

REGIMENTAL DOCUMENTS

NAME

*85/19*  
*10-9-19*  
*Cameron, Charles*

REGT. NO.

*325635*

UNIT

*65th C.R.A.*

M. F. W. 2505  
REFERENCE

*02040*

NON-EFFECTIVE BY

**DEATH**

Category

**DISCHARGE**

Category

*Demob*

**DESERTION**

*2*

*20-16*  
*20-16*  
*1 16*

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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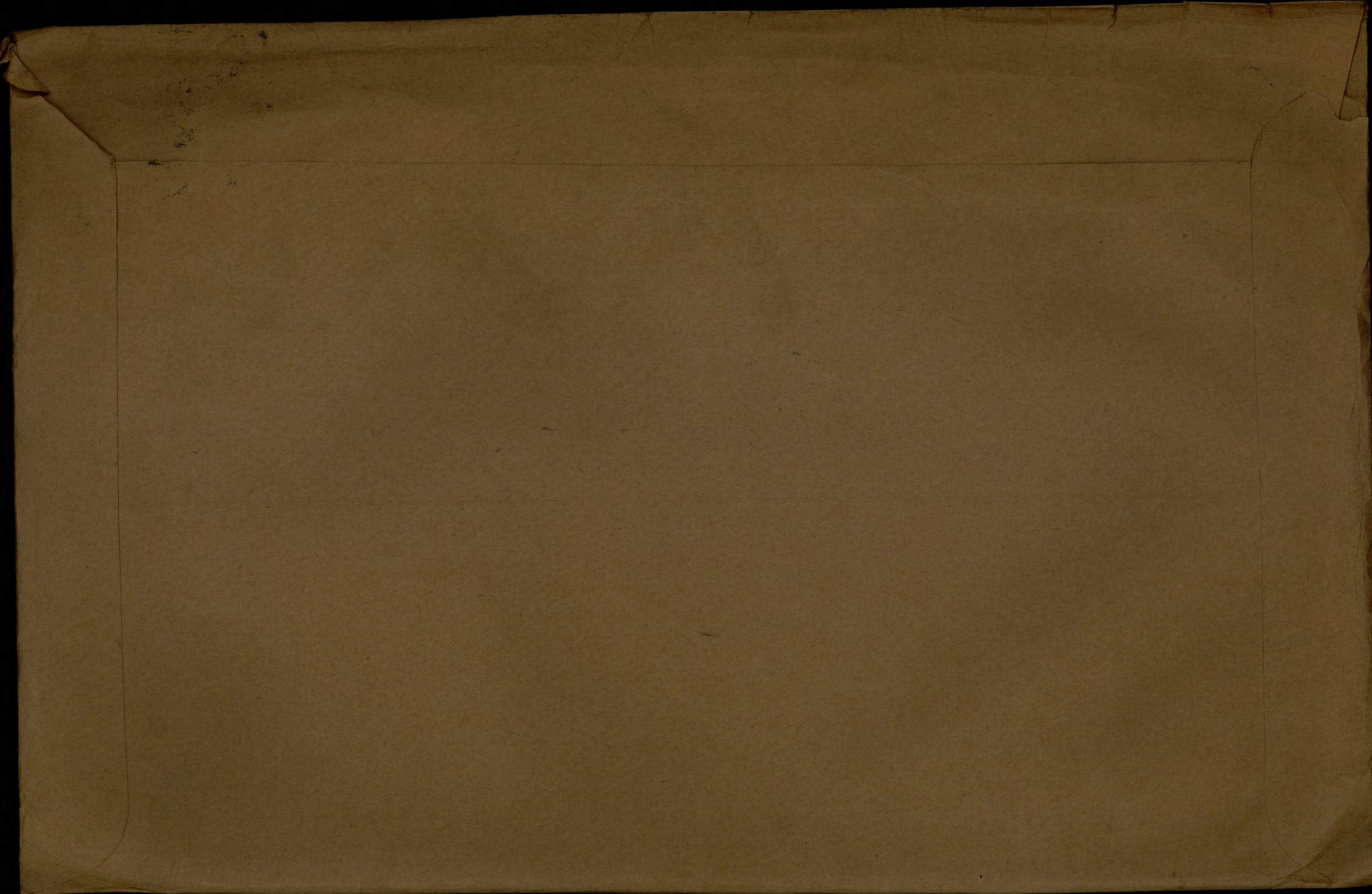
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*1346* *DMB-1346-*

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ATTESTATION PAPER.

No. 3,256,655  
Folio.

Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your surname?..... Cameron
- 1a. What are your Christian names?..... Charles
- 1b. What is your present address?..... 62 Forester St., Salem, Mass. U.S.A
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bouctouche, West. Co., N.B.
- 3. What is the name of your next-of-kin?..... Charles Cameron,
- 4. What is the address of your next-of-kin?..... Bouctouche, West Co., N.B.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Jan. 1st 1896
- 6. What is your Trade or Calling?..... Laborer 22-
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... *work* No
- 10. Have you ever served in any <sup>Naval or</sup> 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
- 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? Nil
- 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? Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Cameron, 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.

*Charles Cameron* (Signature of Recruit)

Date March 8th 1918 *DR Willet* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Cameron, 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.

*Charles Cameron* (Signature of Recruit)

Date March 8 1918 *DR Willet* (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 St. John, N.B. this 8th day of March 1918.  
*John H. [Signature]* (Signature of Justice)

M. F. W. 23.  
750 M.-1-17.  
II. 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 CHARLES CAMERON on Enlistment.

Apparent Age <sup>22</sup> ~~3~~ years 5 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... 5 ft. 3 3/4 ins.

Chest measurement { Girth when fully expanded..... 34 3/4 ins.  
 Range of expansion..... 2 1/2 ins.

Complexion ..... Medium

Eyes ..... Blue

Hair ..... Brown

NIL

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic..... Yes  
 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..... 12/4 1918

Place..... 1st Depot Batt [Signature] 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.

Charles Cameron 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] Lt. Col. (Signature of Officer)  
 O. C. 1st Depot Battalion  
 New Brunswick Regiment.  
 Date..... 12/4 1918

DISTRICT RECORD OFFICER,  
MILITARY DISTRICT #6  
HALIFAX, N. S.

ELIGIBLE FOR CLASS "C" BADGE NOT AVAILABLE AT TIME OF ISSUE.

HALIFAX, N.S. AUG 23 1919

*M. J. Hunt*  
CAPTAIN  
OFFICER I/C WAR SERVICE BADGES.

Name (in full) *Charles Cameron* enlisted in

the *65th Battery C.S.A.*

CANADIAN EXPEDITIONARY FORCE at *St John's B.C.* on the *5th*

day of *March* 1918

HE served in *C.P.R. in United Kingdom.*

*Canada* Demobilization.

and is now discharged from the service by reason of *Medical Unfitness.*

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

Age *23 yrs*

Marks or Scars.....

Height *5ft 4 ins.*

Complexion *medium.*

Eyes *Blue*

Hair *Brown*

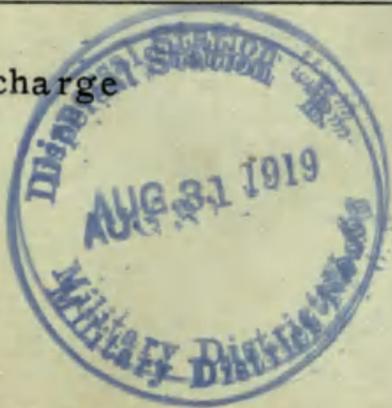
*C Cameron*

Signature of Soldier.

*nil.*

*M. J. Hunt*  
O.C. Dispersal Station "B" Major  
Issuing Officer.

Date of Discharge



Rank

HALIFAX, N.S. AUG 23 1919

Date..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

ADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

CERTIFY that No. 3256536 (Rank) Gnr

Name (in full) Charles Cameron enlisted in  
the 65th Battery C.A.M.A.

CANADIAN EXPEDITIONARY FORCE at St John's B. on the 5th  
day of March 1918

HE served in C.A.M.A. in United Kingdom

Canada Demobilization.  
and is now discharged from the service by reason of Medical Unfitness

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

Age 23 yrs

Height 5ft 4 ins.

Complexion Medium

Eyes Blue

Hair Brown

C Cameron  
Signature of Soldier.

Marks or Scars.....

nil

[Signature]  
O. C. Dispersal Station "B" Major  
Issuing Officer.

Date of Discharge



Rank

HALIFAX, N.S. AUG 23 1919

Date..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

*Handwritten text, possibly a name or address, written in cursive. The text is difficult to decipher due to the cursive style and fading.*

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when authorized in writing, or when discharged.
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

DISBURSEMENT SECTION  
ARMY EXERCISES

Rank \_\_\_\_\_ Name **CAMERON, Charles** Reg'l No. **3256 635**  
 Unit **1486 DFT REG BTY** If in perm. Corps, }  
 What Unit? } Married or Single **Married**  
 Place and Date of Enlistment **St. John, N.B. March 8<sup>th</sup>/18** Place of Birth **Bouctouche, West Co. N.B.**  
 Name and Address, Next-of-Kin **Charles Cameron**  
**Bouctouche, West Co., N.B.** Relationship **Father**

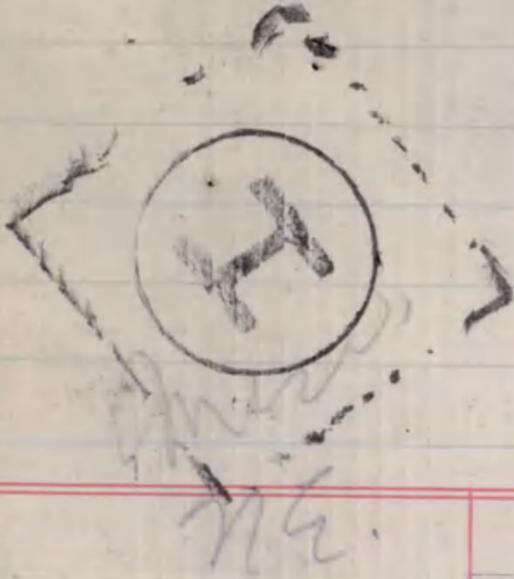
Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_

N/E. R. No. **3061**  
 File R.L. \_\_\_\_\_  
 Category **Deserter**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_



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>Arrived in England.</i>		<b>259 18 Themistocles</b>
<i>18-10-18</i>	<i>Res Bde</i>	<i>Taken on strength from Canada</i>	<i>Witley</i>	<i>259-18</i>	<i>R-0291</i>
<i>2-2-19</i>	<i>M/O No 7</i>	<i>Access attached on posting H.Q. Det. Co.</i>	<i>Rhye</i>	<i>2-2-19</i>	<i>-33.</i>
<i>17-3-19</i>	<i>Res Bde</i>	<i>S.O.S. to C.A.H. but remains on Com Rhye</i>	<i>Witley</i>	<i>17-3-19</i>	<i>-76</i>
<i>25-3-19</i>	<i>5 Wing</i>	<i>TOS of Perm Cadre</i>	<i>Rhye</i>	<i>2-2-19</i>	<i>2014</i>
<i>25-3-19</i>	<i>5 Wing</i>	<i>Declared by Court of Inquiry to have been illegally absent since the 2-2-19 &amp; to have absconded in his kit &amp; equipment to the amount of £1-3-0 is struck off the strength with effect from 25-2-19 forfeits 21 days pay &amp; allowances &amp; is placed under stoppages of £1-3-0</i>	<i>"</i>	<i>23-2-19</i>	<i>2014</i>



3256635

Cameron G.

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.				
15.7.19	5. Wing	T. Q.S. on transient strength on trans from M.D. 7 S.O.S. off T.S. to Capt. D.M. proceeding on 6 day leave.	Rhyel	15.7.19	DO 101
				15.7.19	DO 101
					A.O. 38 of 27.11.19 CARD
					702 - 16.8.19
27.11.19	CARD.	S.O.S. to Canada	Pte London	16.8.19	A.O. 38
27.11.19.	CARD.	T.O.S. from #5. M.D.C. Wing.		15.7.19.	A.O. 38. d. / 27.11.19.

# MEDICAL HISTORY SHEET

B5111  
Original

Surname Cameron Christian Name Charles

Examined on 8th day of March 1918  
 at Boston Mass U S A  
Moncton N B  
 Birthplace { City or Town  
Canada  
 County

Approved by  
  
 Rank Pres. M.B. M.O.

Apparent age 32  
 Trade or occupation Laborer  
 Height 5 feet 3 3/4 Inches  
 Weight 124 lbs.  
 Chest measurement { Minimum 32 1/2 inches  
 Maximum expansion 34 3/4 inches  
 Physical development Good  
 Small-pox Marks  
 Vaccination Marks { Arm Right Left  
 Number None

Date	Fit or Unfit	
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last  
 (a) Marks indicating congenial peculiarities or previous disease nil

Date	Result	VACCINATIONS
<u>15/3/18</u>	<u>None</u>	<u>Cornwall capt</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/3/18</u>	<u>None</u>	<u>Cornwall capt</u> M.O.
<u>6-4-18</u>	<u>None</u>	<u>W.D. Rankin</u> M.O.
<u>13-4-18</u>	<u>None</u>	M.O.
<u>20-4-18</u>	<u>None</u>	M.O.

Enlisted on 8 day of March 1918 at Boston, Mass

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn N.B. Regt.</u>	<u>3,256,335</u>		<u>8/3/18</u>
Transferred to	<u>65th Battery C.F.A.</u>			<u>19/3/18</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Petawawa</u> <u>Revised P/C, 21-1-19</u>	<u>28-8-18</u>	<u>Nil</u>	<u>A2</u> <u>Ames &amp; Knapp capt</u> <u>A. Kennedy Lieut. Col.</u> <u>A. Ordeley</u>

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.



### Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Genl* Name *Cameron* Surname *C*  
Unit or Corps *1st CR. A* (If a soldier) Regtl. No. *3256635*  
Born at *Moncton N.B.* on, date *May 1877*  
Signature (for identification) *L. Cameron*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *135* lbs.  
Height *5-6* ins.

*No*

2. NUTRITION AND DIATHESIS ?

*No*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

*No*

4. RESPIRATORY SYSTEM.

*No*

5. HEART ?

Abnormal Sounds? *No*

Abnormal Size? *No*

Pulse Rate? *80*

Intermittence or irregularity? *No*

6. ARTERIES.—Any hardening?

*No*

7. DIGESTIVE SYSTEM ?

*No*

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? *1.020* Reaction? *Acid* Albumen? *0* Sugar? *0*

9. SKIN, MIDDLE EAR, EYE or any other part ?

*No*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

*No (VDS 1918 MHS)*

11. Opinion as to the health and physical condition of the one examined?

*Fit. A.*

Examined at *Moncton N.B.* Signed *W. H. G. G. G. G. G.* M.O.  
Date *21-1-19* Signed *W. J. P. P. P. P. P.* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

An Officer in the General Service or a Soldier in the Army

This certificate is to be filled out by the Medical Officer of the Army or the Medical Officer of the Navy

Name of the Soldier or Officer: \_\_\_\_\_

Rank: \_\_\_\_\_

Regiment: \_\_\_\_\_

1. PHYSICAL CONDITION, including a statement of the following:

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Age: \_\_\_\_\_

2. NUTRITIONAL STATUS

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

6. ABDOMINAL ORGANS

7. URINARY SYSTEM

8. VISCERAL SYSTEM

9. BONES AND JOINTS

10. SKIN AND APPENDAGES

11. SPECIAL SENSES

12. SPECIAL TESTS

13. CONCLUSIONS

14. RECOMMENDATIONS

15. SIGNATURE OF MEDICAL OFFICER

16. SIGNATURE OF PATIENT

17. DATE

18. PLACE

Signature of Medical Officer: \_\_\_\_\_  
Signature of Patient: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

# CASE HISTORY SHEET.

#3.A.M.C. Field Hospital. Barriefield Camp, Station.  
No. 3256635. Rank. Dvr. Name. Cameron, C. Age. 26  
Unit. 65th. Battr. Completed years of service <sup>Where</sup> and <sup>how</sup> long } Woodstock, N.B. April, /18.  
Date of admission. 29th. June. /18. Date of discharge. 27th. Aug. /18.  
Diagnosis. Gonorrhoea. acute. Place of origin. Woodstock, N.B. March 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Patient was admitted to this Hospital from Petewawa Camp Hospital where he had received ten days treatment. Patient had a slight pus discharge on admission. Slight burning on urination. No pain. No complications. Discharge ceased on the 12th. August. Smears show no pus nor Gonococci.

FAMILY HISTORY. Not applicable.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Argerol 15%. Injections.

(Especially any specific or special form.) Em. Gaultheria internally.

Spec. Light injection. ( 5 Gr. Zinc Sul. to oz).

Gonorrhoea tablets (No. 101).

Prostate Massage. (1).

CONDITION ON DISCHARGE. Patient discharged to duty cured according to Bacteriological tests. Smears taken Aug. 15th. & 23rd. Aug. /18. both negative.

Date. 27th. Aug. /18.

*W. H. Home*  
Medical Officer i/c case.

M. F. B. 313a.

50M.-3 18,  
1772-39-439.

Lieut. A.M.C.

*36666*



The page contains several lines of extremely faint, illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and is too light to be transcribed accurately.

#3.A.M.C. Field Hospital,  
Barriefield Camp, Ont.

VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

Reg. N . 3256635. Rank Dvr. Name Cameron. C. Unit 65th. Battery.

Diagnosis Gonorrhoea Acute. Admitted 29th. June. /18. Discharged 27th. Aug. /18.

Medical Officer i/c Case  
Lieut. A.M.C.

*J. W. Home*

H I S T O R Y .

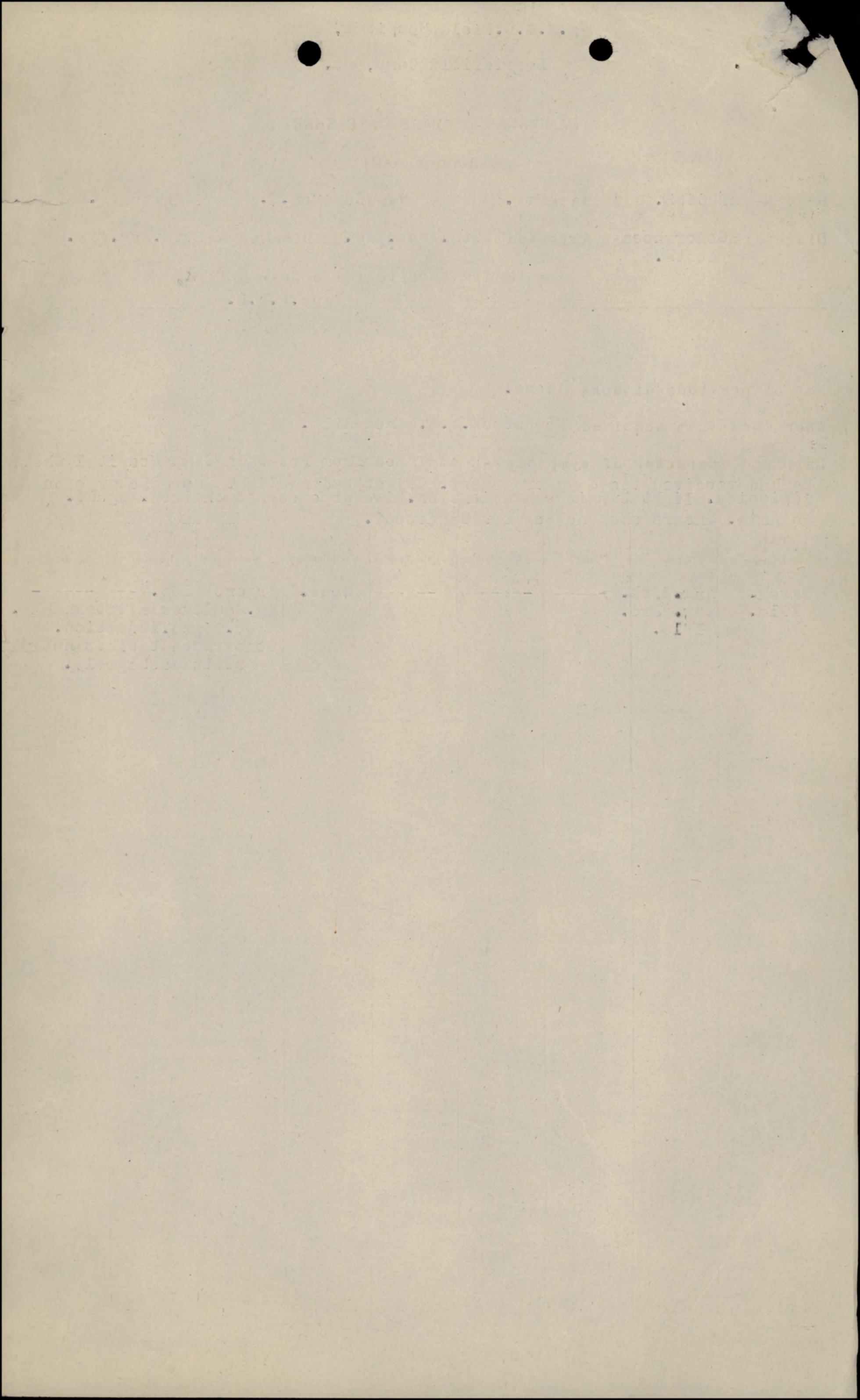
No. of previous attacks None.

Where and when acquired Woodstock. N.B. March 1918.

Date and character of symptoms Was admitted from Petewawa Camp Hospital where he had received ten days treatment. Patient had a slight pus discharge on admission. Slight burning on urination. Discharge ceased on 12th. August.  
No pain. Smears show no pus nor Gonococci.

DATE -Day of disease-	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
March. 1918.	Aug. 15th. Aug. 23rd. 1918.	-----	-----	-----	None.	Argerol 15%. Em. Gaultheria internally. Spec. Light. injection. Gonorrhoea tablets No(1010) Prostate Massage(1).	--	-----





CASE HISTORY SHEET.

Pitawawa Camp Hospital. Pitawawa Station.  
No. 3256635 Rank Driver Name Cameron C. Age 32  
Unit 65th Battery Completed years of service Where and how long }  
Date of admission June 17/18. Date of discharge June 29/18.  
Diagnosis Gonorrhoea Place of origin Woodstock N. B.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Two weeks ago patient received a urethral discharge but no burning pain on micturition. The discharge has not ceased and upon microscopic examination proved to be a gonorrhoeal infection.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form.)

Had twelve days treatment in Camp Hospital

CONDITION ON DISCHARGE

(and disposal made of case.)

Recommend treatment at Venereal Hospital

Date June 28/18.

W. W. Bulte  
Medical Officer i/c case.  
Capt  
36665



## DEPARTMENT OF MILITIA AND DEFENCE.

## WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names.....**CHARLES**..... 2. Surname.....**CAMERON**.....
3. Rank.....**Gunner**..... 4. Original Unit.....**65th Battery** 5. Reg. No.....**3256535**.....
6. Address, in full, to which future payments of gratuity are to be forwarded.....  
**G.P.O. Bucouche. Westmoreland County.**  
**New Brunswick.**
7. Date of enlistment in the C.E.F.....**8th March 1918**.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....**Mrs C. Cameron.**.....
9. Relationship of such dependent.....**Wife.**.....
10. Address, in full, of such dependent.....**Mrs Charles Cameron**  
**Bucouche Bay. West Co. N.B.**
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....**No.**.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
.....  
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....  
.....  
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....  
**15th Months. 65th Battery. C.R.A. Reserve.**
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department.....**No.**.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?.....**No.**.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No.

~~20. Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? No.

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge.

AUG 31 1919

DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *E. Cameron*

Questions 12. 13. 14. 20. 24. 25. 26. & 27 are unanswered.

Place of Residence: **Buctouche, West Co. N.B.**

Declared before me at: **Kimmel Park, Rhyl, North Wales.**

This **27th** day of **June** 19**19**.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*at Rhyl*  
*12.3.19*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			122 days	\$ 280.00
			4 months	120
				400.00

Certified Correct.

District Paymaster  
*Ken wsl*  
20  
330.00  
*caud*

65th Depot Battery C.F.A. N. B. REGIMENT  
FORM OF WILL

Original.

I, Charles Cameron (Name in full)  
Regimental Number 3,256,535 serving in 65th Depot Battery C.F.A.  
1st Depot Bn N.B. Rgt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

*(A large diagonal line is drawn through this section)*

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

absolutely, and my personal estate I bequeath to

Mrs Chas. Cameron (wife)  
62 Forester St  
Salem Mass U.S.A.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 8<sup>th</sup> day of March A.D. 1918

Charles X Cameron Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness G. A. Morat Capt

Address of Witness Campbellton N.B.

THE TWO WITNESSES

Occupation of Witness Servant

MUST SIGN HERE

Signature of Second Witness W. P. Carson Inv

Address of Witness Moncton N.B.

Occupation of Witness Inv - 65th Bty

*Rel. undelivered  
Nov 1919*

State of California

I, the undersigned, of legal age and sound mind, do hereby certify that I am the author of the foregoing instrument, and that I have signed the same in the presence of the witnesses named herein, and that they have signed the same in my presence, and that I have acknowledged the same to the County Clerk of the County of Los Angeles, California, on this 1st day of January, 1900.

Witness my hand and seal of office at Los Angeles, California, this 1st day of January, 1900.

Notary Public in and for the State of California

My commission expires on the 1st day of January, 1901.

Notary Public in and for the State of California

My commission expires on the 1st day of January, 1901.

Notary Public in and for the State of California

My commission expires on the 1st day of January, 1901.

Notary Public in and for the State of California

# 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. 3256635 Rank Pte. Surname Cameron.  
(Give name in full)  
Charles.  
 Unit or Corps 65th Dep Bt CFA Birthplace Moncton N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 124 lbs. Height 5 ft. 3 3/4 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 65  
 Condition of arteries Good  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

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

Nil

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..... Genito Urinary System..... Cardio-Vascular System.....  
 Special Senses..... No Integumentary System..... No Respiratory System..... No  
 Disturbance of mentality..... Muscular System..... Digestive System.....  
 Osseous and Joint System..... Any other general condition.....

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.



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kinnel Park (Overseas)

Date 28/6/19 Signed W.G. Montgomery 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 Mark Charles Cameron

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

Hope D. S.  
Witness

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 Medical Board.)

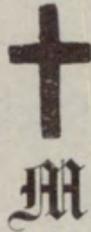
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

"The Fruit of the Spirit is Charity."

*Put with  
Cameron's  
papers*

St. Bernard's Church



Moncton, N. B. March 30/18

On the 21st. day of May 1912, at St. Bernard's Church,  
Moncton, N.B., Charles Cameron and Rosanna Goguen  
both of Moncton, were married in presence of  
Albanie Gowary and Mary Martin, by me,

(S'gd) W. M. Duke, Pst

.....

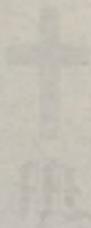
The above is a true copy of the Marriage Records of

St. Bernard's Church, Moncton, N.B.

*E. Savage P.P.*

Dated at Moncton N B March 30/ 1918

St. Mary's Church



St. Mary's Church

St. Mary's Church

St. Mary's Church

St. Mary's Church

St. Mary's Church

St. Mary's Church

.....

St. Mary's Church

St. Mary's Church

Handwritten scribbles or initials.

St. Mary's Church

Handwritten text at the top of the page, possibly a header or address, including the name "G. W. ...".

Handwritten text in the upper middle section, possibly a date or a specific reference.

Large handwritten text in the middle section, possibly a main body of text or a signature.

Handwritten text in the lower middle section, possibly a list or a series of entries.

Handwritten text in the lower section, possibly a date or a short note.



Vertical handwritten text or a list of items on the right side of the page.

Handwritten text at the bottom left corner, possibly a signature or a date.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAMERON, C. M.D. 7.  
REGIMENT C.R.A. RANK Cpl No. 3256635

Date of Examination in England 16/1/19. Date of Examination in France \_\_\_\_\_

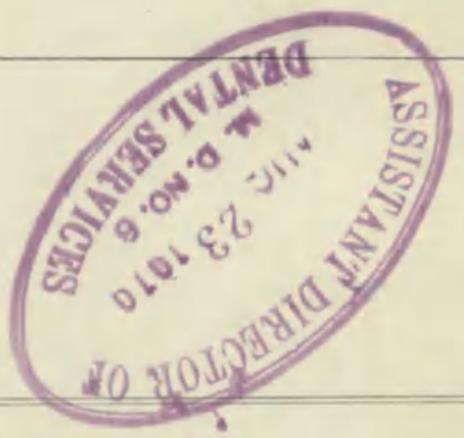


### DIRECTIONS TO DENTAL OFFICERS

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 4 5. 30.
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_



HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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

- (a) In Canada Yes
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer H. G. Goodshaw  
Capt

**65th Depot Battery C.F.A.**  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)  
 500M.—9-16  
 H. Q. 1772-39-920.

**Casualty Form—Active Service.**

Unit, Regiment or Corps. 1st Depot Battalion, N.B. Regiment,  
 Regimental No. 3,256,335 Rank Pte. Name CAMERON, Charles  
 Enlisted (a) 8/3/18 Terms of Service (a) duration of war Service reckons from (a) 8/3/18  
 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) Laborer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
<u>Transferred to 65th Depot Battery 67A. 19-3-18</u>					
18-10-18	ResBde CFA	T.O.S. from Canada. On Comm. Segn Camp, Rhyl	Witley	25-9-18	3.O. St. 11 291
<del>2/10/19</del>	<del>TOS</del>	<del>MDS</del>	<del>KPE.</del>	<del>101</del>	<del>1009 a/</del>
<del>7/11/19</del>	<del>MDS</del>	<del>Witley, on leave</del>	<del>Witley</del>	<del>101</del>	<del>1009 a/</del>
JUL 15 1919	OC MDS	S.O.S. MDS to CARD, Witley, on leave	Kinnel Pk	JUL 15 1919	P+II DO #101 a/ JUL 15 1919
					<i>Mayes</i> OFFICER I/C WING DISCHARGE OFFICE. MDS

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8. O. S. ON PROCEEDING TO CANADA.			<i>Riskin</i>	LIEUT	
<i>O. O. S. No. 129</i>			FOR OFFICER COMMANDING "M" WING, C.C.C.		
<i>Embark S.S. BELGIC</i>					
<i>Liverpool 13.8.19</i>					
<i>Stewart</i>					
<i>2.9.19 O/S</i>		T. O. S. No. 6 D. D. from.....	<i>16-8-19</i>	and posted.....	<i>Drop Sta B. 23-8-19. Do not</i>
<i>2-9-19</i>	<i>S.O.S. on Discharge</i>			<i>31-8-19.</i>	<i>245</i>
			<i>W. Ferguson</i>		
			Lieut		
			Officer in Charge Records No. 6 U. D.		

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9'0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *148th Lt. 65th Bty.*

Regimental No. *3256535* Rank *Pte.* Name *Cameron, Charles*  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
<i>27.11.19.</i>	<i>CARD.</i>	<i>T.O.S. from #5 M.D.C. Wing.</i>		<i>15.7.19 a.d. 38. d. / 27.11.19.</i>	
<i>27.11.19.</i>	<i>CARD.</i>	<i>S.D.S. to Canada.</i>		<i>16.8.19 a.d. 38. d. / 27.11.19.</i>	<i>ob. Augman</i> <i>For D. of R.</i>

(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.]





CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
3256635	Cameron B	Dr	148 C.A.C.
Date of Examination		30-11-18	
Present Dental Condition		Fit requires filling	
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?			
Has he ever declined Dental Treatment?		Refused	
Recommendation		Fillings at Public Expense	

Date 30/11/18

Station Kinross Park Camp N Wales

Signature of Examining Officer [Signature] ...Capt. C.A.D.C.

\* Name should be entered in block letters.

1870

1870

1870

1870

1870

1870

1870

1870

1870

1870

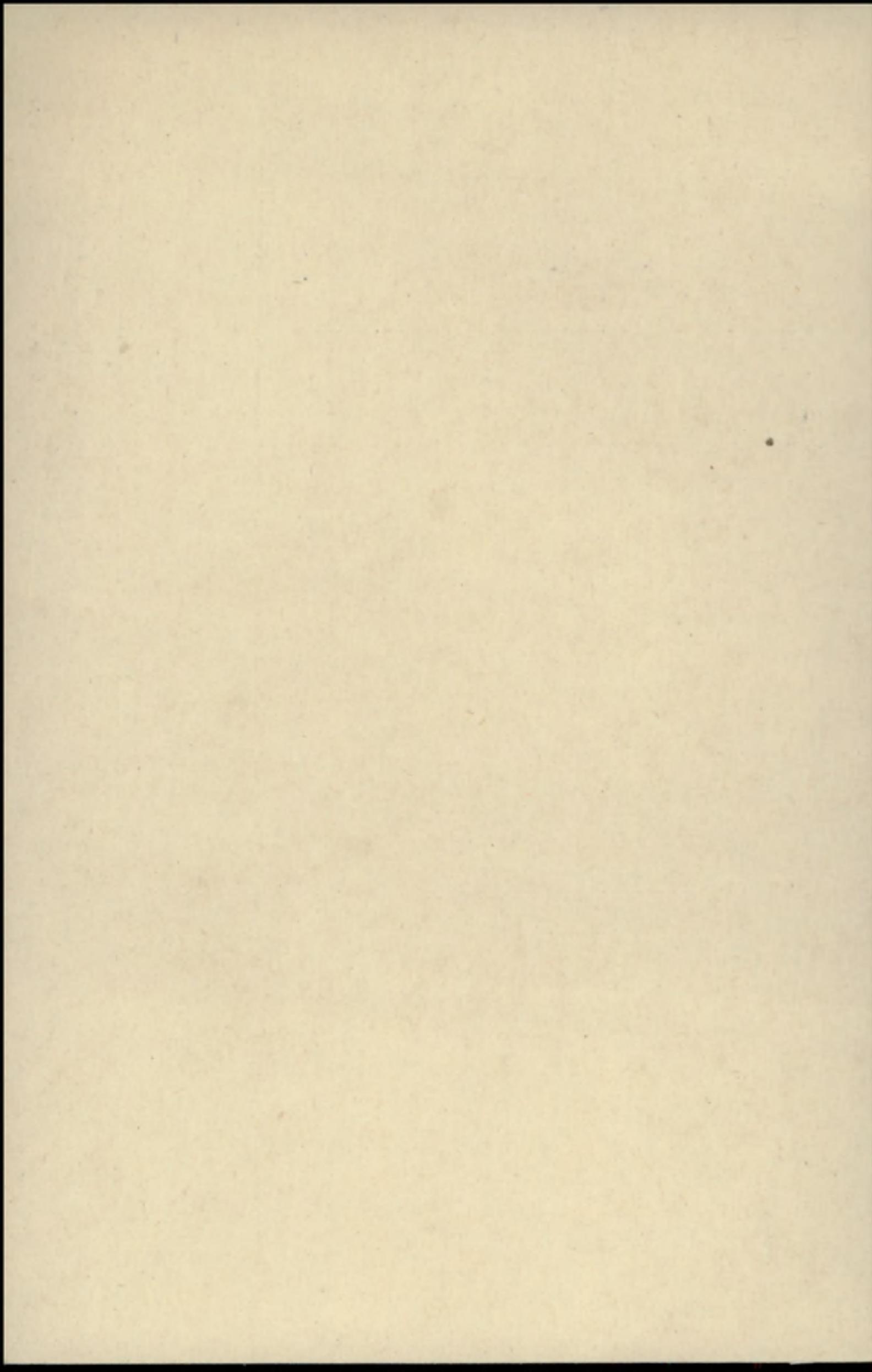
No. 325-6538 RANK *Pte*

NAME *Lameron L*

T. O. S. 20-3-18 ~~113~~ UNIT *65th Battery*  
*pl 23-4-18*

M. D. *7*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918</i> <i>Mar 20</i>	<i>1918</i> <i>Apr 30</i>	<i>n</i>		
	<i>May</i>	<i>n</i>		
	<i>June</i>	<i>n</i>		



649.0-33481

~~Number~~

~~Rank~~

Number

3256635

Rank

Drum

Surname

CAMERON

Christian name

Charles

Units

C7A

Theatre of War

~~France~~ England

Date of Service

25-9-18

Remarks

Latest Address

G.P.O. Bucloche

West B, R.B

Roll no.

at Page 4673

200m.-6-21

(This form to be filled in by all ranks on voyage to Canada.)

.....  
RANK SURNAME INITIALS UNIT  
.....

al address.....  
(Street) (City or Town) (Province)

one person to be notified of arrival.....

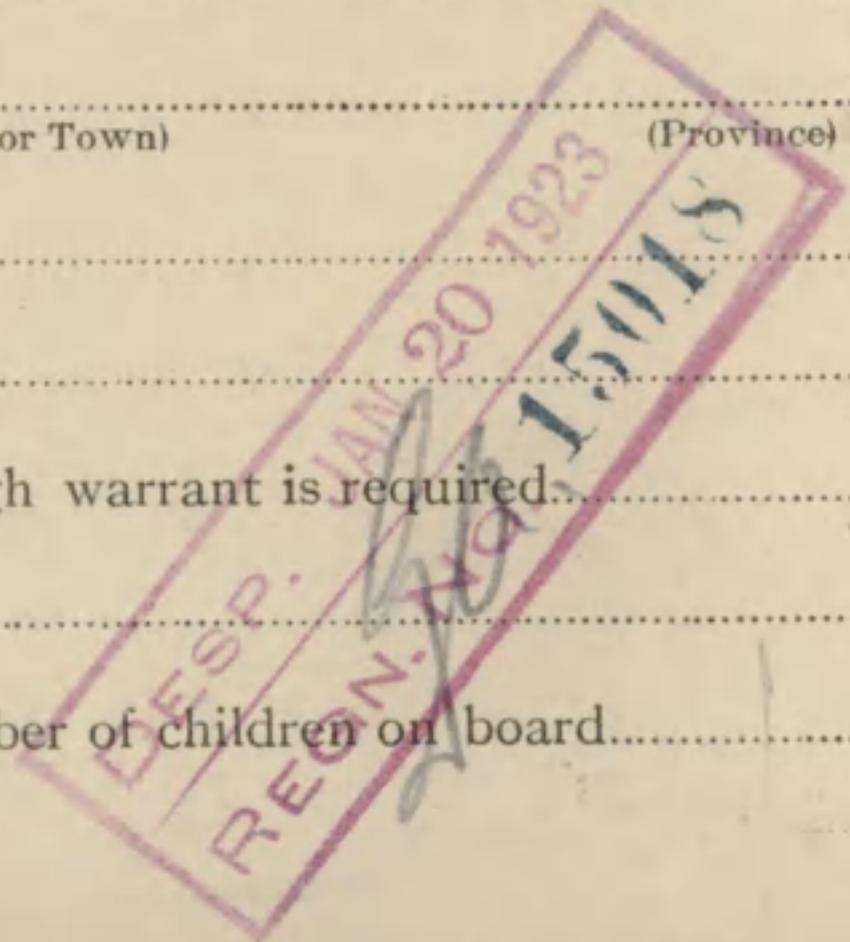
Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

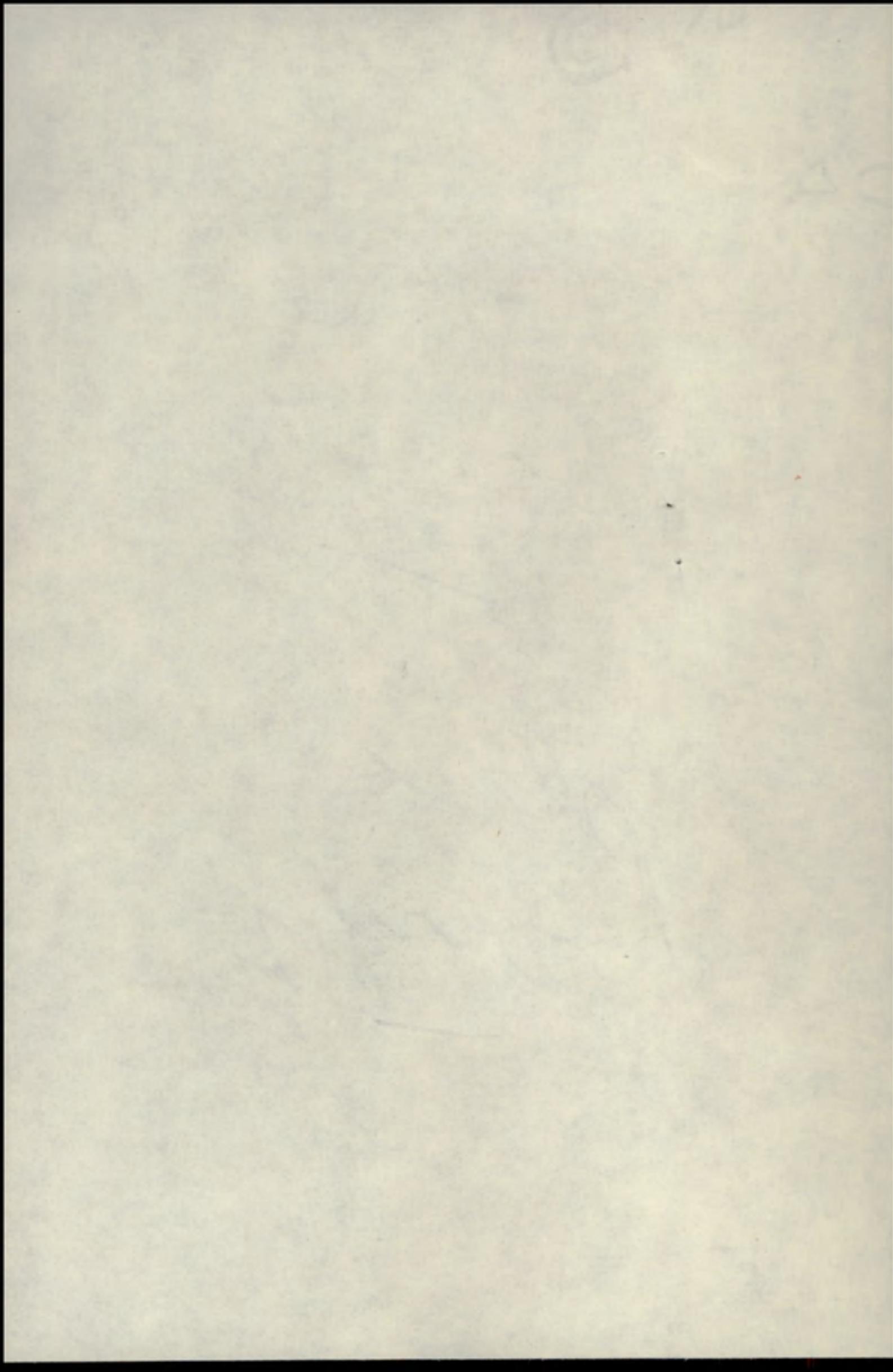
(Sgd.).....



3 25-66 35-  
Cameron 6

please  
verify





LEDGER NO. ....

SERIAL NO. *36665* .....

REG. NUMBER *3256635* NAME *Cameron G.*

RANK *SN* CORPS *65th Batty*

AGE *32* SERVICE .....

NAME OF HOSPITAL *Petawawa Camp* PLACE *Petawawa*

DATE OF ADMISSION *17-6-18*

DISEASE *Gonorrhoea*

TRANSFERRED TO OTHER HOSPITALS .....

OPERATION .....

DISCHARGED TO *Duty 29-6-18* IN CATEGORY .....



SURNAME. *Cameron*

CHRISTIAN NAMES *Charles*

REGL. NO. *3256635* RANK *Pte.*

UNIT *N. B. Regt. 1st. Dep. Bn. 65th. Dep. Bty.*

FORMER CORPS *nil.*

6-8  
7. No 305  
1-11-1931  
CARD NO.  
Dis Mis 28-8-19  
FOLL  
NO 24505-9-19  
#600

T. O. S. *Mar. 13. 1918.*

D. O. Part II No 72.  
*Dis from Hosp. 29-8-18.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Cameron Charles*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Buctouche, Kent Co. N. B.*

COUNTRY OF BIRTH *Canada, Buctouche*

*N. B.*  
DATE *Jan. 1st. 1896.*

PLACE OF ATTESTATION *St. John N. B.*

DATE *Mar. 8th. 1918.*

*O. S. 13-9-18 - 1437  
2*

*R/C 23/8/19 398  
46 hrs.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of Enlistment 8-3-18

MILITIA AND DEFENCE

Date of Assignment

Eff. 1 Sept. 1918

Separation and Assigned Pay Branch

C 16272

1 Sept. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25.00	30		
-------	----	--	--

RATE OF ASSIGNMENT

20.00			
-------	--	--	--

12101  
G.M.

PARTICULARS OF SEPARATION ALLOWANCE

No. 3256635

Rank *Gm.* Promoted Reverted Discharge

Soldier's Name *Charles Cameron*

Battalion *65<sup>th</sup> Sep. Btty. C. F. A. Ipt 148*

Beneficiary *Mrs Rosanna Cameron*

Relationship *Wife*

Address *Buctouche, Kent Co. N. B.*

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. ROSANNA CAMERON,  
BUCTOUCHE,  
KENT CO., N. B. 20 25 45.00

2

3 % 3256635 GNR CHARLES CAMERON  
FORTY FIVE DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total
Sept	Y 43516	25	20	45
Oct	5 49082	25	20	45
NOV	B 60579	25	20	45
DEC	D 62768	45	20	65
JAN 1919	H 75995	30	20	50
FEB	J 79019	30	20	50
MAR	K 90643	30	20	50
APR	I 98	30	20	50
MAY	F 5896	30	20	50
JUN	E 9614	30	20	50
JUL	C 12050	30	20	50
AUG	D 13172	30	20	50
		360	240	

12702-6-22 REMARKS

Ac Closed 31-8-19

Ret'd per... *Belgii*.....

Date 23-8-19 M.F.W. 187... *AM 6*

Clerk... *W. H. 12-8-19*

Destroy 121105

AUDITED.

G.M.

M. F. W. 128  
4008-6-17-1772-38-114  
L. L. 2220-N. & D. 7885.

AUTHORITY FOR NEW ACCT. *M J 7 B 3*  
*M. J. J. 23-9-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# W

12208  
DANGEROUS

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name, 15021

Change of Address

Battalion

1

Eeneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.  
400M-17-1772 39-1141  
L. L. 22320-M. & D. 7993.

AUTHORITY  
FOR  
NEW ACCT.

Name Cameron Emb. 8-9-18

Date of Embarkation for England Aug. 25-9-18

Proceeded to France. No.

Returned to England.

---

Date returned to Canada. 16-8-19

P.R. 2855.

*6th Rd  
31-3-25-*



THE UNIVERSITY OF TORONTO

LIBRARY

1900

1900

1900

LIST OF DISCHARGE DOCUMENTS.

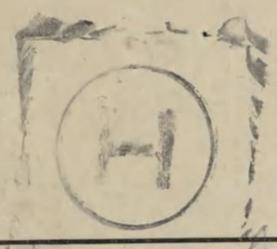
- Attestation Paper, Triplicate..... Militia Form W. 23
- or Particulars of Recruit..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents 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

- 1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
- 2. Casualty Form (A.F.B. 103).
- 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
- 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
- 5. Dental Certificate (C.A.D.C. 5000a).
- 6. Field Conduct Sheet (A.F.B. 122).
- 7. Proceedings on Discharge (M.F.W. 212a).
- 8. Discharge Certificate (M.F.W. 30a).  
(Enclosed in special envelope (260M)).
- 9. Copy of Discharge Certificate (M.F.W. 30a).
- 10. Dispersal Certificate (C.D. 5).
- 11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
- 12. Last Pay Certificate (P. 851).
- 13. Pay Book (A.B. 64).
- 14. War Service Gratuity (Form M.F.W. 2595).
- 15. Sundry Documents.

Group B  
 Checked by No. 24  
C.A.C.M.  
 Date 14.8.19

Group 9  
 Checked by No. 30  
N.H.  
 Date 3/7/19

Cameron  
325-65-35



SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)

CARD  
 29/12/39

1. No.	3256535	
2. Rank.	Gunner	
3. Name.	Cameron, Charles	
4. Unit.	65th CRA	CARD.
5. Date of Discharge	31 8 19	Place Halifax
6. Reason for Discharge		
7. Authority.	R.O. 1420	
8. Proposed Residence after Discharge	Douchonche West Es. N.B.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?		
		C. Cameron Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	HALIFAX, N.S. AUG 23 1919	
Date		
Signature		Major (O. C. Discharging Unit.)

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

DISCHARGE REPORT

(A.R.D.)

NAME OF SOLDIER: \_\_\_\_\_

REGIMENT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

PLACE OF DISCHARGE: \_\_\_\_\_

REASON FOR DISCHARGE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature of Soldier: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

(Official Seal)

LIST OF DISCHARGE DOCUMENTS

1. Certificate of Discharge

2. Medical Certificate

3. Report of Discharge

4. Discharge Papers

5. Discharge Certificate

6. Discharge Certificate

7. Discharge Certificate

8. Discharge Certificate

9. Discharge Certificate

10. Discharge Certificate

11. Discharge Certificate

12. Discharge Certificate

13. Discharge Certificate

14. Discharge Certificate

15. Discharge Certificate

16. Discharge Certificate

17. Discharge Certificate

18. Discharge Certificate

19. Discharge Certificate

20. Discharge Certificate

*K.P.*

AUTHORITY  
A.P. NOM. ROLL

No pay by last has been recovered  
 in com. 2006 for that month  
 Strick out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>CAMERON Charles</i>
EFFECTIVE DATE: <i>1-9-18</i>		EFFECTIVE DATE: <i>1-9-18</i>		NUMBER: <i>3256635</i>
AMOUNT: <i>2000 20<sup>00</sup></i>		AMOUNT: <i>2000 20<sup>00</sup></i>		PARTICULARS OF RANK OR APPOINTMENT
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.		AUTHORITY
<i>Mrs Rosanna Cameron, wife</i>				<i>L.P.C. from Canada</i>
<i>Doncton St. 2B</i>				DATE EFFECTIVE <i>16/9/18</i>
<i>11819</i>				RANK OR APPOINTMENT <i>Corr</i>
UNIT AND TRANSFERS				
ORIGINAL UNIT - <i>Draft No 148. 65th Bty 67th</i>				
DATE ACCOUNT FIRST OPENED: <i>16/9/18</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
				<i>66A</i>
<b>100219 CANADA SECT</b>				

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/11</i>	<i>2215</i>	<i>Kimmel PK</i>	<i>4 93</i>	<i>27/11</i>	<i>7111</i>	<i>See Bagby</i>	<i>8676</i>
<i>27/11</i>	<i>7111</i>		<i>43 88</i>			<i>PPB. Co</i>	<i>4346</i>
<i>27/11</i>		<i>21 day P &amp; A Slopey</i>	<i>2310</i>				
			<i>560</i>				<i>4330</i>
<i>27/6</i>	<i>6084</i>		<i>1460</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE *Discharge Canada 31/1/19*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>15/9/18</i>	<i>Bal. from Canada</i>								<i>31 00</i>		
<i>16-30-9-18</i>	<i>Grave 15 days</i>	<i>16 50</i>							<i>47 50</i>		
<i>Oct</i>	<i>Grave</i>	<i>34 10</i>		<i>A.P. loan</i>				<i>20</i>	<i>61 60</i>		
<i>Nov</i>	<i>Grave</i>	<i>34 10</i>		<i>AP</i>				<i>20</i>			
<i>Dec</i>	<i>Grave</i>	<i>34 10</i>		<i>7111 Kimmel 27/11</i>	<i>43 88</i>						
<i>Feb</i>		<i>67 10</i>		<i>2215 Kimmel 9/11</i>	<i>493</i>				<i>39 89</i>		
				<i>A1605 Rhyl 15/11</i>	<i>9 73</i>			<i>40</i>			
				<i>Endorsed on LPC</i>							
				<i>S1109 " " " 23/12</i>	<i>19 47</i>						
				<i>Q4005 1093 M208 31/12/18</i>	<i>14 70</i>						
				<i>Endorsed on LPC</i>							
				<i>123 " " " Kimmel 28/1</i>	<i>2 43</i>				<i>6 44</i>		
					<i>46 33</i>						
<i>Feb</i>	<i>Gr Pay 1/19 to 28/2/19</i>	<i>64 90</i>		<i>Cap. Jan. &amp; Feb.</i>				<i>40</i>	<i>58 46</i>		
<i>Mar</i>	<i>Gr Pay</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>	<i>18 46</i>		
		<i>99 -</i>						<i>60 -</i>	<i>32 56</i>		

COMPILED BY *[Signature]*  
CHECKED BY *[Signature]*

*loan paid*





