT Draft No. 125. Can. Eng.

DATE ACCOUNT FIRST OPENED:- 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T & D	UNIT TRANSFERRED TO
			68 J.B

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15.8.19	92	J.B.B.B.	9.73				

L.S. by Bal 23<sup>21</sup>  
L.P.C. by Bal 13<sup>48</sup>  
Dis in England 26.8.19. DR. 26.8.19.  
Restricted Pay for 5 months from 24/1/19 to 18.3<sup>rd</sup> C.E.R.B. 22/1/19

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
31-8	Bal. from Canada			Write Cheque for Saps					16.35		
Sept	Saps Pay	33		A/R 6477 Frensham 20.9.18	4.87				44.48		
		33			4.87						
Oct.	Pay.	34.10		D. 442.01. Sept + Oct.			40.00				
				1366. Frensham. 4/10/18.	4.87						
				7671. " 14/10/18.	19.47				14.24		
		34.10			24.34		40.-				
Nov.	Pra.	33-		E. 22402. £4.22			20.-				
				9019. Frensham, 8/11/18.	4.87						
Dec.	Pra.	34.10		E. 71898. £4.22			20.-				
				4440 3 <sup>rd</sup> C.E.R.B.	9.73						
Jan	Pra.	34.10		1267. 3 <sup>rd</sup> C.E.R.B. 23/11/18	9.73						
				J. 21291. £4.22			20.-		40.84		
		101.20			14.60		60.-				
Feb	Pra.	30.80		a.w. from 23.59. 27/12/18. until 19.10. 6/1/19 forfeits redays pay under Pra Reg 7/1/19. D.O. 12.			11.00				
				3 <sup>rd</sup> C.E.R.B. 15/1/19.							
				1742. 3 <sup>rd</sup> C.E.R.B. 19/12/18.	24.33						
				1988. 3 <sup>rd</sup> C.E.R.B. 15/1/19.	24.3						
				Feb. A.P. F. 60369 £4.22			20.-				
				2197. 3 <sup>rd</sup> C.E.R.B. 27/1/19.	24.3						
				2397 " " 11/2/19.	24.3						
				2761. " " 26/2/19.	24.3						
				G. 37282 March £4.22			20.-				
Mar.	Pra.	34.10		3065. 3 <sup>rd</sup> C.E.R.B. 15/3/19.	24.3				18.26		
		64.90			36.48		11.00	40.-			
Apr				A. 42898. Apr £4.22			20.-				
				A/R 3356 24/19. 3 <sup>rd</sup> C.E.	24.3						
				base for	24.3		20.-				

COMPILED BY *N. Harris*  
CHECKED BY *N. Harris*



NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Prot Fort	2 43		20 -		18 26		
Apr	Pa	33 -		AR 84147 May £4 2-2			20 -				
May	"	34 10		AR 380 14 <sup>4</sup> / <sub>9</sub> 26 KR B	2 43				105 36		
	at note (25. low AP for Aug/18)			" 610 24 <sup>4</sup> / <sub>9</sub> -	14 60						
	chg not pd. Auth min P2K 8419.		20 -	" 3460 14 <sup>5</sup> / <sub>9</sub> 6. 9 <sup>th</sup> Dep	4 87				41 03		
		67 10	20 -		24 33		40 -				
June		33		B112622 June £4 2-2			20 -				
				9271 29 <sup>5</sup> / <sub>9</sub> 24 wing	9 73						
				12316 13 <sup>6</sup> / <sub>9</sub> "	9 73						
July		34 10		B112761 July £4 2-2			20				
				14896 27 <sup>6</sup> / <sub>9</sub> "	9 73				38 94		
		67 10			29 19		10				
				2433. H CCC 18719	14 60				24 34		
					14 60						
Sep.	Aug. P. P. 1/8-26.8.19.	28 60		AR 3741- ✓ 1/8/19	9 73						
				Ch # B141189 August £4 2-2			20		23 31		
				AR 4729. Huling 15/8/19	9 73				13 48		
		28 60			19 46		20				




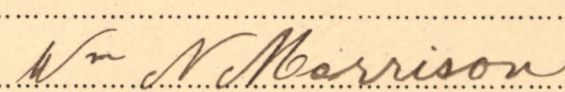









SHORT FORM.  
**PROCEEDINGS ON DISCHARGE.**  
 (Demobilization.)

1. No.	2011819		
2. Rank.	Pvt		
3. Name.	Morrison William Ficol		
4. Unit.	C.F.		
5. Date of Discharge	26.8.19	Place	2 C.F.D.
6. Reason for Discharge	<div style="text-align: center;">             K. R. &amp; O. Para. 392 Sec. XXV            (Being Demobilized in England-C.R.O. 5222)         </div>		
7. Authority.	D.B. 8.8.19.		
8. Proposed Residence after Discharge	24 Learmouth St Falkirk Scotland		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. E. W.? <u>QYB 2079</u>  <div style="text-align: right;">             Signature of Soldier.         </div>		
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.  Place..... Date <u>26.8.19</u> <div style="text-align: center;">  </div> Signature <u>W. H. [unclear]</u> (O. C. Discharging Unit.)		

*md*  
*21-1-59*



PROCEEDINGS ON DISCHARGE

(Demobilization)

1	No.	2011410
2	Rank	Private
3	Name	William Miller
4	Unit	Company
5	Place of Discharge	Place 2 Co 2
6	Reason for Discharge	
7	Authority	
8	Proposed Residence after Discharge	
9	CERTIFICATE TO BE SIGNED BY SOLDIER	
	I hereby acknowledge that at the undersigned place and date I received my discharge certificate	
	M. E. W. [Signature]	
	[Signature] Signature of Soldier	
10	CONFIRMATION	
	The discharge of the above named man is hereby confirmed.	
	Date	
	Signature	[Signature]
	(U.S. Discharge Unit)	



LIST OF DISCHARGE DOCUMENTS

Medical Form W 23	Attendance Paper, Regular
Medical Form W 133	or Particulars of Recruit
Medical Form W 135	Field Contact Sheet
Medical Form W 24	Company Form
Medical Form W 41	Last Pay Certificate
Medical Form B 103	Certificates that require documents for discharge
Medical Form B 105	Medical History Sheet
Medical Form B 179	Proceedings of Medical Board
Medical Form B 485	Personal History Sheet
Medical Form B 131	Medical Report
Medical Form B 281	Regimental Contact Sheet
Medical Form B 289	Company Contact Sheet



**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