Original

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Marion Macpherson Campbell
2. In what Town, Township, or Parish, and in what Country were you born? — Ottawa. Carleton. Ont. Can.
3. What is the name of your next-of-kin? — Mrs. M. Campbell.
4. What is the address of your next-of-kin? — 1145 Carling ave. Ottawa. Ont.
5. What is the date of your birth? — Graduate Nurse
6. What is your trade or calling? — aug. 29th 1892.
7. Are you married? — No.
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? — 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 -

Marion Macpherson Campbell (Signature of Man.)

W. H. Forbes. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Marion Macpherson Campbell, 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.

Marion Macpherson Campbell (Signature of Recruit.)

Date June 3rd 1915. W. H. Forbes. (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Marion Macpherson Campbell 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.

Marion Macpherson Campbell (Signature of Recruit.)

Date June 3rd 1915. W. H. Forbes. (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 Montreal this 3rd day of June 1915.

(Signature of Justice.)

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

Major A.M.C. (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Marion M. Campbell ON ENLISTMENT.

Apparent Age 23 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 ins.

Chest measurement
- Girth when fully expanded 34 ins.
- Range of expansion 1 1/2 ins.

Complexion dark.

Eyes blue

Hair dark brown

Religious Denominations
- Church of England
- Presbyterian
- Methodist
- 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.)

none.

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~~* her fit for the **Canadian Over-Seas Expeditionary Force.**

Date May 19. 1915

Place Montreal, Que.

C R Bourne
Lieut A.M.C
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

Marion Macpherson Campbell 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.

M. H. Forbes (Signature of Officer.)

Date June 3rd 1915

Acting Adjutant

Unit, C.A.M.C. Rank N/S. Name Marion M. Campbell

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ?.....Campbell,.....
   (*b*) What are your Christian Names ?.....Marion MacPherson.....
2. (*a*) Where were you born ? (State place and country).....Ottawa, Ontario, Can.....
   (*b*) What is your present address ?.....1145 Carling Avenue, Ottawa, Ont.....
3. What is the date of your birth ?.....1892.....
4. What is (*a*) the name of your next-of-kin ?.....Mrs. M. Campbell,.....
   (*b*) the address of your next-of-kin ?.....1145 Carling Avenue, Ottawa,.....
   (*c*) the relationship of your next-of-kin ?.....Mother.....
5. What is your profession or occupation ?.....Nursing.....
6. What is your religion ?.....Pres.....
7. Are you willing to be vaccinated or re-vaccinated and inoculated ?.....Yes.....
8. To what Unit of the Active Militia do you belong ?.....C.A.M.C.....
9. State particulars of any former Military Service.....Nil.....
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?.....Yes.....

The undersigned hereby declares that the above answers made by him to the above questions are true.

Marion M. Campbell Nursing Sister, (Signature of Officer)
(Lieut)

Taken on strength (place).....Montreal, Que.....

(date).....15-5-15

.....
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him*.....for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date.....191.....

Place.....

.....
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

Officers

DISCHARGE DOCUMENTS

04597 R. O. No.....

H. Q. No.....

Name CAMPBELL, MARION Mac Pherson

Regt. No. ..... Rank N/S.

Corps C.A.M.C.

Documents Despatched to M.D 4 on M.F.W. 2505
Ref 4 318 d/18-2-19
BY

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.....

2
10. 5
11 5

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

A.M.S. 0537.

Surname	Christian Name
CAMPBELL	M. MacP.
Rank	Unit
N/Str.	C.A.M.C. 2 CGH.

Casualty List	West Cliff, Folkstone 25-11-16
30-11-16/535-3.	"Nasal Obstruction".
8-12-16/542-2.	Discharged:-5-12-16.

D.M.S.1347. 5M-10-10-18.

Surname | Christian Name | Serial No.

Rank | Unit

Medical Board held at | Date | Condition found by Board

Remarks.

SURNAME. Campbell.

CHRISTIAN NAMES Marion McPherson

REGL. No. RANK

UNIT Nursing Sisters. A.M.C. R.D.

FORMER CORPS Mil

B 4 3 D.O. 26/5/19 CARD NO. Drummond mile C.N.

to O.S. 1/10/19 FOLL.

D.O. 28 10/10/19

Lydenham mil. Hosp. R.O. 2225. 9 11-10-19 4/3

NEXT OF KIN.

NAMES IN FULL Campbell, Mrs M.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 1145 Carling Ave., Ottawa, Ont., Can.

(also Notify)
~~CHANGE OF ADDRESS~~

Mrs Florence M. Campbell. 165 Bloor St E Toronto, Ont. (C.S.a.a.C. 18-6-74).

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

O/S 4-6-15 99/1

R/C 14-12-18 240/1

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 Sailing 4-6-15; Auth. D.G.W. Nov 1st. 1915-

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
535-3	Mesh Cliff Can. E. & E. Folkestone	25-11-16	Nasal Obstruction
542-2	Lisc	5-12-16	Nasal Obstruction
579.	Can Mil Brammshott	21-12-16	Influenza
"	" " Lisc	3-1-17.	" "

NAME Campbell M. MacP.

RANK AND CORPS 1/Stv C.A.M.C

REGT'L NO

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

NATURE OF CASUALTY

CABLE

No.	Date

L. L. Job 8885—M. & D. 8146.

M. F. W. 42--25M.—4 10-16.
H. Q. 1772-39-893.

M. F. W. 71—500M.—5-18.
1772—39—961.

NAME Marion M. Campbell.

REGIMENTAL NO. —

RANK N/S.

ENLISTED AT Montreal. M.D.4.

PROMOTIONS, &c. AND DATE

DATE May. 15/1915.

IF SERVED PREVIOUSLY, STATE UNIT, &c. —

MARRIED, WIDOWER, OR SINGLE —

NEXT OF KIN Mrs. M. Campbell. RELATIONSHIP Mother.

ADDRESS OF 1145 Carling Ave. Ottawa. Ont.

ASSIGNMENT OF PAY $ — C. — TO —

ADDRESS —

SEPARATION ALLOWANCE, ENTITLED OR NOT —

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

R. 149.

Name CAMPBELL *Rank* N/Sr *Reg. No.*
Marian MacPherson
Unit C.A.M.C., 2 C.G.H.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-11-16	W'Cliff C.E.&.E.Hos.	Folkestone.	Nasal Obstruction.	535		
5.12.16	Desha			542		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Number ..... Rank N/S

Surname CAMPBELL

Christian Name MARIAN. MacPHERSON

Units ..... Theatre of War FRANCE

Date of Service 16/2/16

Remarks .....

Latest Address 1145 Carling Ave
Ottawa, Ont.

Roll No. B. Fds 22267

200m.-6-21.

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

868—D.P.—40M-1-12-19.

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. ..... Rank N/S ..... Surname CAMPBELL, Marion
(Give name in full)

Unit or Corps C.A.M.C. ..... Birthplace Ottawa Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 130 lbs. Height 5 ft. 4 in. Colour of Eyes blue

Nutrition Normal

Pulse 72

Condition of arteries normal

Vision Rt. ..... Left. .....

Hearing (conversational voice) Rt. 18 ft.

Left. 18 ft.

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

None

Opinion as to general health and physical condition Fit

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses as below Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Proper glasses supplied for reading

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at.....Kingston.(Canada) Surgeon Lt-Col. Canada.

Date .....September 20th/19 Signed Surgeon Canada 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 Marion M. Campbell Nursing Sister

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1143.

CANADIAN EXPEDITIONARY FORCE

D.V. 3-40.

T.N.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister.

(Name in full) Marion MacPherson CAMPBELL.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Third day

of June 191 5

She SERVED in CANADA, England and France with the C.A.M.C. Moore Barracks Hosp., Shorncliffe, #2 Can. Gen. Hosp., Ftt'd #3 Can. Stat. Hosp., #2 C.C.C. Station, C.A.M.C. Depot, Shorncliffe., #16 Can. Gen. Hosp. Orpington., Montreal Mil. Hosp., Ste Anne De Bellevue Mil. Hosp., Queens University Mil. Hosp. Kingston.

and was STRUCK OFF THE STRENGTH on the First day

of October 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twentieth day

of January 191 1920.

J. Clearihue Lieut.

for. Director of Personal Services.

M. F. W. 2618a

30m.—4-19.

1772-39-1428.

MJA

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. | RANK: N/S | NAME (IN FULL): CAMPBELL, Marion McPherson (BLOCK LETTERS SURNAME FIRST)

AUDITOR / PAYMASTER: W2h 4978

NEXT OF KIN: | RELATIONSHIP: | ADDRESS:

PARTICULARS	EFFECTIVE DATE	AUTHORITY
3.00		F.I. & A
50¢ per diem Messing RO 1836		
effective 1/6/19		

ORIGINAL UNIT C.E.F.: | IF IN P.F. WHAT UNIT?:

PLACE OF ATTESTATION: | TRANSFERRED TO: | DATE: 9-6-19 (25-5-19) | AUTHORITY:

DATE OF ATTESTATION: May 17/15 | TRANSFERRED TO: Q.M.H. | DATE: | AUTHORITY:

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE:

ASSIGNED PAY $ 50.00 | DATE EFFECTIVE: 1/6/19

TO WHOM PAID: | RELATIONSHIP: N/Sister M. McP. Campbell

PAYABLE TO: Mrs G. Campbell | RELATIONSHIP: | ANY CHANGE IN ASSIGNEE OR ADDRESS:

ADDRESS: 1145 Carling Ave. Ottawa Ont. | ADDRESS: 1145 Carling Avenue Ottawa, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: | EFFECTIVE:

DISCHARGED — PLACE: Kingston | DATE: 1/10/19. | REASON: G. Demb. | AUTHORITY: D.O. 28. 60.794 2029 | IF ENTITLED TO POST DISCHARGE PAY: Yes

MONTH	No. of Days	Rate	Pay and F.A. Amount $ c.	Other Credits $ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1 No.	Acquittance Rolls Col. No. 3 No.	Cash Payments Col. No. 1 $ c.	Cash Payments Col. No. 3 $ c.	Assigned Pay $ c.	Other Charges $ c.	Total Debits $ c.	Balance Debit	Balance Credit	Particulars or Remarks
Balance from previous account															
June 1/30	30	300	90.00	15.	105.00	8 271004		41. (55) 00		50.00	14.00	105.00			D.O. 151 T.O.S. C.S. 269401 / 151 amending date T.O.S. to 9/6/19 / Q.M. D.P.6. Clear on transfer / Messing paid to 31/5/19 / DO 173. 14 dys Care. Mult. 7.00 Messing / 430671 & 7.00 Field allce.
July	31	300	93.00	15.50	108.50		432173		58.50	50.00		108.50			
AUG	31	300	93	15.50	108.50		435205		58.50	50		108.50			432732 435470
SEP	30	300	90.00	15	105.00		436754		55	50		105			
Oct. 1	1	3.00	3	50	3.50		438692		3.50			3.50			
			369.00	61.50	430.50			41.00	175.50	200.00	14.00	430.50			

War Service Gratuity W.S.G.

MT-W2595 - Paid 6/10/19

Days		Other Credits	Total Credits	Assigned Pay	Total Debits	Balance Debit	Particulars or Remarks
183 Days		Office		90	90	459	437615 1/10/19 1st W.S.G.
		549	549	93	183	366	1325781 Oct 31/19
				93	276	273	1337667 NOV 29 1919
				93	369	180	1850060 JAN 2 1920
				90	459	90	1841892 JAN 27 1920
				90.	549	—0—	1843017 MAR 1 1920

200M-3-19.—L. L. 58788—... & D. 9985.
M. F. W. 2.46.
1772-39-1390.

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

Beneficiary
Address Can

Amount. $ 50

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

UNIT.

NAME OF	~~DATE~~ Rates	~~AUTHORITY~~
Moore. Bks Hosp.	Pay	2.00 pd.
	F. A.	1 ~~60~~ "
	Mess	1.00 "

Add. outfit allce 1/8/18. $100

RANK.

	DATE	AUTHORITY
N. S		

NAME.

Name Campbell.
Initials Marion M.
Bank of Montreal
Trafalgar Sq

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Apl 17	A. P. Can				50			
	Apl Pay (R)		108					
24	Bank	1187		58				
May 19	May Pay (R)		111 60					
11	A. P. Can.				50			
23	Bank	2683		61 60				
June	June Pay (R)		108					
14	A. P. Can.				50			
21	Bank	4166		58				
July	July Pay (R)		111 60					
16	A. P. Can				50			
25	Bank	5626		61 60				
Aug	Aug Pay R		111 60					
13	A. P. Can.				50			
24	Bank	7258		61 60				
Sep	Sept Pay R		108					
12	A. P. Can.				50			
24	Bank	9187		58				
Oct	Oct Pay R		111 60					
15	A. P. Can				50			
28	Bank	10 404		61 60				
31	outfit allce. 1/8		100					
"	Bank.	10854		100.				
Nov	Nov. Pay (R.)		140					
	A. P. Can.				50			
26.	Bank	12521		90				
	6. Forwd							

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: Moore Bks & Stp | DATE: Pay. / Fa / Mess | AUTHORITY: 2.00 Pd. / 1.00 / 1.00. 4.00.

RANK. DATE: | AUTHORITY: R. S.

NAME.

Beneficiary
Address

Amount. $ 50.00 Can
Separation Allowance issued. Yes or No..... Add outfit allce 1/8 $100.

Name Campbell.
Initials M. M
Bank of Montreal.
Traf Sqr.

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brought Forward							
Dec 2.	adv. Dec. Pay.	12852.		74			Rtd to Canada	
"	Dec - Pay (R.)		124				L P C to 31/12/18	
	A. P. Can				50	"	Xfer to N.E. Ledger 12	
							From L 5 9/1/19	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. DATE / AUTHORITY | NAME.

Beneficiary — Moore Barracks — K/S — Name Campbell
Address — Initials W. M.
Bank of Montreal
Amount. $
Separation Allowance issued. Yes or No.....

1916-17

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Bro. Ford					0		
Jan 19	A.P. Can				50			
22	Pay Jan		111 60					
25		Bank		61 60		0		
Feb 13	Pay. Feb.		100 80					
19	A.P. Can				50			
22		Bank	21943	50 80		0		
March 20	March Pay R.		111 60					
21	A.P. Can				50			
23		Bank	24818	61 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

RANK.
DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name

Initials

Bank

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

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. DATE / AUTHORITY | NAME.

Beneficiary
Address
Canada
Amount. $ 50.00
Separation Allowance issued. Yes or No.....

Moore Barracks Hosp | Pay 2.00 pd 7a 60 Bessicoo | N/S | Name Campbell Initials M M. Bank of Montreal Trafalgar Sq

1917-18

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 21	April Pay (R)		108					
22	A.P. Can				50			
26	Bank	3003		58				
May	a.P. Can				50			
22	May Pay. R.		111 60			61 60		
23	Bank	5986		61 60				
June 9th	A.P. Canada.				50			
11	June Pay. (R)		108			58		
21	Bank	9004		58				
July 19	July Pay (R)		111 60					
17	A.P. Canada.				50			
21	Bank	13092		61 60				
Aug. 18	August Pay. (R)		111 60					
	A P-Can				50	61 60		
21	Bank	17361		61 60				
Sep 15	Sep- Pay (R)		108					
12	A. P- Can.				50	58		
21	Bank	21863		58				
Oct 9	October Pay (R)		111 60					
10	A. Pay. Canada				50			
19	Bank	26291		61 60				
Nov 16	November Pay. (R)		108					
15	A. Pay Canada				50			
20	Bank	30763		58				

carried forward.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary			Pay 2.00 pd 7 a.60 Mess1.00	N/S.			Name Campbell
Address							Initials W M.
							Bank of Montreal Trafalgar Sq
Amount. $ 50.00 ban							
Separation Allowance issued. Yes or No.....							

1917 18

DATE 1917	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 1	December Pay (R)			111 60					
4	a P. ban.					50.			
13		Bank	35096		61 60				
1918 Jan 13	Jan Pay (R)			111 60					
14	a P. ban.					50			
21		Bank	39501		61 60				
Feb 13	Feb Pay (R)			100 80					
9	a P. ban.					50			
19		Bank	40996		50 80				
Mar	March Pay (R)			111 60					
11	A P. ban.					50			
22		Bank			61 60				
Apl 2	Travallee 7-14 4/8		16968					2.8.6. 11 80	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. DATE / AUTHORITY | NAME.

Beneficiary
Address

Amount. $ 50[00] ban
Separation Allowance issued. Yes or No.....

Pay 2[00] pd
7 a 60
Mess 1.00

N/S.

Name Campbell
Initials W M.
Bank of Montreal
Trafalgar Sq

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 1	December Pay (R)		111 60					
4	a P. ban.				50			
13	Bank	35096		61 60				
Jan 13 1918	Jan Pay (R)		111 60					
14	a P. ban.				50			
21	Bank.	39501		61 60				
Feb 13	Feb Pay (R)		100 80					
9	a P. ban.				50			
19	Bank	40996		50 80				
Mar	March Pay (R)		111 60					
11	A P. ban.				50			
22	Bank			61 60				
Apl 2	Travallce 7.14 1/8	16968					2.8.6. 11 80	

P—15.

ASSIGNED PAY. | **UNIT.** NAME OF / DATE / AUTHORITY | **RANK.** / DATE / AUTHORITY | **NAME.**

Beneficiary Mrs J. G. Campbell
Address 1145 Carling Ave Ottawa
Amount. $ 50.00
Separation Allowance issued. Yes or No.

Unit: Moore Barracks H. — Letter 4 17/16 DNS 3078. 78 11/16

Rank: Nursing Sister

Name Campbell
Initials M. M.
Bank Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
apl 1	a.p can			50	50			
	Pay apl (R)		108			58		
	Bank			58		0		
may 22	Pay may		111 60					
	a.p. can				50	61 60		
	Bank			61 60		0		
June 17	Pay June (R)		108					
20	a.p. can				50			
	Bank	3874		58		0		
July 17	a.p. can				50			
20	Pay July (R)		111 60					
25	Bank	4997		61 60		0		
Aug 16	a.p. can				50			
17	Pay Aug (R)		111 60					
23	Bank	7299		61 60		0		
Sep 18	a.p. can.				50			
20	Pay Sep (R)		108					
28	Bank	9510		58		0		
Oct 16	a.p. can.				50			
25	Pay Oct (R)		111 60					
27	Bank	11000		61 60		0		
Nov 16	a.p can				50			
17	Pay Nov (R)		108					
24	Bank			58		0		
Dec 9	a.p. can				50			
12	Pay Dec		111 60					
18	Bank			61 60		0		

Ad ford.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. RANK N/S NAME (IN FULL) CAMPBELL, M. M.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
TO WHOM PAID — RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Messing Alla	8-4-19	R.O. 1836

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO St.A.D.E.Bd. M.H. — DATE 7/4/1919 — AUTHORITY M.M.H. 97

DATE OF ATTESTATION — TRANSFERRED TO M.D. 3 — DATE 25/7/19 — AUTHORITY Ottawa 146 [illegible]

ASSIGNED PAY $ 50.00 — DATE EFFECTIVE

PAYABLE TO Mrs G. Campbell — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 1145, Carling Ave, Ottawa

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.	$ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1 No.	Col. No. 1 Date	Col. No. 2 No.	Col. No. 2 Date	Col. No. 3 No.	Col. No. 3 Date	Cash Payments Col. No. 1 $ c.	Col. No. 2 $ c.	Col. No. 3 $ c.	Assigned Pay $ c.	Regimental Charges $ c.	Other Charges $ c.	$ c.	Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT					Nil																		Cal. 11.90 – 17 days Transport Duty 7-4-19 D.O. 97
				11 50																			Trsfd St.A.D.E.Bd. 7/4/19 M.M.H. 97
April	30	300	90 00	11 90		101 90	248	28/7/19					51 90			50 00				101 90			Retd Transport Duty 14-4-19 D.O. 105.
																							A.P. Cheque No 805 Transport Duty 22-4-19 D.O.
																							Ofchgs 55.00 advance C.S. Command 9621
May		300		— —	— —													55 00					Retd Transport Duty 28-4-19 D.O. 125-4-19
																							Transport Duty D.O. 122
May	31	300	93 00	15 50	- -	108 50					2961	27			53 50	— —				108 50			Retd from Transport
																							3-6-19 D.O. 155
June		300																					

NAME *Campbell M. M.*

DATE OF APPOINTMENT

MARRIED (~~YES OR~~ NO)

NEXT OF KIN:— NAME *Mrs M Campbell*

ADDRESS *1145 Carling Ave. Ottawa*

DATE NON-EFFECTIVE AND CAUSE

UNIT *Nursing Sisters Moore Barracks Hospital*

ASSIGNED PAY:— *June 1st 1915*

MONTHLY AMOUNT *50.00*

TO WHOM PAYABLE *Mrs. J. H. Campbell*

1145 Carling Ave Ottawa Ont

BANK IN WHICH PAY & ALLOWANCES DEPOSITED *Bank of Montreal*

1915 16

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
June 1	July 31	61	2 -	122				122	60	36 60	
Aug 1	Aug 31	31		62				62		18 60	
1/9	30/9	30		60				60		18	
1/10	31/10	31		62				62		18 60	
1/11	30/11	30		60				60		18	
1/12	31/12	31		62				62		18 60	
1/1 1916	31/1	31		62				62		18 60	
1/2	29/2	29		58				58		17 40	
1/3	31/3	31		62				62		18 60	

PERIOD From	PERIOD To	ALLOWANCES: Messing	ALLOWANCES: Subsistence	ALLOWANCES: Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A.	~~Paid in Cash~~ Balance	Deposited in Bank	Carried Forward	Remarks
June 1	July 31	48		84 60	206 60	50 June 50 July	48 66	57 94		57 94		£10 Advance
Aug 1	Aug 31	31		49 60	111 60	50		61 60 TOTAL DR.		61 60		
1/9	30/9	30		48	108	50		50		58	11.18.4	
1/10	31/10	31		49 60	111 60	50		50	~~61 60~~	61 60		
1/11	30/11	30		48	108	50		50		58		
1/12	31/12	31		49 60	111 60	50		50 -		61 60		
1/1 1916	31/1	31		49 60	111 60	50		50		61 60		
1/2	29/2	29		46 40	104 40	50		50		54 40		
1/3	31/3	31		49 60	111 60	50 500		50		61 60 536 34		

305 days @ 2.00 + 60c 793 00

292 " messing 292 00 1085 00

Ass Pay 500 00

adv 48 66

Deposits 536.34 1085.00

SUNDRY PAYMENTS

Date	Cheque No.	Particulars	Amount $	c.	£	s.	d.	Remarks

Rank and Name NURSING SISTER. CAMPBELL. Marian Macpherson.

Regimental No.

Unit

Date of enlistment Montreal. 3rd June. 1915.

Place of birth Ottawa. Carleton. Ont Can.

Married (Yes or No) Single.

If in Permanent Force

Promotions or appointments Left Canada 6-11-15 T/0.328 P. Buffalo

Name and Address of Next-of-kin Mrs M Campbell.
1145 Carling Ave. Ottawa. Can.

Date and place of discharge MAR 1 1916

Reason for discharge

Character on discharge A.F.B. 103
19/2/16

JAN 17 1916

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
		Shorncliffe Military Hosp. Moore Barracks A.		6/1/16.	R.L. 88-2. N.R.
16/2/16.	SMS	to No 2 Gen Hosp	France	16-2-16	G.O. 281-294
29-2-16	No 2 Gen Hosp	Taken on Strength, No 2. Gen. Hosp.		17-2-16	Pt II Ord. 10
		rejoined		10/6/16	Pt II G. 26. 2 C/H.
21-6-16.	Do	Granted 2 days special leave from 9-6-16.			Pt II Ord 25
		rejoined unit		4-10-16.	Pt II ord 61- 2 C/H
21-7-16	— do —	Temp. att. 2/S. Hosp. for duty.		3-7-16.	Pt II ord. 29.
10-11-16	— do —	Granted 2 days leave		2-11-16	Pt II ord. 73.
10-11-16	2.C. Gen. H.	rejoined from leave.		14-11-16	Pt II ord. 73.
17-11-16	do	Granted 4 days leave		10-11-16	Pt II ord. 76.
28-11-16.	Dms.	Leave extended to		4-12-16	G.O. 3078. Pt II ord 82. 2.C/H
		admitted	discharged	5-12-16	C.L. 542
30-11-16	Adms.	West Cliff Can. M. & E. Hp.		25-11-16	C.L. 535. Nasal obstruct
16. 12. 16	2C. Gen. H.	Rejoined unit from leave		4 12. 16	Pt II. ord. 85.
26-6-17	— do —	S.O.S. on reposting to #2 C.C.C.S.		10-6-17	Pt II ord. 38
30-6-17	2 C.C.C.S.	T.O.S.	to 2. C. Gen. H.	11-6-14	Pt II ord. 30.

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				
12.12.17	2.CCCSH	Granted 14 days leave from.		27.11.17	P[illegible] 956
4-1-18	-do-	Reposted to No 2 Con Hosp		18-12-17	[illegible]
11-1-18	DMS	Posted from 2 CGHp to Canad Depot		8-1-18	[illegible]
18-1-18	DMS	Posted from Depot to No 16 CGHp. Orpington		14.1.18	[illegible]
26.6.18	16.C.G.Hp.	Granted leave from 1-7-18 to		17.7.18	[illegible]
5-12-18	Do Camc. Cas. Coy.	S.O.S. on posting to Camc. Cas. Coy.		1-12-18	P[illegible] ord 289
7-12-18		T.O.S. on posting from 16 Can. Gen. Hosp.		1-12-18	P[illegible] ord. 183.
18-12-18	Do	On Command transport duty to Canada		8-12-18	P[illegible] ord 192.
13.1.19.	- do -	S.O.S. on posting to C.E.F. in Canada ~~on duty~~ Retained		31.12.18	P[illegible] ord. 10.
10-1-19	Hdq. O.M.F.C.	S.O.S. on Trans To C.E.F. in Canada (Retained)		31-12-18	RO. 5163.

SoS 10/1/19

10370

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
61		N/S.	Campbell	Marion
Year	Unit.		Age.	Service.
1916	C.A.M.C. & No 2 Can Gen		25	18/12 9/12

Station and Date.

Disease Nasal Obstruction

25/11/16 Rhinorrhoea, particularly left side due to large turb & middle turb.

~~Left~~ Right side of septum small ulcer near anterior end.

Right ~~Left~~ ulcer touched c $AgNO_3$ sol.

& ~~Right~~ Left. turbs touched c Chromic acid

Ung. Menth to nose. T.I.D.

Nov 28/16 Cell alk. & ung Menth

Dec 3/16. Nose now quite clear. Fit

Duty
5.12.16

[signature]
Maj

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Campbell Christian Name Marion MacPherson

Examined { on 19 day of May 1915
at Montreal

Approved by C R Bourne 17 JAN 1917

Rank Lieut Ang M.O.

Birthplace { City or Town Ottawa
County Carleton

Apparent age 23

Trade or occupation Graduate Nurse

Height 5 Feet 3 Inches.

Weight 126 1/4 Lbs.

Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 34 inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left. Yes
Number one

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease No.

(b) Slight defects but not sufficient to cause rejection No

Date	Fit or Unfit	Examined for Re-engagement,
		- 1 DEC 1916 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
June	6+	Lt C Harris M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
May 19		5th Million C. R Bourne M.O.
May 20		M.O.
June 6/15		Lt C Harris M.O.

Enlisted on 3 day of June 1915 at Montreal.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	A.M.C.			3.6.15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

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.

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

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

CANADIAN

Surname Campbell Christian Name Norman MacKenzie

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.
Montreal PQ	2.6.15									No admissions	CRB
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		24	11.	16.	5	12	16	Nasal obstruction	12	Turbinals cauterized. Now clear. Duty.	[illegible]
									4		

Army Form B. 103.

(Sheet 2)

Casualty Form—Active Service.

Regimental Number.........

Regiment or Corps: Camb.

Rank: N/S. Surname: Campbell Christian Name: Marian Macpherson

Religion.......... Age on Enlistment..........years..........months.

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

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.

Report: Date	Report: From whom received	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
		Embarked ...			
		Disembarked ...			
7-12-18.	Camb. Cas. Co.	T.O.S. from 16 C.G. Hosp.	Stcliffe.	1-12-18.	Pt. II D.O. 183.
18-12-18.	do.	On Com. Trans. Duty.	do.	8-12-18.	Pt. II D.O. 192.
13-1-19.	do.	S.O.S. to C.E.F. Canada. Retained.	do.	31-12-18.	Pt. II D.O. 10.

[signature] Capt.
for O.C. Camb. Cas. Co.

Montreal, February 3rd, 1919. Taken on strength M.M.H. on trans-) fer from M.D.#3. Authy. Rout.Ord #1595 Para "A" of 1-2-19. 4D (51-1-2. Corps Ord.210 of 3-2-19. Part 11 #36 of 5-2-19.)

J. J. [signature] ....Cpt
Adjutant M.M.H. C.E.F.

Montreal, April 7th, 1919. Transferred to Ste Anne de Bellevue) Mil. Hosp. Authy. Corps Ords. #596 of 4-4-19. Part 11 Order # (No 97 of 7-4-19.)

[signature] ....~~Capt.~~ Major
~~Adjutant~~ O.C. Montreal Mil.Hosp.

(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) Signaller, Shoeing-Smith, &c.

P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
7-4-19	M.M.H.	T.O.S. Ste. Anne de Bellevue MIL. Hosp. 7th April 1919. Auth. A.D.M.S. Corps Orders No. 596 dated 4th/4-19. S.A.B. D.O. Part II No. 97 dated 7th April, 1919.			
27/5/19.	[illegible]	S.O.S. Ste. A.B.M.H. on transfer to M.D.No.3. as from 25th May 1919. Auth. H.Q. 392-3-69 dated 23/5/19. S.A.B. D.O. Part II No. 146 dated 26/5/19. [signature] Capt. & Adjt. Ste. Anne de Bellevue Military Hospital.			
9-5-19.	Q.U.M.H.	T.O.S. Q.U.M.H. with effect from June 9th, 1919.	S.O.S. Sydenham Military Hospital with effect from October 1st, 1919. Auth: A.D.M.S. Corps Order #794 of 9-10-19. S.M.H. P.11. Order #28 of 10-10-19 [signature] Major A.M.C. ADjutant S.M.H.		

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

CENTRAL CORRECT 19 JAN 1918 CASUALTY CLERKS OFFICE

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Regimental No. _____ Rank n/s Name Campbell Duncan M. Macpherson

Enlisted (a) 3/6/15 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 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.
16/2/16.	D.M.S.	from Moore Barracks to No 2 Gen Hosp.		16-2-16	G.O. 281-294
		J. G. Burnham, for Lt-Col i/c Records A.M.S. R.L.			
20.2.16	G.b.2.b.Lyt.	Arrived from Eng as reinforcements & taken on strength	Le Trepont	14.2.16	B213 Pt II Brde No 10 d/29.2.16
18.6.16	"	granted 2 days special leave	"	9.6.16	B 213 pt II ord 25 d/21/6/16
18.6.16	"	rejoined from leave of absence	"	10.6.16.	B213. pt II ord No 264/30/6/16
9.7.16	"	temporarily attd to No 2 Stat Hosp D.G.M.S. D.G.S. 796 d/3/7/16	"	3.7.16	" " 294/21/7/16
8/10/16	"	Rets from temp. att. to 2. S Hosp	"	4/10/16	B213 Pt II 0-61. d/13/10/16
5/11/16	"	Granted 2 days leave	"	2/11/16	B213 " " 73 d/10/11/16
5/11/16	"	Rejoined from leave	"	3/11/16	B213 " " 73 d/10/11/16
12/11/16	"	Granted 14 days leave	"	10/11/16	" " 76 d/17/11/16
28/11/16	8 M S C.C.	Granted extension of leave to		4/12/16	284/3088 " 82 d/6/12/16
10/12/16	2 C.G.H.	Rejoined from leave		5/12/16	B213 " 85 d/16/12/16

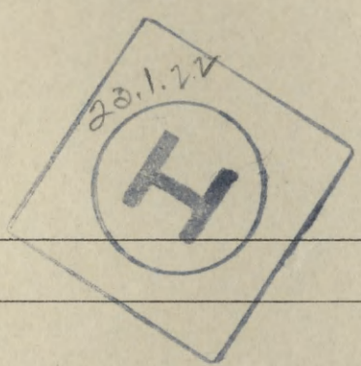
(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[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			1917	
17/6/17	2 CGH	SOS on reporting to No 2. CCCS Shr Dgms B/1523/21 dy- 8/6/17		10/6/17	B213 PtII 38 26/6/17
17.6.17	K:26665	Taken on strength of K:2 b.6.6.S.	Field	11.6.17	B213. PtII 30 dy 30.6.17
1.12.17	"	Granted 14 days leave	"	27.11.17	B213 PtII 56 dy 12.12.17
22.12.17.	2.C.G.Hosp.	Rejoined from leave.		11.12.17.	B213.
22.12.17	2 C G Hosp	S.O.S. 2 C.C.C.S. on reposting to 2 C.G.Hosp. (Auth: D.G.M.S. B.1533/33 dy- 6/9/17)		18.12.17.	B213 PtII 1 dy 31/1/17.
22/12/17 7/1/18	2 CGH	Taken on strength Posted To Camc Depot Shorncliffe Auth Camc Rep. 1557 dy- 28/12/17 Ref aag fld. 22477		19/12/17 7/1/18.	B213 PtII 2 17/1/18 Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
14-1-18.	Camc D	S.O.S. from No 2. C.G.Hosp.	Shorncliffe	7-1-18	PtII 14 (C.O. 46)
20-1-18	do	S.O.S. No 166 C.G.Hosp.	do	14-1-18	PtII 20 (C.O. 50)
21-1-18	166 G.H.	SOS from Camc depot	Orpington	14-1-18	Pt. II do no 18.
5.12.-18	16 C.G.H.	SOS. on posting to Camc as. co.	Orpington	1.12.18	Pte II D.O. 289. W. Gaines.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

1. RANK	Nursing Sister,.		
2. NAME	Campbell., Marion. M..		
3. UNIT	C. A. M. C.		
4. DATE STRUCK OFF STRENGTH		PLACE	
5. REASON			
6. AUTHORITY			
7. PROPOSED RESIDENCE			



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 1434

Date of Assignment June 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

50			

E 6

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nur. Sis Promoted Reverted Discharge

Soldier's Name Marion M. Campbell

Battalion C. A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

o Miss

Name Mrs Jean. G. Campbell

Address 1145 Carling Ave. Ottawa. Ont.

Change of Address

1

2

3

4

02717. M.D

REMARKS

o auth original ledger sheet. MRO# La 15992 - 21-10-18 Jas HS

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Oct 31.			1550	1550	
Jany	B 66297		50	50	S.
Feb	D 90423		50	50	
Mch	A 108588		50	50	✓
Apl	A 5661		50	50	✓
May	J 17475		50	50	✓
June	E 19451		50	50	✓
July	T 28543		50	50	✓
Aug	E 31992		50	50	✓
Sep	H 46380		50	50	
Oct	J 48823		50	50	✓
Nov	B 61429		50	50	✓ ①
Dec.	M 64928		50	50	✓
Jan'19	J 6947		50	50	✓
			2200	2200	

A/c Closed

Ret'd per Mmedosa

Date 14/2/18 M.F.W.187 16-1-19 MD 7

Clerk

MRO La 59876 destroy,

M. F. W. 128
400m.—6-17.—1774-39-1141
L. L. 22320—M. & D. 7493.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22330—M. & D. 7493.

M. F. W. 41
100M-1-18.
1772-39-889.

392-3-204

Name N/S. Campbell M. McP.

Regimental No.

Unit Camc.

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable Pub. Exp.

Name and address of next-of-kin

Date and place discharged Duty

Reason for discharge

Character on discharge

Minnedosa DEc-5-18 arvd 14-12/18 1 L.P. clear 31 12/18

C.P.

6
a.D.

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					641

M. F. W. 41
100M-1-18.
1772-39-889.

Name .....

Regimental No. | Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) | Date and place discharged

Amount of pay assigned monthly $ | Reason for discharge

To whom payable | 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.

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Jean G. Campbell

Address 1145 Sterling ave.
Ottawa
Ont

Rate 50 00 JUN 1 1915

By Whom Assigned Campbell Marion M.

Regtl. No.

Rank

Corps Nursing Sister C.A.M.C.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		P.2513	50—	
July		U1064	50	
Aug.		S4432	50—	
Sept.		N7114	50—	
Oct.		04329	50—	
Nov.		R9239	50	
Dec.		S9333	50	
Jan.	1916	W12002	50	
Feb.		W11353	50—	
March		Y15012	50	

M 395 dollars in 400

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

L. L. Job 89002.—Req. 6213.

Sheet No. 2 Mrs Jean G. Campbell

Name of Soldier Campbell Marion M.
Nursing sister C.A.M.C.

Month.	Year.	Cheque No.	Amt.	Remarks.
			* 50.	
April	1916	3965	50	
May		44468	50	
June		48384	50	
July		47452	50	
Aug.		49571	50	
Sept.		51758	50	
Oct.		20203	50	
Nov.		25362	50	
Dec.		30794	50	
Jan.	1917	39370	50	
Feb.		44352	50	50
March		50267	50	50 L - C 50266 - Cancelled.
April		908	50	50 W.
May		47217	50	
June		14110	50	50
July		22324	50	
Aug.		27812	50	
Sept.		39091	50	
Oct.		46698	50	
Nov.		54478	50	
Dec.		51254	50	1,550.00
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.				