Major

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — William James Morrison
2. In what Town, Township or Parish, and in what Country were you born? — Toronto Ont
3. What is the name of your next-of-kin? — Mrs Lenard Morrison
4. What is the address of your next-of-kin? — ~~89 Dufferin St Toronto~~ 100 Lippincott st Toronto
5. What is the date of your birth? — Aug 28 - 1879
6. What is your Trade or Calling? — Mining Engineer
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Yes South Africa 1899-0-1-2 R.C.D.s 2nd C.M.R.
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

W. J. Morrison (Signature of Man).

H. W. Caulfield Lieut (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William James Morrison, do solemnly declare that the above answers made by me to the above questions 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.

W. J. Morrison (Signature of Recruit)

Date Jan 20 1915 H. W. Caulfield Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William James 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.

W. J. Morrison (Signature of Recruit)

Date Jan 20 1915 H. W. Caulfield Lieut (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 this 20 day of Jan 1915

Thos Mulock (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

H. W. Caulfield Lieut (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of William James Morrison on Enlistment.

Apparent Age ..... years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... ft. ..... ins.

Chest measurement: Girth when fully expanded ..... ins.
Range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

Religious denominations:
Church of England ..... Yes
Presbyterian ..... —
Wesleyan ..... —
Baptist or Congregationalist ..... —
Other Protestants ..... —
(Denomination to be stated.)
Roman Catholic ..... —
Jewish ..... —

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).

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 January 20 1915. W. E. Lawson

Place Toronto Capt amc
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.

William James 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.

W. J. Morrison Capt.
(Signature of Officer)

Date Jan 20th 1915

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Morrison Wm James

Regt. No..... Rank Major

Corps No 12. A.S.C

Struck off Strength

34773

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. 60 - 1

M. F. W. 62.
100m.—6-17.
H. Q. 1779—39—935.

54-21-247.

SURNAME. Morrison 357-12-11

CHRISTIAN NAMES William James

REGL. NO. RANK Major

UNIT Eatons Machine Gun Bty

FORMER CORPS C. A.

CARD NO. O.S. Disc

2/6/17 FOLL. 2

NEXT OF KIN.

NAMES IN FULL Morrison, Mrs. Mary

RELATIONSHIP TO SOLDIER Not Stated

ADDRESS 100 Lippincott St., Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto. Ont. DATE Aug 28th 1879

PLACE OF ATTESTATION Toronto, Ont. DATE Jan 20th 1915.

R/C 5/3/17

O/S 4/6/15 #5 1

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Sailed from Montreal P.D. S.S. Metagama. June 4/15.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Mining Engineer RELIGION Church of England

DESCRIPTION.

APPARENT AGE Not Stated YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS not Stated

MEDICAL EXAMINATION. PLACE Toronto. Ont DATE Jan. 20th 1915

Present Address. Not Stated

Number ..... Rank MAJOR.

Surname MORRISON.

Christian Name WILLIAM JAMES.

Units ..... Theatre of War FRANCE.

Date of Service 27-1-16 ~~3.7.16~~

Remarks .....

Latest Address Gov. Toronto Jail, Toronto, Ont.

Roll No. B3 Page 18301.

200m.-6-21.wj. C.A.S.C.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

DESP. JAN 13 1923 REGN. NO. 71185

868—D.P.—40M-1-12-19.

1st Am. Sub Park

Casc C Dep

Rank and Name MORRISON William James, Major o/c

Regimental No.

Unit Eatons M.G.Battery

Date of enlistment Toronto, 20 January 1915

Place of birth Canada

Married (Yes or No) Yes

If in Permanent Force

Promotions or appointments Left Canada 4-6-15.

Name and Address of Next-of-kin Mrs Mary Morrison
100 Lippincott St, Toronto.

A.F.B. 158.
1 NOV 1915
Am Pk
MAR 1 1916
Am Park
11 MAR 1916
A.F.B. 158.
1 APR 1916
1 MAY 1916

Date and place of discharge

Reason for discharge

Character on discharge

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
					CASC 6.6.BAS 1-6-16
					1 CASC JUL 31 1916
					do SEP 1 1916
					do OCT 1 1916
					do NOV 1 1916
					do DEC 1 1916
30 11/15	Emm.S.B.	Transfered to Casc. (T.D.)	Shorncliffe	28 11/15	Pt. II Ord. 58 do JAN 1 1917
29 11/15	2 Coc. C.T.D.	To be Qc Ammunition Park for a Cavalry Brigade	do	29 11/15	R.O. 3821 do FEB 1 1917
21-7-16.	1 Can. Cav. Bde. Amm. Pk.	Transfd to 1st Can. Amm. Sub. Pk.		2-7-16.	Pt. II Ord. 32. do
21 7/16.	1st C. Div. Supld.	Taken on Strength, from 1st C. Cav. Bde. Amm. Pk.		3-7-16	Pt. II. Ord. 29.
		Shown as o/c. 1st Am. Sub. Pk.		3.7.16	1st Am. Sub Pk. A.F.B 158. dy 31.7.16
22.1.17.	1st Am Sub Park	Granted 10 days Leave of absence		8.1.17.	Pt II ord 5.
2.2.17	do.	Rejoined from Leave of absence		20.1.17	Pt II o/d 8
	A.G. Cans. London.	Granted leave to Canada from 2.3.17 (at own expense)		2.6.17.	Canadian address: 84 Roxborough St. Toronto. Personal file.
3.3.17.	No 1. Can. Am. Sub Park.	Transferred to C.D. Shorncliffe, with view to obtaining leave to Canada		23.2.17	C0172 (case) — Pt II ord 105 (CASC T2) Pt II o/d 16.
15-4-17	CASC TD	T.O.S of CASC TD from O/Seas		23-2-17	Pt II ord 105. C0172 (case)
23.6.17	CA.S.C.	Posted to C.A.S.C. Corps Depot		21.6.17	C.O. 376.
21/7/17	H.Q. C.E.F.	S.O.S. C.O.M.F. retained in Canada		26.14.	R.O. 2054 Pt II ord. 141. CASC

A.F.B. 103. 21 MAR. 1917

A.F.B. 103 Dpt 24 DEC. 1917

4028

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				

ORIGINAL

MEDICAL HISTORY SHEET.

Surname MORRISON. Christian Name William James.

Examined { on 20 day of January 1915
at Toronto.

Approved by W. Lawson

Rank Capt A.M.C. M.O.

Birthplace { City or Town Toronto
County Ont. Canada

Apparent age 34

Trade or occupation Mining Engineer.

Height 5 Feet 11 1/2 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 39 inches.

Physical development —

Small-Pox Marks —

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease —

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1913 Jan 28		No M.O.
		APR 1915 M.O.
		M.O.
		M.O.

ASST. DIRECTOR MEDICAL SERVICES 2nd DIVISION

Date	Result	Anti-Typhoid Inoculations, Etc.
1913 Jan 14		No M.O.
19		APR 6 1915 M.O.
Feb 2		M.O.

ASST. DIRECTOR MEDICAL SERVICES 2nd DIVISION

Enlisted on 1st day of January 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	EATON MACHINE GUN BATTERY	604		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
50M—9-14.
H. Q. 1772-39-439.

Surname Morrison Christian Name William Joseph

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

CERTIFIED CORRECT
24 DEC 17
CANADIAN RECORD OFFICE

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps C.A.S.C. Regimental Number

Rank Major Surname Morrison Christian Name William James

Religion Age on Enlistment years months.

Enlisted (a) Terms of Service (a) Service reckons from (a) 4/6/15

Date of promotion to present rank Date of appointment to lance rank

Extended Re-engaged Qualification (b)

or Corps Trade and Rate

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
5-7-17.	C.A.S.C. C.D.	T.O.S on posting from C.A.S.C.R.D	Shorncliffe	2-6-17	P.U. 118.
23-7-17.	"	S.O.S. on being returned to Canada	"	2-6-17	P.U. 136
					G.H. Mathers LIEUT. A.D.J.T. CORPS DEPOT, C.A.S.C.
		S.O.S. Surplus	M.L. 4/2	2-6-17	
		Rd. CEF. 3 Jun 17			
					W. Morrison Capt. for A.D.J.R.

(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) Saddler, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

POST DISCHARGE PAY OFFICE

22876/656

Three months pay and allowances after discharge.

13139-W-3

Name **Morrison, Wm. Jas.**
Surname Christian Name

Regimental Number

Rank **Major**

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

Unit **E.M.G.B.**

Original Unit

District where paid **Ottawa**

Date of Discharge 2. 6. 17.

P. D. P. Filing Number **8 M10.**

Rates:—Regimental pay $ **4.00** per diem: Field Allowance $**1.00** per diem. Separation Allowance $ **50.00** 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		
605 00	2707	15/8/17	200 00	2657	15/9/17	200 00	2611	19/10/17	205 00		605.00

M. F. W. 127.
50M—8 17.
1779 39-1140.

Remarks:

G.M.

Address for Both

Langstaff P.O. Ont.

Mrs W. E. Morrison

Same. Addl

Dec'n No 32876/686 W. S. G. File No 013139-W-23

Award 153 days at $ 5.00 per day $ 1015.00

S. A. ..... months at $ .. per mo. $ ..... $

Less P. D. P. Credited $ 605.00

$ 410.00

Less further debit balance $ .....

Net due paid as below 410.00

TO FOLLOW INDEPENDENT

O						Amount	
23 5/19	5019	462249	160.00	5019	462249	150.00	23 5/19
				2024	480551	50.00	17-6-19
					48647	50.00	24.6.19

GEN'L AUDITOR
Posting checked by
Gastolbrook
Date 8/19

Mr. Engl'd. eff 1/15. 30.00

Assignment as at
April 1st. 1916

Morrison Maj. W. J. Amm. Sp. C'ls. 30

Mrs Mary Morrison
100 Lippincott St. Toronto.

$ 30.

Payment Stopped
A. 3 M Form

Rtd in bank 1 May 1917

Date		PAY			Field Allowance				Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No.	Date						

Rank Name Reg'l No.

Unit If in perm. Corps, What Unit? Married or Single

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Major W. J. Morrison

Regimental No.

Unit 1st Ammi. Park.

Date of enlistment

Place of " AP $30 open closed 1/6/17
SA $50 open " 2/6/17

Married (yes or no)

Amount of pay assigned monthly $30 open } England
SA Nil }

To whom payable METAGAMA 5317 = 16.3.17.

Name and address of next-of-kin 35-7-12-11
84 ~~Scarboro~~ St
~~Toronto~~
4 Kingsbury Crescent
Toronto

Date and place discharged Leave 2.6.17

Reason for discharge Struck off C.E.F. 2-6-17

Character on discharge Pte Ep L.P.C. Clear 30-4-17

Form ob 5351—M. & D. 6880.

1 Copy to Paymaster
1 Copy to Officer

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1.5.17	2.6.17	33	4.00	132.00	33	1.00	33.00	22.50 x 49.50	237.00	78828 5/7		207.00	30.00		237.00	x 5.3. L-16.3.17. NIL 17.3.G 30.4.17. £45.2.50

Struck off strength
2-6-17

Rendered P.D.P.

Clear. 13.8.17
RMS.

M. F. W 41
1 0M—7.16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

L. L. Job 80137—M. & D. 5683.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

C & D

To Whom Mrs. H. J. Morrison

Address ~~100 Lippincott St.~~, Kingsley Mansions Toronto, Ont.
Suite 4. King and Jamison Ave,

Rate $30.00 JUN 1 1915

By Whom Assigned Morrison H. J.

Regtl. No.

Rank ~~Capt.~~ Major. 12/16.

Corps Caton Machine Gun Battery

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			a/c Stopped 1/8/17. Ret'd in Canada
Sept.				~~3m~~ 27/9/17 - Tab - 29/9/17.
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		Q2254	30.—	
July		P1260	30.—	
Aug.		Q2136	30.—	
Sept.		V973	30.—	
Oct.		Z2489	30.	
Nov.		M9434	30.—	
Dec.		Q10613	30.	
Jan.	1916	P11589	30.	
Feb.		Q15032	30.	
March		V15254	30.—	

COPIED FOR 5 CASUALTIES.

Stop Ledger

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. W. J. Morrison PAYMENTS. Major 12 9/16 Name of Soldier Morrison W. J.
Capt. Eaton Mach. Gun. Bty.

L. L. Job 89002.—Req. 6213.

£ 30.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	92374	30.	
May		100	30.	
June		33559	30 -	
July		10068	30	
Aug.		F 12109	30	
Sept.		19118	30	
Oct.		24187	30	
Nov.		28578	30.	
Dec.		30669	30	
Jan.	1917	39873	30	
Feb.		47770	30	
March		51118	30	30 W.
April		93739	30	30 R.
May		I 10369	30	30 T.C. J.C 28/4/17 H.W.
June				330
July				Stop from June 1/17 per Capt Conger
Aug.				per H.Q 357-12-16: 25/4/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

1-1-15

Lg. No 368

64 I 159

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Margaret Helen Morrison

Address ~~588 Clinton St.~~ 166 Lippincott St. Toronto Ont.
Kingsley Mansions Suite 4. Jamieson Ave.

Relation to Soldier wife, child or mother: Wife

Name of Soldier Morrison W. J.

Regtl. No.

Rank ~~Capt.~~ Promoted Major 27/2/15 / Pte 8/7/15

Corps Eaton Mach. Gun Bat.

To what Corps belonging when called out: ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.		£4702	80	
March		£5718	40	
Apl.		£6978	40	
May		£9126	40	
June		M979	40	
July		F13057	40	
Aug.		£3338	40	90
Sept.		£17492	50	50
Oct.		H16130	50	50
Nov.		£9964	50	50
Dec.		F24291	50	50
Jan.	1916	H23709	50	50
Feb.		H29839	50	50
March		O25686	50	50

COPIED F 3 CASUALTIES.

ACCOUNT CLOSED
PER W
DATE

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

1159

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Margaret H. Morrison (Wife) Name of Soldier. Morrison W. J.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
			720		
April	1916	H 3052	50	50	
May		11938	50	50	
June		Y 3491	50	50	
July		6.6583	50	50	
Aug.		J 13458	50	50.	
Sept.		L 17165	50	50	
Oct.		K.18784 ~~I 18884~~	~~50~~ 50	~~50~~ 50	J 18884 Cancelled. Rewrite 50.
Nov.		24431	50	50	
Dec.		K 24414	50	~~50~~	K 24414 cancelled Rewrite K 25843 50
Jan.	1917	Z 29707	50	50	
Feb.		Z 32625	50	~~50~~	
March		Z 35584	50	50	
April		Z 1945	50	50	Z 4830. cancelled.
May		~~Z 4830~~ 6026	~~50~~ 53	~~50~~ 53 R	RE-WRITE
June					A/c closed with Capt Cooper H.Q. 357-12-11. 2/6/17. 25/4/17.
July					Cheque 28/4/17.
Aug.					
Sept.					FINAL PAY ADJUSTED DATE 28-4-17
Oct.					
Nov.					
Dec.			1423 P.D.P. 30/7/1		
Jan.	1918				ACCOUNT CLOSED DATE..... PER W
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

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.				

NAME Morrison. H. J. Major

DATE OF APPOINTMENT 20/1/15

MARRIED (YES OR NO)

NEXT OF KIN:— NAME Mrs Mary Morrison

ADDRESS 100 Tippincott St. Toronto

DATE NON-EFFECTIVE AND CAUSE

UNIT ~~Eatons. H. G. B.~~ to Ammunition Park for a Cavalry Bgde.

ASSIGNED PAY:—

MONTHLY AMOUNT $30 ^{xx}

TO WHOM PAYABLE next of kin

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED ~~Nat~~ Prov. Bank of England 48 High St. Cheriton Kent.
~~Bank of Montreal~~

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A.	Paid in Cash	Deposited in Bank	Carried Forward	REMARKS
1/7/15	31/7/15	31.	4	124				124	1	31		31		62	186	30		156		156		
1/8	31/8	31		124				124		31		31		62	186	30		156		156		
1/9	30/9	30		120				120		30		30		60	180	30		Total Debits 30	150	35 SEP 1915 150		
1/10	31/10	31		124				124		31		31		62	186	30		30	156	156		
1/11	30/11	30		120				120		30		30		60	180	30				152		
1/12	31/12	31		124				124		31		31		62	186	30	48 67			107 33		unpaid ch. 3 Pr. Cyclist Corps Co No 1755. ~~Cr~~ Paid
1/1/16	31/1/16	31		124				124		31		31		62	186	30				136		
1/2	29/2	29		116				116		29		29		58	174	30				144		
1/3	31/3	31		124				124		31		31		62	186	30				156 133 138 44		

SUNDRY PAYMENTS

DATE 1915.	CHEQUE No.	PARTICULARS	AMOUNT $	AMOUNT c.	AMOUNT £	AMOUNT s.	AMOUNT d.	REMARKS
7 3	3807	Outfit allce	100		20	10	11	R.O. 3821. 29/11/15 To A/C Amm: Park Cav Bgde. 29/11/15

P—15.

ASSIGNED PAY.

Beneficiary Mrs Mary Morrison
Address 100 Lippincott Ste Toronto
Amount. $30.00
Separation Allowance issued. Yes or No.

UNIT.

NAME OF — DATE — AUTHORITY

Comm Park for Cavalry Bde

RANK.

Major — DATE 20/15 — AUTHORITY

NAME.

C

Name Morrison
Initials W.J.
Bank
Nat. Prov. Bank of Eng.
48 High St. Cheriton Kent.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Apl 24	A.P. Can.				30			
25	Pay Apl (R)		180			150		
	Bank	1088		150				
May 23	Pay May (R)		186					
	A.P. Can				30			
	Bank			156				
June 19	June Pay R		180					
21	a.p. can.				30			
27	Bank			150				
July 19	A.P. Can.				30			
	July Pay R.		186					
27	Bank	5550		156				
Aug 21	Aug Pay R.		186					
	a.p. can.				30			
26	Bank	7454		156				
Sept 20	Sept Pay R.		180					
	A.P. Can.				30			
25	Bank	9443		150				
Oct. 19	Oct Pay R.		186					
24	A.P. Can.				30			
26	Bank	10995		156				
Nov 20	Nov Pay R.		180					
	a.p. can.				30			
24	Bank			150				
Dec 11	a.p. can.				30			
	Dec Pay R.		186					
15	Bank			156				

contd on page 21

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECT

AND CAU

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TOT
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALLO

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS

FORM P.15
2227—1M—9/12/16

ASSIGNED PAY.

UNIT. NAME OF: Amm. Park for Can. Bgde. DATE: AUTHORITY:

RANK. Major DATE: AUTHORITY:

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name Morrison
Initials W. J.
Bank Nat. Prov. Bank of Eng. 48 High st. Cheriton Kent.

Contd fr. Page 1.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Jan 17	Bal. fwd.							
" 17	A. P. Can.				30			
" 22	Jan Pay R.		186					
" 24	Bank	19291		156			Leave 2 3/17 to 2 6/17	
Feb. 15	Feby. Pay R.		168				Sick leave to Canada	13/17
" 19	A. P. Can.				30		L.P.C to 30 4/17	
" 22	Bank	21902		138			March Pay paid direct	
March 1	Adv on a/c P & A. Paid Direct	~~Bank~~	220214	156				
" 1	Adv on a/c P & A	Bank	22039	150			Deposit no further Pay Carry forward until return from Canada.	
" 20	March Pay R.		186					
" 21	A. P. Can.				30	150	Transferred to New Ledger. HMS	

Hold

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF: 1st Amm Sub Park Can. DATE: AUTHORITY:

RANK. Major DATE: AUTHORITY:

NAME.

Beneficiary

Address

Amount. $30.00

Separation Allowance issued. Yes or No..... A.O.1 Retained in Canada

1917-18 3/17

Name Morrison
Initials W J
Bank Natl Prov of Eng
148 High st Ebertton
Kent

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 2.	Dr balance forward 31/3/17			150		150	Sick leave to Can. 1/3/17	
" 19	A.P. Can.				30		L.S.C. to 30/4/17	
" 23	April Pay R		180			Cr	Hold P & A until return	
May 16	A.P. Can				30		Leave 2/3/17 - 2/6/17	
" 22	May Pay R		186			156		
June 18	A.P. Can				30			
" 20	June Pay R		180			306		
July 19	A.P. Can.				30			
" 20	July Pay R		186			462	T/f to NE Ledger	
Aug 13	Overcredited P/a 15/7-31/7/17 V 1089.			552			From 5 to 12. 4/8/17	
" 14	Ass Pay charged not paid 1/8-31/7/17. V 100.		90					

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto DATE 18th. November 1918

1. (a) Unit Late 1st. C.A.S.F. (b) Regimental No. ---- (c) Rank Major

(d) Surname M O R R I S O N (e) Christian name William James

(f) Home address Toronto Gaol Farm, Toronto.

(g) Next of Kin Margaret Morrison (h) Relationship Wife

(i) Address of Next of Kin Toronto Gaol Farm, Toronto.

2. Age last birthday 39 Date of birth 28th. August 1879

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 1st. Jany. 1915

4. Personal description:

(a) Height 5 ft. 11½ ins. (b) Weight 176 lbs. (stripped) (c) Complexion Dark

(d) Colour of hair Bald (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on left wrist and one on bridge of nose, also one on right eyebrow

5. Former trade or occupation Mining Engineer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	292

Officer's syayement:-

	Periods From	Periods To
Canada	14th. August 1914	4th. June 1915
England 4th. June 1915 to 11/XII/15 and	23rd. Feby. 1917	19th. March 1917
France or other theatres of War	11th. Decr. 1915	23rd. Feby. 1917
Canada	19th. March 1917	2nd. June 1917

7. Original disease, or injury 1. Fracture - dislocation left wrist. 2. Deafness left ear 3. Chronic tonsillitis

(a) Date of origin 1. 1902. 2. ?. 3. 1905 (b) Place of origin 1. South Africa. 2. [illegible] 3. Mexico

(c) Cause 1. Fall from horse. 2. Concussion. 3. Infection.

B.P.C. FOLIO FALSE DOCKET

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

1.Partial loss of function of left hand.
2.Partial loss of function of left ear
3.Partial loss of function of tonsils
Necessitating choice of occupation.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1.Objective:- Some muscular atrophy of forearm.X-Ray prints attached. Report as follows:-

November 20th.1918

"Plates were made of the left elbow in the antero-posterior and lateral positions,and beyond the presence of several loose bodies about the joint,there is no evidence of abnormality. Plates were also made of the left hand and wrist. The scaphoid bone is absent,and the lower end of the radius is considerably roughened and eroded,and on the dorsal surface there several small osteoarthritic loose particles which are probably of slight significance. There is apparently no ankylosis at the wrist,and no actual destruction of bone."

(sgd)C.E.Richards Capt.

Subjective:-Left wrist weaker than normal and pain and dorsal swelling at times.

2&3 Objective:- Specialists report as follows:- November 19th.1918

"DIAGNOSIS:- Chronic otitis adhesive right and left. Chronic tonsillitis.
"HISTORY:- Left ear deaf,no discharge,no noises.Duration since childhood, aggravated by colds and shell shock,not much change. Frequent attacks of tonsillitis and quinsy. NASAL SEPTUM:-To right.INF.TURBS:-Rhinitis.NAS.PHARYNX:-No adenoids.TONSILS:- R.cryptic. L.cryptic. EXT.AUD.CANAL:- R.dry;L.dry.MEMB. TYMP:-R.Scarred;L.Old perforation.HEARING:-R.10 ft.;L.1 ft. TREATMENT AND PROGNOSIS:-Condition antidates service;aggravation two fifths;treatment not likely to alter hearing to any extent.

2.Subjective:- Deafness sometimes complete left ear.

3.Subjective:- Frequent attacks of sore throat.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System....No....Cardio-Vascular System....No....Genito-Urinary System....No....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses....No....Respiratory System....No....Integumentary System....No....

Disturbances of Mentality....No....Digestive System....No....Muscular System....No....

Osseous and Joint Systems....No....Any other general condition....occasionally troubled with slight external haemorrhoids,no bleeding

10. (a) History (of the condition referred to in Section 9 (a).)

1.In 1902 just before close of South African War,when in C.M.R.,had a horse shot under him and was thrown,injuring left wrist. Had no treatment at time,other than having it bound up,until on the boat when homeward bound. Since then no treatment.
2.Condition of left ear dates from childhood,result of diving when there was collapse of both tympanic membranes. Treated at the time with good result,followed by no appreciable deafness until the present war when the condition was aggravated by shell explosion.
3.When in Mexico had tonsillitis in 1905 with inflamatory rheumatism;five or six attacks of tonsillitis since.

—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil

(*c*) (Here give a description of wounds, scars and deformities.

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes as to all

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

All aggravated two fifths

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. & 2. Partially permanent. 3. One month if operated on otherwise permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

Yes, as to wrist by Hart House treatment and as to tonsils by tonsillectomy.

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations 1. Admission to hospital for tonsillectomy.

b. Treatment at Hart House under I.S.C.

Geo Ackerman Col

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of .....

B. P. C. RECEIVED
FALSE DOCKET

W. J. Morrison Rank

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.) No
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) No
(*c*) Home service (Canada only),	(" C)	(Yes or No.) No
(*d*) Temporarily unfit.	(" D)	(Yes or No.) Yes
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.) No

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Tonsillectomy and Hart House treatment under I.S.C.

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

given necessary treatment under I.S.C.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Geo. Ackroyd, Col. *President.*
C A Temple Capt
Members

PLACE Toronto

DATE 26th. November 1918

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.
Members

PLACE.....

DATE.....

APPROVED BY
W Ann Brush Capt
Assistant Director of Medical Services.
DATE 27/11/18

APPROVED BY
Director-General of Medical Services.
DATE.....

—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

CT

Casualty Form—Active Service.

OFFICE

Regiment or Corps Amm. Park 1st Can. Cav. Bde.

Regimental No. _____ Rank Major. Name MORRISON, William James

Enlisted (a) ~~20/1/15.~~ Terms of Service (a) _____ Service reckons from (a) 4/6/1915

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) _____

Maj. 1 Can. Cav. Bde. Sa. 20/4/14

Maj. 30 Apr 15

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
29/11/15.	GOC. CTD.	to be o/c Amm.Pk. Cav. Bde.		29/11/15.	R.O. 3821.
					J. F. Burnham
					FOR LT.-GOL. I/c RECORDS; C.[illegible]
		EMBARKED FOR FRANCE.		27/1/16	A/10563
		Disembarked at Rouen		28/1/16	Landing Return 45/56
8.7.16	Unit	Transfd. to 1st Can. Amm. Sub Pk. vice Major Goldie transfered to. C.E.		3/7/16	B213. Duty. Moves appointments etc of officers of a.Sb. List No. 221/H dy. 30.6.16 Pt. 2 ord. 32 21/7/16.
"	"	Taken on strength No.1 Can Sub Pk.		3.7.16	Pt. 2 ord. 29 dy 21.7.16
2.1.17	1 Can SP	Granted 10 days leave		8.1.17	B213a Pt. 2 ord. 5 22.1.17
27.1.17		Rejoined from Leave		28/1/17	" 8 2.2.17

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

[P.T.O.

Major. MORRISON. William James

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 A. Army Form A. 36, or official documents.
Date	From whom received				
23.2.17.	S.M.J.O. Can. Corps	Transferred to C.D. Shorncliffe with a view to obtaining leave to Canada		23.2.17	Auth. D.A.G. G.H.Q. 3rd Echelon Letter dy. 16.2.17. File M.D. 9 H 17 Pt. II order. No 16 dy. 23.2.17.
	P.C. C.M.S. LONDON	Granted leave to Canada from 2.3.17 to	Canadian Section, G.H.Q. 3rd Echelon, B.E.F.	2.6.17.	J.B. Griffiths Lieut. for Lt.-Col., A.A.G. Personal file MAJOR FOR O. i/c RECORDS, C.E.F.
15/4/17	O.C., C.A.S.C.T.D.	Taken on strength of C.A.S.C.T.D. from Overseas.	Shorncliffe	23/2/17.	Part II 105.
14/5/17	O/C C.A.S.C. R.D.	S.O.S on posting to the C.A.S.C. R.D.	Shorncliffe	14/5/17	P.H.Q. Orders 134a
15/5/17	O/C C.A.S.C. R.D.	S.O.S from C.A.S.C. R.D.	Shorncliffe	14/5/17	P.H.Q. Orders I
JUN 29 1917	O/C. C.A.S.C. R.D.	S.O.S from C.A.S.C. R.D. on posting to C.A.S.C. Corps Depot.	SHORNCLIFFE. JUN 21 1917		PART II. ORDER No. 46. for O.C., C.A.S.C.D.