

REGIMENTAL DOCUMENTS

NAME CAMPBELL. WILLIAM.REGT. NO. 2384004 UNIT 18th. Pers. Bn. H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

3 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 + Dispersal Certificate C.D.B.

1 C.A.D.C. 5009A

1 P.P. Card

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Wesb. class. R.

No 22771

H. M. 1st LIT/1A

1st LIT/1A SOUTHAMPTON, 14, 5, 19

1st LIT/1A H. M. 1st LIT/1A

20, 6-19

1. No. 2384004

2. Rank. Pte

3. Name. Campbell William

4. Unit. 18th Res Bn.

5. Date of Discharge

24-6-19

Place

Winnipeg

6. Reason for Discharge

Demobilisation

O.S. 1

I.A. M. 10.

7. Authority. D.O. 179.

8. Proposed Residence after Discharge

Fort Frances, Ontario.

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.?

W. Campbell

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

W. Campbell

(O. C. Discharging Unit.)

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. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M. W. 39)
9. Copy of Discharge Certificate (M. W. 39)
10. Discharge Certificate (M. W. 39)
11. Discharge Certificate (M. W. 39)
12. Last Pay Certificate (M. W. 44)
13. Discharge Certificate (M. W. 39)
14. Discharge Certificate (M. W. 39)
15. Discharge Certificate (M. W. 39)

Group.....
 Checked by No. *26*
[Signature]
 Date..... 10 JUN 1919

Number 2384004 Rank Plt

Surname CAMPBELL

Christian Name William

Units 9th P. Theatre of War England

Date of Service 15-8-18

Remarks _____

Latest Address Fort Frances, Ont

Roll No. A Page 4137

200m.-6-21..1.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

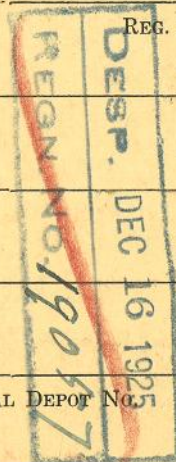
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Handwritten: 12/12/26

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Campbell. Christian name William.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 690382 TC
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Black Hawk. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th. day of May 1918 by the undersigned medical board sitting at Port Arthur. Ont.

5. Age as stated 23 Years 2 Months. 6. Apparent age 23 Years 2 Months
7. Height 5 Feet 6½ Inches. 8. Weight 146. Pounds.
9. Chest measurement { Minimum 37 Ins. Maximum 40 Ins. 10. Complexion Dark. { Eyes Brown. Hair Brown.
11. Physical development. Good { Good Fair Poor 12. Smallpox marks. None.
13. Number of vaccination marks { Right arm _____ Left arm I. 14. When vaccinated last 4 Years ago.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

16. Slight defects but not sufficient to cause rejection None.
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
- (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.II.

V/R. 20/20
V/L. 20/20
H/R. Normal.
H/L. Normal.

President.

J. H. Brown Member. J. D. Grant Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8-6-18		<u>J. H. Brown</u> M.O.	18-5-18		<u>J. H. Brown</u> M.O.
		M.O.	25-5-18		<u>J. H. Brown</u> M.O.
		M.O.	8-6-18		<u>J. H. Brown</u> M.O.

Joined 16th. day of May 1918 at Port Arthur, Ontario, Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>"H" Coy. 1st. Depot Batt. M.R.</u>	<u>2384004</u>		<u>16-5-18</u>
Transferred to.....	<u>18th. Depot. Bn.</u>			<u>3-7-18</u> <u>AUG 16 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

Signature of Man

William Campbell

Surname..

[illegible]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 10

NAME OF SOLDIER Campbell William
REGIMENT "H" Coy. 1st Depot Battalion
Manitoba Regiment RANK Private No. 2384004

Condition on first Examination	1918 May 15	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
													U	L	P			Gold	Porcelain				

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :
1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

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Justy Allen Fairclough

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Campbell

WSB Class 6 No 22771

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2384 004 (Rank) Pte
Name (in full) William Campbell enlisted in
the 1st Depo Bn Man Reg
CANADIAN EXPEDITIONARY FORCE at Port Arthur Ont on the 16th
day of May 1918
HE served in Man, Reg, England
and is now discharged from the service by reason of Demobilization.
Medical Unfitness. *Demobilization R.O. 1420 (c)*

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

Age 24 yrs
Height 5' 6 1/2"
Complexion dark
Eyes Brown
Hair Brown

Marks or Scars Nil

W Campbell
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge



[Signature]
Rank

Date 24 June 1919

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.

1992 年 11 月 15 日

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

3.—That the defendant is liable if on the

10 M. B. 1st. Depot Battalion Manitoba Regiment

Regtl. No. 2384004

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class I)

ORIGINAL

1. Surname Campbell
2. Christian name William
3. Present address Black Hawk P.O. Ontario Canada
4. Military Service Act letter and number 690382 TC
5. Date of birth Montreal Quebec Canada
6. Place of birth March 25th. 1895
(town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin Donald Kenneth Campbell
11. Relationship of next-of-kin Father
12. Address of next-of-kin Black Hawk P.O. Ontario Canada *W - C*
13. Whether at present a member of the Active Militia no
14. Particulars of previous military or naval service, if any no
15. Medical Examination under Military Service Act:—
(a) Place Port Arthur, Ontario Canada. (b) Date May 16th. 1918. (c) Category A 2.

DECLARATION OF RECRUIT

I, William Campbell, do solemnly declare that the above particulars refer to me, and are true.

William Campbell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>23</u> yrs.	<u>2</u> mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. None.
Height	<u>5</u> ft.	<u>6 1/2</u> ins.	
Chest measurement	fully expanded	<u>40</u> ins.	
	range of expansion	<u>3</u> ins.	
Complexion	<u>Dark</u>		
Eyes	<u>Brown</u>		
Hair	<u>Brown</u>		

H. J. Antler Major
O. C. "H" Coy. 1st. Depot. Battalion
O. C. Manitoba Regiment Depot Btltn.
Regt.

Place Port Arthur Ontario Canada Date May 16, 1918

Army Form I, 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2384004	Pte	Campbell	W.
Year	Unit.	Age.	Service.	
	18 Can Res.	23	5/2	
Station and Date.	Disease			
24-10-18.	mumps			
	Reported sick 24.10.18			
	Swollen jaw			
	Left Parotid enlarged. Feels good			
2/11/18	Symptoms gone. Gets up			
13/11/18	Discharged A. C. C. C.			
	DISCHARGED 13 NOV. 1918 To			
	5642			

Station
and Date.

✓

Surname Campbell H. Q.
Christian names William M. D. No. 10-M ..
Regtl. No. 2384004 Rank Pte T. O. S. May 11th 1918
Unit Man. Regt 1st Aps. Bn D. O. Pt. II 137 of 17-5-18
S. O. S. Dis. 24/6/19
Reason Remob.
Auth. D.O. 179 28/6/19 #1060

Next of kin Campbell Donald K Relationship Father
Address Black Hawk, Ont Also notify: ..
.....
.....
.....

BORN—Place Canada Montreal P.Q. Date Mar 25th 1895
ATTESTED—Place Port Arthur Ont Date May 16th 1918
O/S..... R/C 20-6-19 351
95 Pte.
W. 22—100M-7-18, 1772-39-839

No. 14 CANADIAN GENERAL HOSPITAL
EASTBOURNE, SUSSEX HOSPITAL.

A. & D.
CARD

AT.....

A. & D. No.

PL. OF ACTION.....

RANK.....

REG. No.

UNIT.....

SICK OR
WOUNDED

NAME.....

AGE.....

RELIGION.....

PLACE IN HOSPITAL.....

DIAGNOSIS.....

ADMITTED.....

FROM.....

DISCHARGED.....

TO.....

TRANSFERRED.....

SERVICE AT HOME.....

IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

Surname

Christian Name or Names

Reg. No.

Campbell

W.

2384004

Rank

Unit

etc

man. 18 R.

Cas. List.

2. 11. 18. 6359

14 C. & S. Easthouse 25. 10. 18

20. 11. 18 C374

Alex. 13-11-18

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps "H" Coy. 1st Depot Battalion, M.R.

Regimental No. 2384004 Rank Pte Name Campbell, William

C. E. F.

Enlisted (a) 16-5-18 Terms of Service (a) Period of War Service reckons from (a) 16-5-18

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

Civil : Farmer
Military : Nil

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				
		Transferred to No 81 Overseas Draft Embarked, 4.8.18. Disembarked 15.8.18.		3-7-18 Certified	<i>W. B. Baker</i> Major O/C "H" Coy. 1st Depot Battalion Manitoba Regiment
24-9-18	18th. Res. Btn.	Taken on strength on arrival from Canada	SEAFORD	16-9-18	Pt. II. I. O. No. 267
	18th. Res. Btn.		SEAFORD		Pt. II. I. O. No. Capt. & Adj. t., 18th. Can. Res. Btn.
JUN 14 1919	<i>18 Res</i>	S.O.S. of O.M.F.C. on transfer to C.E.F. in Canada.	SEAFORD.	JUN 14 1919	Part 11 D.O. No. 165 <i>W. B. Baker</i> 18th CANADIAN RESERVE BATTALION ADJUTANT,

(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				
14.6.19.	T.O.S. Dispersal Station M.		D.O. 179 Pa 2.		
	and Dispersed. 24.6.19		- do.		3
	W. E. Patton				
	Lieut. for O. C. 10 District Depot.				

NAME

Campbell W.
Pte

REGT. NO.

23 84 004
Main Regt

RANK AND UNIT

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6359.

14 Can Gen H Eastbourne 25-10-18

mumps

6374

He is charged

13-11-18

"

[illegible]

Rank

Name

Campbell William

Reg'l No.

2384004

Unit

81st Dft. Man.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Port Arthur Ont.

16/5/18

Place of Birth

Montreal Que.

Name and Address, Next-of-Kin

Donald

Kenneth

Campbell

Black Hawk P.O. Ont.

Relationship

Father

Assigned Pay Monthly \$

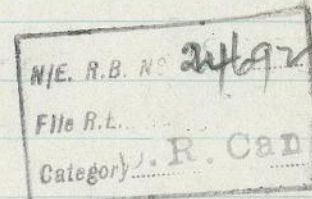
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.
			<i>Arrived in England</i>	<i>AUG 15 1918</i>	<i>H.M.T.</i>	<i>Hellore</i>
<i>24.9.18</i>	<i>18 Res</i>	<i>T.O.S</i>	<i>FROM Canada</i>	<i>Seaford</i>	<i>16.8.18</i>	<i>Pt.II O 267</i>
<i>14 6 1918</i>	<i>Res</i>	<i>S O S</i>	<i>to Canada</i>	<i>Seaford</i>	<i>14 6 18</i>	<i>DO 165</i>
			<i>To Can. 14-6-19</i>		<i>85 M 253</i>	

2384004 CAMPBELL, W.

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

CAMPBELL W

REGIMENT

18th Res

RANK

Pte

No.

2384004

Date of Examination in England

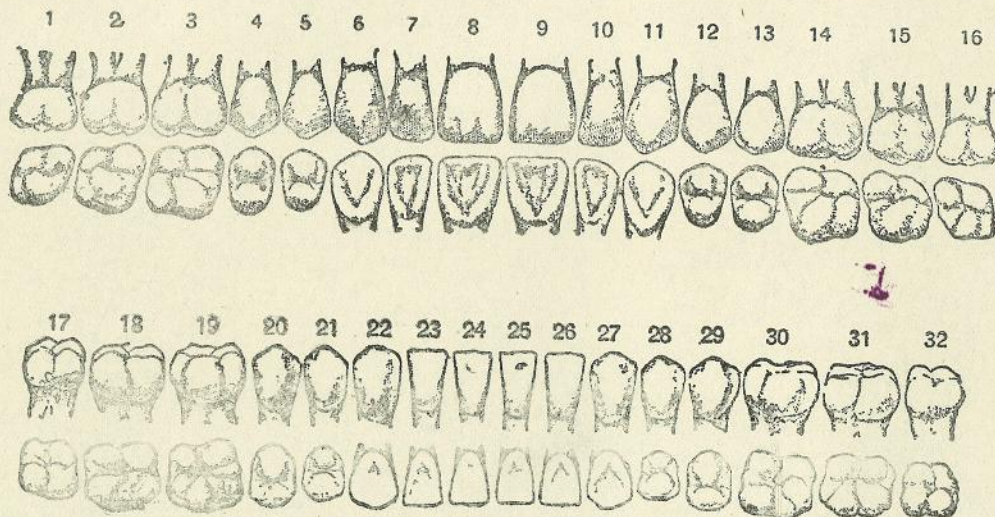
19/5/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

[Handwritten signature: J. P. Laurin, Capt.]
[Handwritten signature: J. B. Beaton, Capt.]

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. 2384004 Rank Pte Surname Campbell
(Given name in full)
William
Unit or Corps 15th Res Birthplace P. Quebec

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 est lbs. Height 5-6 1/2 ft. Colour of Eyes blue
Nutrition good
Pulse 72
Condition of arteries normal
Vision Rt. 20 Left 20
Hearing (conversational voice) Rt. 2/ ft.
Left 2/ ft.

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

nil

Opinion as to general health and physical condition healthy

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

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

No 14 C. G. H. 24-10-18 = 13-11-18 mumps