

Original

ATTESTATION PAPER

114th O. S. Battalion, C. E. F.

No. 739569

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Morrison Jr*
- 1a. What are your Christian names?..... *William Telford Dougherty (Dougherty)*
- 1b. What is your present address?..... *Caledonia, Ontario.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Caledonia, Canada*
- 3. What is the name of your next-of-kin?..... *Minnie Morrison*
- 4. What is the address of your next-of-kin?..... *Caledonia, Ontario.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *22 December 1894.*
- 6. What is your Trade or Calling?..... *Miller*
- 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, *Wm J. D. 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 *Jan 22* 191*6*. *Wm Morrison* (Signature of Recruit)
Wm Robie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm J. D. 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 *Jan 22* 191*6*. *Wm Morrison* (Signature of Recruit)
Wm Robie (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 *Caledonia* this *29th* day of *March* 191*6*.

H. B. Sawley (Signature of Justice)

Description of *Morrison Wm T D* on Enlistment.

Apparent Age *21* years *-* 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. *11* ins.

Chest measurement { Girth when fully expanded *40* ins.
Range of expansion *2* ins.

Complexion *Ruddy*

Eyes *Brown*

Hair *Light Brown*

Religious denominations { Church of England

Presbyterian *Presbyterian*

Methodist

Baptist or Congregationalist

Roman Catholic

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 *23 July* 191*6* *C. M. H. S.*

Place *Boaledonia* *Capt* Medical Officer.

*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.

Wm T D 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.

for O.C. Meisau David (Signature of Officer)
Major

Date *APR 4 - 1916* 191*6* *714th Overseas Batt., C E. F.*

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No. _____

H. O. No. _____

Name Morrison William Telford Dogherly
 Regt. No. 739569 Rank Pte
 Corps 35th Res. Co. C. A. C.



Permanently unfit



34797

M7W67-1

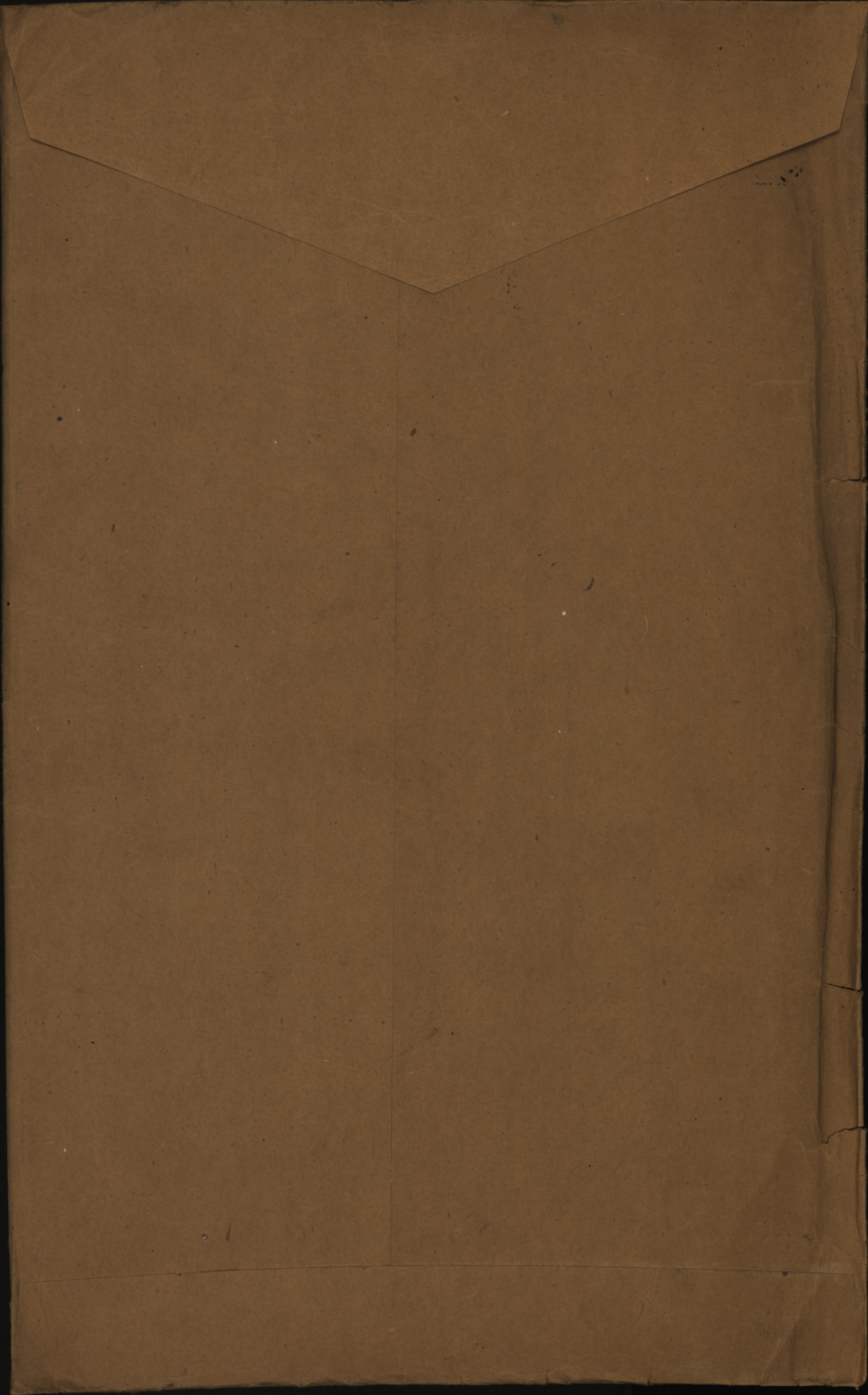


*A. J. B. 122-1
 179-1
 K122-1*

M. F. W. 62.
 50M-9-16.
 H. Q. 1772-39-935.

*1 paycard
 1 Indy base*

L/13



3m
Amm

B

Number. 739569 Rank 9/2 Sept

Surname. MARRISON

Christian Name. William Tilford Roughton

Units. 14th Bn. Leau. Div. Theatre of War. England

Date of Service. 11-11-16

Remarks.....

Latest Address. ~~N.S.~~ Caledonia Ont.

Roll No. A Page 1011

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG
OR
RECT

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DESP : MAR 17 1952

REGN. NO. 42273

No. 739569 RANK

Pte

NAME

Marrison William
Telford 10

T. O. S. 22-1-16

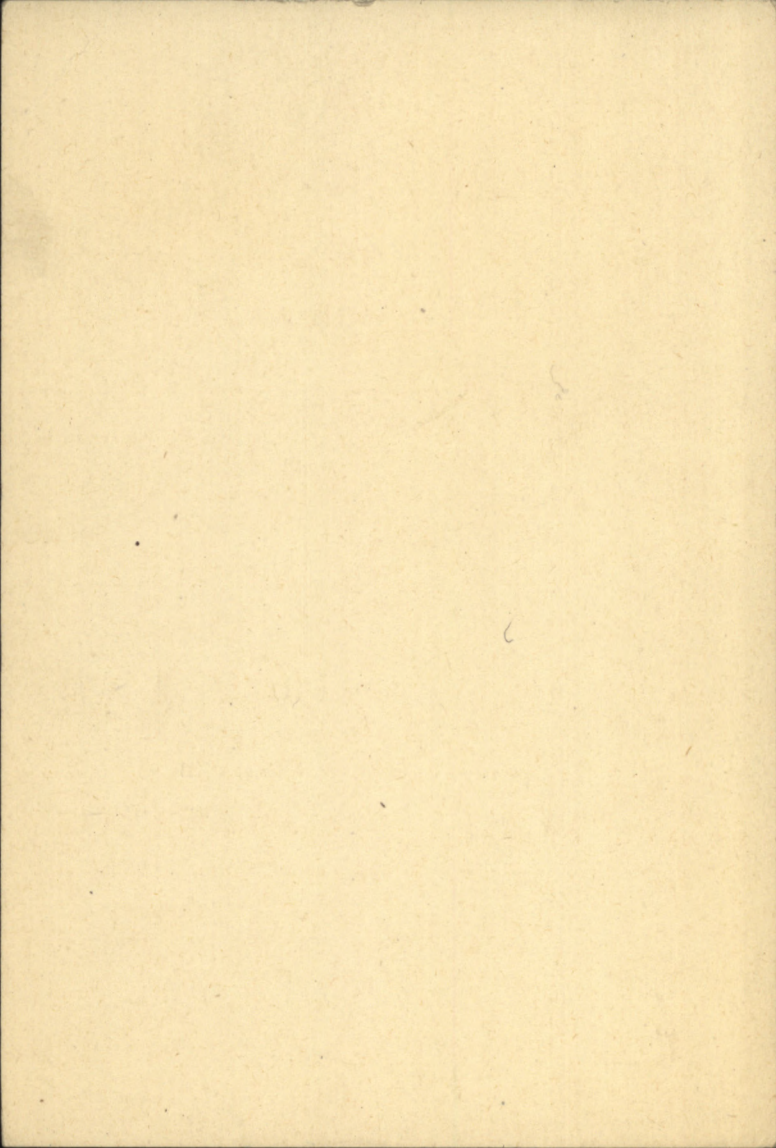
UNIT

114th. Battalion

A. O. 29. 31-1-16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PAR TICULARS	AUTHORITY
1916 Jan 22	1916 Jan 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		✓		
July.		✓		
Aug.		✓		
Sep.		✓	Pro. Lce/Corpl. 12/9/16	D.O. 245 of 26/9/16.
Oct.		✓		
Nov.		n	Trans. to 35 th Bn.	Nov. Pay list.



No. 739569. RANK

Pte.

NAME

Morrison W^m

T. O. S.

UNIT

Discharge Depot. Leche

M. D. 5.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1917

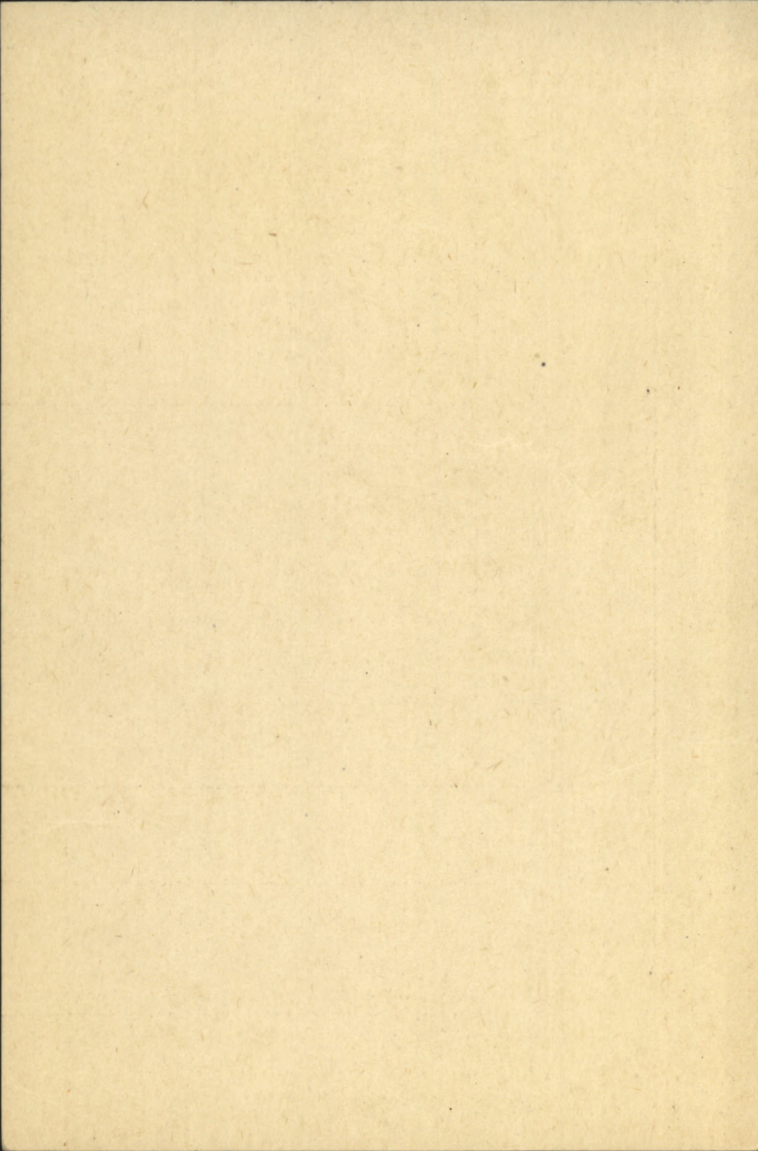
Jan 7

1917

Feb. 27

✓

114 ch.



SURNAME.

Morrison

CARD NO.

S.D.S. Disc

CHRISTIAN NAMES

William Lelford Dogherty

21/2/17

FOLL.

5

REGL. NO.

739 569.

RANK

Pte.

UNIT

114th

Bn

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison, Mrs Minnie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Caledonia Ont

COUNTRY OF BIRTH

Canada, Caledonia Ont

DATE

Dec 22nd 1894

PLACE OF ATTESTATION

Caledonia Ont

DATE

Mar 29th 1916

L. L. 94504. M. & D. 6512.

o/s 3/10/16



R/E. 29/1/17.

H. 12.

Sailed from Halifax per S.S. "Coronia" 31/10/16.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING *Miller*

RELIGION *Presbyterian*

DESCRIPTION.

APPARENT AGE *21*

YEARS

MONTHS

HEIGHT *5*

FEET *11*

INCHES

CHEST MEASUREMENT *40*

INCHES

EXPANSION *2*

INCHES

COMPLEXION *Ruddy*

EYES *Brown*

HAIR *Lt Brown*

DISTINGUISHING MARKS *Nail*

MEDICAL EXAMINATION.

PLACE

Caledonia Ont.

DATE

Jan 22nd 1916.

Present Address, Caledonia Ont.

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 114th. Overseas Battalion. C.E.F.

Regimental No. 739569. Rank Private. Name MORRISON William Tilford Dogherty.

C. E. F.

Enlisted (a) 22/1/16. Terms of Service (a) C.E.F. Service reckons from (a) 22/1/16

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended Re-engaged Qualification (b) 1. Miller.

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				
11.11.16.	O.C. <i>114th Bn</i>	Embarked. Disembarked. Transferred to 35th Bn.	Halifax. Liverpool. W. Sandling.	31.10.16. 11.11.16. 11.11.16.	Part 2 D.O. 272
20. 11.16.	O.C. 35 th	Taken on strength 35 th Bn	W. Sandling	11.11.16	Pt. II. Ord. 276.

John Sheppard
Captain
Adjutant 114th O. S. Battalion

(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.

Casualty Form - Active Service

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 style="text-align: center;">DISCHARGED.</p> <p style="text-align: center;">under</p> <p style="text-align: center;">Para 392, Sec. 16, K. R. & O. 1912.</p> <p style="text-align: center;">Being no longer physically fit for war service.</p> <p style="text-align: center;"><i>P. M. Havelton</i></p> <p style="text-align: center;">for Commandant.</p> <p style="text-align: center;">Canadian Casualty Discharge Depôt,</p>			

JM.

Rank

Name

MORRISON, William Tilford Dougherty, Jr. Reg'l No.

R-122
8,401-50,000-21-10-16.
739569 X

Unit

114th Bn.

If in perm. Corps,
What Unit? }

Married or Single Single. X

Place and Date of Enlistment

Caledonia. 22nd Jan 1916.

Place of Birth Caledonia, Canada.

Name and Address, Next-of-Kin

Minnie Morrison. X

Caledonia, Ontario. X

Relationship Mother. X

Assigned Pay Monthly \$

Payable to X

Separation Allowance \$

Payable to

Relationship

Relationship

N/E. R.B. No. 6914
File R.L.
Category Can MV

Discharge, Date and Place

Reason

Character LC293

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. S.I. Caledonia		11. 11. 16.	
20-11-16	35th Bn.	Taken on strength	W. Sandling	11-11-16	Pt II, O'277
23-11-16	- do -	App'd A. L. / Cpl.	"	11-11-16	" 280
4-I-17.	35th	S.O.S To 4th Res Bn	W. Sandling	4-I-17	Pt II, O'4
4-I-17.	4th Res	I.O.S From 35th Res Bn	W. Sandling	4-I-17	Pt II, O'1
5-1-17	- do -	S.O.S Bn transfer to 66th	- do -	22-12-16	" 2
31-12-16	ccac	YOS + on Com to PP for this	Hastings	22-12-16	" 577
19-1-17	CPD	SOS Dis to Can M-U	Buxton	19-1-17	Pt II O 10
1-2-17	66th Bn.	S.O.S to Can for discharge reason to be attached to 66th Bn.	Hastings	19-1-17 2-12-16	Pt II O 55-H P.T.O.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
✓	<i>discharge depts</i>	<i>finally discharged</i>	<i>Quebec etc</i>	<i>27-2-17</i>	<i>N.A. 183 Caledonia, Ent, Can.</i>

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number	Rank	Name and Corps of disabled soldier.	DEPT. OF DEFENCE FEB 19 1917 35th Reg CANADA
739569	Pte	Morrison, William J. A.	114th Bn
Previous Civilian Occupation.			

Muller

Cause of disability -

D. A. H. not due to or aggravated by service

Condition in detail which prevent the soldier earning a Full livelihood:-

Invald states that his condition at present is the same as it has been for some years. Has shortness of breath + tendency to become dizzy if he exerts himself unduly.

Examination reveals slight cardiac enlargement + suspicion of presystolic murmur at apex with a short snappy 1st sound. Compensation excellent.

was rejected for life insurance 4 years ago on account of heart condition.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

15% to 20%

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for Military Service? *Yes*

Would operation, special treatment or the use of appliances, etc., lessen incapacity? *No.*

Signature. *W. C. Carnock Major* President.

E. A. Robertson Capt Members.

Station. *Quebec*

W. G. Wolfe Capt

Date *Feb 2 / 17*

Approved.

Date *Feb 2 / 17*

W. C. Carnock Major
Assistant Director Medical Service.

Date *21.7*

Robert A. Cannon Capt
Director General Medical Service.

*Noted
15-2-17
BB*

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number _____ Rank _____ Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability -

Condition in detail which prevented the soldier earning a Full Livelihood:-

Opinion of the Board.

Degree of incapacity (Please state in fractions).

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity?

Signature. _____ President.

Members. _____

Station. _____

Date _____

Approved. _____

Assistant Director Medical Service. _____

Director General Medical Service. _____

Date _____

Original 739569

MEDICAL HISTORY SHEET.

Surname Morrison Christian Name Wm J D

Examined { on 22 day of Jan'y 1916
 at Caledonia
 Birthplace { City or Town Caledonia
 County Haldimand

Approved by Campbell
 Rank Capt. M.O.

Apparent age 21
 Trade or occupation Miller M.O.
 Height 5 Feet 11 Inches. M.O.
 Weight 164 Lbs. M.O.
 Chest measurement { Minimum 38 inches. M.O.
 Maximum expansion 40 inches. M.O.
 Physical development Good. M.O.
 Small-Pox Marks nil M.O.

Vaccination Marks { Arm Right Left 2
 Number 2
 When Vaccinated last Childhood 17/10/16 + Camp. Thrush M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection
 13/3/16 X Camp. Thrush M.O.
 21/3/16 X Camp. Thrush M.O.

Enlisted on 22 day of Jan'y 1916 at Caledonia

	CORPS	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>114th Bn. C.E. F.</u>	<u>739.569.</u>		<u>22/1/16.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Discharge 179

STATION	DATE.	DISEASE.	RESULT.
<u>West Sanding</u>	<u>15/12/16</u>	<u>V. H. D.</u>	<u>Discharge</u> <u>For 7 Durham Regt</u>

APPROVED 17 DEC 1916
Morrison CAPT. C.A.M.C.
S. Walker CAPT.
 FOR A.D.M.B. CANADIANS, SHORNCLIFFE.

for G.O.C. CANADIANS.

Surname *Norison* Christian Name *Wm T. D.*

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				

DISCHARGED,
under
Para 392, Sec. 16, K. R. & C. 1912,
Being no longer physically
fit for war service.
Wm. Havelton
for Commandant
Canadian Casualty
Discharge Depôt,

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..... **114th. Overseas Battalion.**
C.E.F.

(2) Regimental Number..... **739569.**

(3) Full Name of Soldier..... **MORRISON, William Telford Doherty.**

(4) Place of Birth..... **Caledonia. Ontario.**

(5) Are you married, or not?..... **No.**

(6) If married, state, **No.**
(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?.....**Yes.**.....

If so, state name and address **William Morrison. Caledonia. Ont.**

(10) Is your Mother alive?.....**Yes.**.....

If so, state name and address.....**Minnie Morrison. Caledonia. Ont.**

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

Are you her sole support, or not?.....**No.**.....

(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.

.....**.....**.....

(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?.....**Canada Life.**.....

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.

J. Bowles.....**Major**
for O. C. 114th O. S. Batt'n. C. E. F.
(Block's Office).....**Commanding.**

Date.....**3rd October 1916.**

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

12139-W-5

Name **Morrison, William Telford Dogherty**
Surname Christian Name

Regimental Number **739569** Rank **Pte.**

Address (in full) **Caledonia, Ont.**

Unit **114th Bn.**

Original Unit

District where paid **Ottawa**

Date of Discharge **21/2/17**

P. D. P. Filing Number **4M12**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10	2755	17/8/17	33.00	2723	15/9/17	33.00	2647	19/10/17	31.80	2.26	97.80

Remarks:

Further by C.P. 7-9-17.

M. F. W. 127.
50M-617.
1773 39-1140.

File No. 013139 Jk. 7

WAR SERVICE GRATUITY.

Register No. M1159

Reg. No. 739569 Dependent _____

Name *Wm. M. Morrison* Address _____

Address *6 E. 4th St. S. E. Danvers* _____

Spec'n No. M1159

Award _____ Days at \$ _____ per day \$ _____

Less P.D.P. Credited _____ \$ _____

Less further debit balance _____ \$ _____

Net due paid as below \$ _____

TO SOLDIER TO DEPENDENT

Ch No	Amount
122	70
	100
	179 90

Pay Soldier \$ _____ Pay Dependent \$ _____

Cunningham
May
J. W. Baron

Days 122 Rate 70 Due 280 00
Less P.D.P. credited 100 00
Net 179 90

R. W. 13th 24-10-19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
	<i>aco</i>							
1					1			
2	<i>10/9/19 14024</i>	<i>515289</i>	<i>140 00</i>		2			
3	<i>16/9/19 23608</i>	<i>519632</i>	<i>39 90</i>		3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
M. B.
Date *8.9.19*

Name

Morrison

1/ep l w J. D

M. F. W. 41
1 GM-7-16
1772-39 889.

865

Regimental No.

739569

Name and address of next-of-kin

Caledonia Ont

Unit

114th Bn.

Date of enlistment

22-1-16

Place of

Caledonia

Married (yes or no)

No

Date and place discharged

June 10 27-2-17

Amount of pay assigned monthly \$

*5 1/11/16 31/15 15 } 60
15 1/11/16 31/17 45 } 60*

Reason for discharge

To whom payable

SA Mil

Character on discharge

Armed Clothing Issued

Murayama 29-1-17

I

649-11-12561

Job 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	<i>6/1/17</i>							<i>1073</i>								<i>L.P.C.</i>
<i>7/1/17</i>	<i>27/2/17</i>	<i>52</i>	<i>105</i>	<i>5460</i>	<i>52</i>	<i>10</i>	<i>520</i>	<i>9</i>	<i>7953</i>					<i>6150</i>		<i>June 10 17.</i>
														<i>1 -</i>		<i>Cantley</i>
														<i>2 43</i>		<i>A R 8528</i>
														<i>4 87</i>		<i>354</i>
														<i>973</i>	<i>7953</i>	<i>adv on ship</i>
														<i>226</i>	<i>226</i>	<i>Recovered from P.O.P</i>
																<i>24-11-17</i>
																<i>Q4005 #122 ALPC</i>
																<i>note on bill 29/17</i>

114 Bn



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

546
M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Mrs.
To Whom *Minnie Morrison,*
Address *Caledonia,*
Ont.
By Whom Assigned *Morrison, William*
Regtl. No. *73 956 9*
Rank *Pte. N. Corp.*
Corps *114 d. Batta.*
Rate *15. ⁰⁰/₁₀₀* NOV 1. 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments</i> <i>Feb 1/17</i> <i>Discharged to Canada</i> <i>3M 8/1/17 O.A.O. 9/2/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				<div data-bbox="1315 1024 1543 1241" style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> COPIED FOR CASUALTIES 5 </div> <div data-bbox="1295 1163 1885 1640" style="border: 2px solid purple; padding: 10px; transform: rotate(-15deg);"> CANADIAN ASSIGNED PAY ACCITEL <i>Stopped OK - New bill no</i> AUDIT CLERK DATE <i>30/5/19</i> </div>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

548
M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Miss

To Whom

M. Lawson,

By Whom Assigned

Morrison, Wm. J. D.

Address

Caledonia, Ont.

Regtl. No.

73 956 9

Rank

pte. 2/corp.

Corps

114 2d. Batten.

Rate

5.⁰⁰

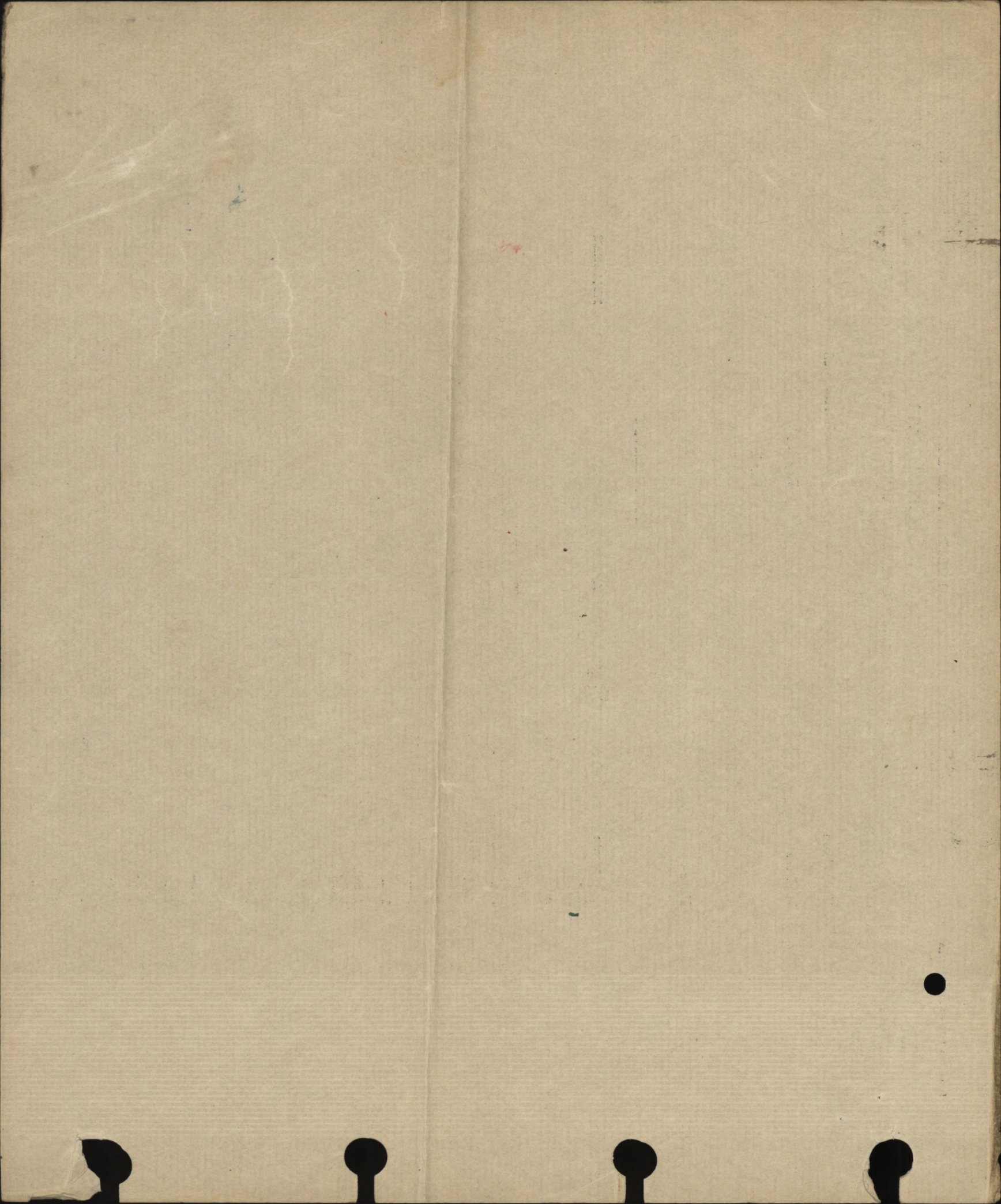
NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p>Stop Payments Feb 1/17 Discharged to Canada 3M 8/1/17 etc. 9/2/17</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
FOR
STOP

OK
Jewhills
AUDIT CLERK
DATE 30/5/19
Stopped



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Miss M. Lawson
 Sheet No. 2.

L. L. Job 4503. - Req. 6332.

PAYMENTS.

Name of Soldier *Morrison, Wm. I. D.*
739569
5. ¹⁰
pte. 114 th. Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>K31279</i>	<i>5</i>	
Dec.		<i>V36211</i>	<i>5</i>	
Jan.	1917	<i>26.39891</i>	<i>5</i>	<i>* 15.00 #X. 25/1/17</i>
Feb.				<i>Stopped Returning Integama 19/1/17 A.K.</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Handwritten initials and scribbles in the left margin.

Handwritten note: 5 P.D.P. Jan 14/17

Handwritten initials: J.W.

CANADIAN
 ASSIGNED PAY AUDITED
at K. Howkellens
 AUDIT CLERK
 DATE *20/5/19*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
 PAYMENTS.

547 M. F. W. 12a.
 50m.-6-16,
 1772-39-819.

Mrs.
 Sheet No. 2.

Minnie Morrison

Name of Soldier Morrison, William
739569 pte. 114th Br
 15⁰⁰

L. L. Job 4503 - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		K 31276	75	
Dec.		V 36209	15	
Jan.	1917	U. 39883	15	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

NOV 1 1916

Obd

J.P.R.

*#45⁰⁰ F.X. 25/1/17 Stop Feb 1/17
 stopped returning the game 12/1/17 OK
 P.D. P-8/17 J.P.*

J.W.

C. N. D. W.
 ASSIGNED PAY ADDED
OK - J.W. H. S.
 AUDIT CLERK
 DATE *20/1/19*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Medical Report on an Invalid.

Station West Sandling, Kent, Eng.

Date 28-11-16.

DEPT
MILITIA & DEFENCE
FEB 19 1917

1. Unit. **114th Bn.
35th Bn.**
2. Regimental No. **739569**
3. Rank **Pte.**
4. Name **Morrison, W.T.D.**

5. Age last birthday **21**
6. Enlisted { on **Jan. 22, '16.**
at **Caledonia, Ont.**
7. Former Trade { **Miller.**
or Occupation {

8. Disability.

D. A. H.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **Four years ago.**
- 10. Place of origin of disability. **Canada.**
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Four years ago was turned down on Life Insurance owing to conditions of heart. He complained of dizziness, dyspnoea and uncomfortable feeling over praicordia, worse after exertion. T. M. B., recommends discharge.

Officer in medical charge of case.

12. (a) Give your opinion as to the causation of the disability.

Prior to enlistment.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

1.- No.

2.- No.

8
15-2-17
189

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 **No** a2 **No**

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Not applicable

21. Has the disability been caused or aggravated by

(a) Intemperance? **No**

(b) Misconduct? **No**

22. Is the disability permanent? **Yes**

23. If not permanent, what is its probable minimum duration?

Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

None compared with capacity on enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable

26. Do the Board recommend

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalided to Canada? **No**

(d) Discharge as permanently unfit? **Yes**

APPROVED

The Morrison

CAPT. C.A.M.C

for G.O.C. CANADIANS.

27. Remarks.

Apex beat to left of nipple line. Heart enlarged.

Signatures:—

The Morrison President.

Station *W Sandilby* } Members.
Date 15 DEC 1916 }
W L Cullough Capt

Approved *S L Walker*
Station 178, Westbourne Gardens, Folkestone
Date 17 DEC 1916

S L Walker
Administrative Medical Officer.
CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

13. What is his present condition? **Dyspnoea; Dizziness and uncomfortable feeling in parcordia; worse on exertion.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
Circ. System; Apex beat in nipple line, corresponding with left border of heart. Pulse accelerated easily. Influenced by exertion. Suspicion of mitral-praeslystotic murmur. Pulse low tension and regular. Liver not enlarged no oedma, Clubbing of fingers, Lungs, normal. No digestive symptoms.

14. If the disability is an injury, was caused **Not applicable.**
(a) In the presence of the enemy?
(b) On active service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury? **Not applicable.**
If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what? **Not applicable.**

17. If not, was an operation advised and declined? **Not applicable.**

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? **Not applicable.**

19. Do you recommend
(a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

Yes.

J. V. Buch Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
~~except~~
Station West Sandling G. B. Bouthillier Capt.
Officer in charge of Hospital.
Date Dec 2nd 1916.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.
† Delete this word if no exceptions are to be made.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the _____ day of _____, 191____

*L-2-2 bl
acc-*

Members of Board.

(The names of the members of the Board should be in possession of the Board. The names of the members of the Board should be in possession of the Board. The names of the members of the Board should be in possession of the Board.)

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. (a) State whether the disability is the result of injuries received or illness contracted (1) in the presence of the enemy (2) in the presence of the enemy (3) in the presence of the enemy (4) in the presence of the enemy
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- 21. Has the disability been caused or aggravated by:
 - (a) Misconduct?
 - (b) Intemperance?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration? To be stated in months.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it as a % of total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend:
 - (a) Fit for duty?
 - (b) Fit for base duty?
 - (c) Invalued to Canada?
 - (d) Discharge as permanently unfit?
- 27. Remarks.

APPROVED

THE CHIEF CLERK

Signatures:—

President

Signed at 41, Grimston Avenue, Folkestone, this _____ day _____

Members of _____
of _____, 191____

Approved: _____

President

Administrative Officer

Date 17 DEC 1918

NAME IN FULL Morrison, William

Reg'tl No 739569

29.1.17

Rank Private

serve Unit 35th Bce Present Unit

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 439569 Army Rank Private

Name Morrison William T. D.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. C. A. C.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge FEB 21 1917

Place of discharge Canada

1. Description at the time of discharge.

Age <u>22</u> years _____ months	Descriptive marks. <u>Open Scar Groin</u>
Height <u>5</u> feet <u>10 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Sunburnt</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Miller</u>	
Intended place of residence (To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of
Para. 392, Sec. 16, K. R. & O. 1912,
Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character: Good Reputation

4. Character awarded in accordance with King's Regulations:—

CANADIAN DISCHARGE DEPOT,

Lieut.-Col.,
Officer Commanding.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Local Casualty

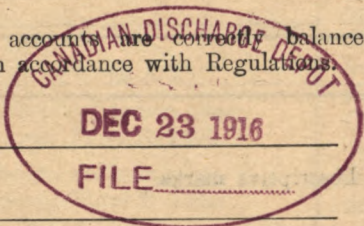
Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

Commanding _____ *Officer Commanding* Regiment.



Arthur King
Lieut.-Col.

8. Certificate to be signed by the soldier on discharge.

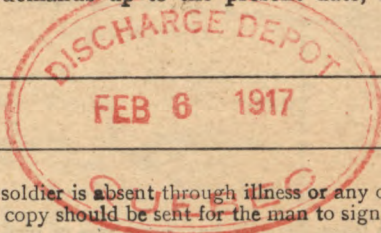
I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____

(Date) _____

Wm Morrison (Signature of Soldier.)
J. Luthbert (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

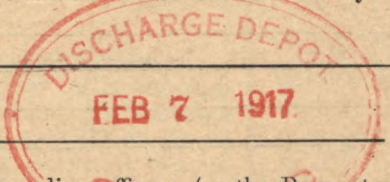
11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for FEB 21 1917 (date)

(Place) _____

(Date) _____

Signature *W. Morrison* Major.
Comd'g. Discharge Depot Quebec.



Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None. _____
W. Morrison

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067), if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.