A526.3.19

REGIMENTAL DOCUMENTS

NAME CAMPBELL EARLE REGT. NO. 700825 UNIT 101st Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
S	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)				03610
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)		M		
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
4	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. 263)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	A ZW 3997				
1	B ZW 192				
1	A 22				
1	Pay Card				

NON-EFFECTIVE BY DEATH

Category

DISCHARGE

Category

Demobilized

DESERTION

H

403380

W. 2589
100M-11-18
1772-39-1377

700825 700825

201st. OVERSEAS BATTALION (W.L.I.) C. E. F.

2797 Original

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

700825

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Campbell
1a. What are your Christian names? ..... Earle
1b. What is your present address? ..... Suite 5 Pembina Block Winnipeg Man.
2. In what Town, Township or Parish, and in what Country were you born? ..... Dundee Scotland
3. What is the name of your next-of-kin? ..... Mrs Sarah Campbell
4. What is the address of your next-of-kin? ..... Suite 5 Pembina Block Winnipeg Man.
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... February 24th 1896
6. What is your Trade or Calling? ..... Clerk
7. Are you married ? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Earle Campbell, 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.

Earle Campbell ..... (Signature of Recruit)

Date Jan 16th 1916 J. S. Mackenzie ..... (Signature of Witness)
Lieut.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Earle 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.

Earle Campbell ..... (Signature of Recruit)

Date Jan 16th 1916 J. S. Mackenzie ..... (Signature of Witness)
Lieut.

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 Winnipeg this 17th day of January 1916

W Inglis ..... (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

2797

Description of Campbell Earle on Enlistment.

Apparent Age 19 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 2½ ins.
Chest measurement. Girth when fully expanded	33 ins.
Chest measurement. Range of expansion	1 ins.
Complexion	dark
Eyes	blue
Hair	dark
Religious denominations. Church of England	yes
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other Denominations (Denomination to be stated)	

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* fair for the **Canadian Over-Seas Expeditionary Force.**

Date January 17th 1916. Capt. Lovell

Place Winnipeg Capt. Amb

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:—

Passed as bugler

CERTIFICATE OF OFFICER COMMANDING UNIT.

Earle 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.

A. A. McLean (Signature of Officer)

Lt. Colonel
Commanding 101st. Overseas Battalion (W.L.I.)

Date January 17th 1916.

2797

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 10740

No. 10 DISTRICT DEPOT
DISCHARGE

This is to Certify that No. 700825 (Rank) Pte.

Name (in full) Earle Campbell enlisted in

the 101st Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 16th

day of Jan. 1916

HE served in 17th Reserve – C.O.C. England 29 months

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

☆ C.O. 32 - 392 D.O. 38 ☆

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

Age 23 years

Height 5' 2"

Complexion Dark.

Eyes Blue

Hair Dark.

Marks or Scars – Nil –

Earle Campbell
Signature of Soldier

E. W. Cowle Major
Issuing Officer
Lt. Col.
Officer Commanding No. 10 District Depot
Rank

Date of Discharge 11. 2. 19.

Appointment

Signed at Winnipeg this 11th day of February 1919

in Military District No. 10

File Reference No. 44-C. 1515

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

2797 A R201

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 101st Overseas Battalion (W.L.I.)

Regimental No. 100825 Rank Private Name Earle. Campbell.
C. E. F.

Enlisted (a) Jan 17th/16 Terms of Service (a) Duration of war Service reckons from (a) Jan 17th/16

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) Clerk

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.
		Per S/S Olympic	Embarked Disembarked		June 28th July 5th } 1916
		Transferred to 17th Battn	E Sandling	13/7/16	P.H.Q. Orders 86 14/7/16
					Captain Adjutant 101st. Overseas Battalion (W.L.I.)
22/7/16	OC 17th	Tld to ccac & att'd to 17th Bn	"	19/7/16	Pt 2 order 208.4
	"	attachment struck off list	Sandling		Part 2 Orders Lieut adjt 17th Can Res Battalion
26/12/16	O.C. 17th	On Command to C.O.C. Ashford	"	10/12/16	Pt. II O. 345

(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.

2797

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				
9-2-17	O.C. 17th B'n	Ceases to be attached to this Unit, on being attached to the C0C from CCAC	Bramshott	10-12-16	Part II Orders "34" Lieut & A/Adjt. 17th Canddian Reserve Batt[illegible]
16.2.17	O.C. C.O.C	Attd to C.O.C from CCAC	Ashford	10.12.16	C.O.C Part II 47
9.4.17	O.C. No 1 Dtl Col	T.O.S No. 1 Dtl Col from CCAC	Ashford	7.4.17	Pt II 110
28-1-18	-do-	Granted Good Conduct Badge	Ashford	16-1-18	Pt II 25 d/26-1-18.
9.12.18	O.C., C.O.C.,	STRUCK OFF STRENGTH No. 1 DETACHMENT, C.O.C., To. Gen. Depot	ASHFORD, KENT.	9.12.18	PART II No. 304 d/ 9.12.18
24.12.18		"ON COMMAND" 1st C.D.D. BUXTON	Witley	23.12.18	Do 304.

Discharged 11-2-19

C.O 32 / 392 D.O 38

for Lt. Col.
Officer Commanding No. 10 District Depot

24-12-18

Attached C.D.D. Buxton for return to Canada, Part II Order No. 304
Ceases to be attached C.D.D. Buxton on embarking for Canada.

Lt. for Lt. Col
Commanding Canadian Discharge Depot

18 JAN 1919 Ballin 134 "SCOTIAN" 24 JAN 1919

3-1-19 T. O. S. of No. 10 District Depot,
Part 2 Order No. 21 Para 171
Lt.-Col.
O. C. No. 10 District Depot.

Lieut.
Officer i/c Records,
No. 1 Detachment, C.O.C., (O.M.F.C.)

LIEUT.
OFFICER i/c RECORDS,

R—122

2797

A.C. Rank — Name CAMPBELL, Earle. — Reg'l No. 700825

Unit 101st. Bn. — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Winnipeg. Jan. 16th. 1916. — Place of Birth Dundee, Scotland.

Name and Address, Next-of-Kin Mrs. Sarah Campbell,
Suite 5, Pembina Block, Winnipeg. Man., — Relationship Mother.

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. No. 4-4-04
File R.L.
Category OR Loan.

H. W. & V., Ld.—7165-16.

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.
		Arrived In England SS Olympic 6th July '16			
13-7-16	101st. Bn	Tfd. to 17th. Res. Bn	E, S'ling	13, 7, 16	Pt2 D. O No156
14. 7. 16	17 Bn	Taken on Strength	E. Sdling	13. 7. 16	Ptll. O '197-
27. 7. 16	do	Tfd to Bleab & att'd to 17th	"	19.7.16	" 208
26.12.16	do	On Command to C.O.C.	do	10.12.16	" 345. & 34 - 9/2/17
17.1.17	Bleab	ceases to be att'd to 17th Batte. for Command to Bob. ashford	Hastings	10-1-17	" 39.
16-2-17	C.O.C.	att. from C.C.a.C.	ashford,	10-12-17	" 47.
9.4.17	C.C.a.C.	Ceases to be att. 505 to C.O.C.	Hastings	7.4.17	" 146 (C.O.C. Pt II 30/10/20.4.17)
25.1.18	C.O.C.	Awarded the Good Conduct Badge	Ashford.	16.1.18	" 25.

Over

2797

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.
9-12-18	606	SOS & Gen Depot	Clifford St	11.12.18 ~~9-12-18~~	ammended 606 D/10.12.18 Gen Depot Pro DO 304 D0296 3/13 7/18
24-12-18	Gen Dep.	On Com CDD Butler	Witley	23-12-18	—305.
21-1-19	Gen Dep.	Ceases Com CDD, & SOS to Canada	"	3-1-19	—17.

3/3/17 2797 R201 Original

700825

MEDICAL HISTORY SHEET.

Surname Campbell Christian Name Earle

Examined { on 17 day of Jan 1916
at Winnipeg

Approved by [signature]

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

Birthplace { City or Town Dundee
County Scotland

Apparent age 19

Trade or occupation Clerk

Height 5 Feet 2 1/2 Inches.

Weight 110 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 33 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. 2
Number 2

When Vaccinated last child

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	Examined for Re-engagement.
9-2-18	B II	R.O. Thomas Capt. M.O.
29/5/18	B II	H.D. Livingstone Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
5/6/16		[illegible] M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
17/4/16		[illegible] M.O.
22/4/16	[illegible]	[illegible] M.O.
4/5/17	III	H.W. Pearson M.O.
17/8/16	[illegible]	[illegible]

Enlisted on 17 day of Jan 1916 at Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	101st B	700825		17-1-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ashford Witley	7-8-17 11-12-18.	unemployed	B II W.M. Appointment B II Ch. Unfit Wage

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

2797

Surname Campbell Christian Name Charles

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.

Form D.M.S. 1384.
7004.—150M.—5/2/17.

2797

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 7-6-17 1917.

No 700825 Rank 1/A Name Lemmpheel C.

Local Unit C.O.C. Overseas Unit Age 20

Examination held at Ashford.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

(~~Nil~~) Small + underweight

PRESENT CONDITION.

No physical disability
He is small + under weight for full G.S. service but quite fit for lighter duty

BOARD RECOMMENDS:—

B III

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

Signatures:—

Members { W.T. McMurchy Mjr ..... President.
J E Harris Capt .....

APPROVED

Dated 12 AUG 1917 1917.

J E Harris CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

PRESENT CONDITION.

R. & O. 6045.

2797

R201.

OFFICE OF THE
STANDING MEDICAL BOARD
SHORNCLIFFE

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

July 19th 1916

No. 700825 Unit 17th Battalion Rank Pte.

Name Campbell, Earle Age 18

Examination held at East Sandling

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

Poor physique

Present Condition

—

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Board recommends :—

1. Fit for Duty.
2. Fit for duty after.....weeks' physical training.
3. Fit for light duty.....weeks.
4. Fit for permanent base duty. — yes
5. Discharge.

Signatures :—

Members { H. J. Williamson Capt. ....President.
" W. C. Arnold Capt. ....
.....

APPROVED

22 JUL 1916

Shorncliffe.....1916. S. R. Walker ....Captain.

A/D. A.D.M.S.,
Canadian Training Division.

FOR A.D.M.S. CANADIANS SHORNCLIFFE.

Copy. 2797

S.L. Section · 442 Maryland St

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. 700825 Rank Pte Surname Campbell
(Given name in full) Earle

Unit or Corps 101-17 C.O.C. 10 D.D. Birthplace Dundee Scotland

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

1. GENERAL DESCRIPTION:

Physique Fair Weight 98 lbs. Height 5 ft. 2 in. Colour of Eyes Blue

Nutrition fair

Pulse 76 sitting

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
2 vaccination marks
left arm
boyhood

Opinion as to general health and physical condition good: ~~fair~~ fair

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 Sytem 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.

This soldier is small in stature and frail in physique; there has been no change since his enlistment. He has no disability

DISTRICT DEPOT NO. 10

RECEIVED HEADQUARTERS FEB 4 1919

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

[OVER]

2797

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 ..... (Canada)

Date ..... Signed J Picard Capt 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 Cable Campbell

(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.)

H C Patton

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009 A

10.

2797

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Campbell. E.

REGIMENT E. A. RANK Pte No. 700825

Date of Examination in England 24-12-18. 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. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower — 6 teeth
   - (*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
- (*b*) In England yes.
- (*c*) In France

Signature of Dental Officer H Cowan Capt

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 7-8-17 1917

No 700825 Rank Pte. Name Campbell, E

Local Unit C.O.C. Overseas Unit Age 20

Examination held at Ashford

DISABILITY.
Overseas—Local
(scratch one out).

(~~NONE~~) Small & underweight

PRESENT CONDITION.

No physical disability.

He is small and underweight for full G.S. Service, but quite fit for lighter duty.

B.III

BOARD RECOMMENDS :—

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures :—

Members { Sgd. W.T.M. MacKinnon, Major ..... President.
Sgd. D. E. Howes, Capt. .....
.....

APPROVED

Dated 12 AUG 1917 1917.

D

D E Howes CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

For A.D.M.S.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names Earl ..... 2. Surname Campbell .....
3. Rank Pte ..... 4. Original Unit 101st Bn. ..... 5. Reg. No. 700825 ..
6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... 442 Maryland St. .....
..... Winnipeg - Man .....
7. Date of enlistment in the C.E.F. ... 16th Jan. 1916 .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Mrs Sarah Campbell .....
9. Relationship of such dependent ..... Mother .....
10. Address, in full, of such dependent ..... 442 Maryland St. .....
..... Winnipeg .....
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:—
..... 17th Reserve - England 5.7.16 to 3-1-19
.....
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? ..... No .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service .....
..... No .....
.....
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 (101st Bn.) 16.1.16
(17th Reserve) England 13.7.16 (C.O.C.) 10.12.16
Canada 3.1.19 Discharged 11.2.19
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 .....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 ? ..... No .....

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? Not applicable

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge

..... 11:2:19 ..... (b) Reason for discharge .....

....

Demobilization R.O. 1420 (c)

....

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 ..... No. ....

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

..... 17th Reserve - England only. .....

....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No.

(b) If so, are you in receipt of full pay and allowances from that Department ? ..... Not applicable

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: Earle Campbell

Place of Residence: 442 Maryfield St. Winnipeg - Man.

Declared before me at: Winnipeg

This 11th day of February 19.... E. Stibbards

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. Comm. B.R.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			$420.00	

Certified Correct.

District Paymaster.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Sarah Campbell

Name of Soldier Campbell Earle

700825 C. Coy, 101st Batt

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 00	JULY 1916
April	1916			
May				
June				
July		V 11599	15 - -	
Aug.		G 94530	15	
Sept.		G 16773	15	
Oct.		G 216714	15	
Nov.		G 26319	15	
Dec.		H 30543	15	
Jan.	1917	A 39104	15 -	
Feb.		C 44079	15 -	15
March		C 49988	15	15
April		P 621	15 -	15
May		X 6933	15	
June		P 13840	15	15 323 Arnold Ave. Winnipeg Man.
July		B 22015 -	15 -	15 B.
Aug.		27514	15	Cu
Sept.		F 38805	15	03
Oct.		J 46949	15	
Nov.		J 54619	15	
Dec.		H 51425	15 -	270/h
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
W Black
AUDIT CLERK
DATE 21-6-19

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.				

Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Sarah Campbell

Address ~~Ste 5 Pembina Block~~
Winnipeg Man
323 Arnold Ave, St James.

Rate 15.00

JUL 1 1916

By Whom Assigned Campbell Earle

Regtl. No. 700825

Rank Pte

Corps C Coy. 101st Batt

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

1-3-16.

219

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Sarah Campbell

Address ~~Ste 5. Pembina Blk.~~ 323 Arnold Ave Winnipeg. Man.

Relation to Soldier wife, child or mother } Widowed Mother -

Name of Soldier Campbell Earle.

Regtl. No. 400825

Rank Pte.

Corps 101st Bn.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 MUNT

1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs Sarah Campbell Wife. Name of Soldier Campbell. Earle

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		L8479	60	60
June		J8353	20-	20
July		B5812	20	20
Aug.		H11954	20 -	20
Sept.		A45658	20	20
Oct.		P18705	20	20
Nov.		R22008	20	20
Dec.		A24828	20	20
Jan.	1917	Q28112	20	20
Feb.		Q31400	20	20
March		Q34697	20	20
April		R524	20	20
May		Q3846	20 →300	20
June	9	McQ. 5.7238	20	21323 Arnold Ave - Winnipeg Man.
July		R10765	20	20
Aug.		U12720	20	U
Sept.		T16857	20	A
Oct.		B23973	20	T
Nov.		J25662	20	B
Dec.		B27289	20	B H40/2
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 1102

Date of Assignment

Jul 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~ 1/12/17 P.C. 3257	30 1-9-18 P.C. 2753 M.O. 49616	

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 700825

Rank Pte. Promoted Reverted Discharge

Soldier's Name Earle Campbell.

Battalion 101 Battn. & Do.

Beneficiary Mrs Sarah Campbell

Relationship W. Mother M.F.W. 2554-2/8/18

Address M.F.W. 2554 Recd O.K. J.H.G. 2/8/18

PARTICULARS OF ASSIGNMENT

Name Mrs Sarah Campbell.

Address 323 Arnold Ave. Winnipeg. Man

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		
Dec 31/17		H40	270	710		
Jany 1918	P66854	30	15	45		10
Feb.	D 90106	25	15	40		
Mar	A 108265	25	15	40	✓	✓
Apr.	A 5348	25	15	40	✓	✓
May	J 17139	25	15	40	✓	✓
June	E 19128	25	15	40	✓	✓
July	T 28219	25	15	40	✓	✓
Aug	E 31670	25	15	40	✓	
Sep	H 46037	25	15	40	✓	
Oct	F 49587	25	15	40		
NOV.	B 61079	25	15	40		
Dec	D 60898	45	15	60		
JAN 1919	J 69154	30	15	45		
		795	465			

027/3-E-19

REMARKS

~~Paid 29-7-18~~

Continue S.A. to Mother. P.A.B. folio 10-027/3 E-19

M.P.O. 8079

Discharged 11-2-19. auth M.D. # 10-

12-2-19 Letter ~~Paid~~ 18-2-19

M.D. 10.

CANADIAN
ASSIGNED PAY AUDITED
W Black
AUDIT CLERK
DATE 2-1-19

A/c Closed 21-1-19

Ret'd per F.X.

Date 15-1-19 21-1-19

Clerk W.H. Lerrin

W.B.

M. F. W. 128
400M.—6-17—1772-39-1141
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—177-39-141
L. L. 22320—M. & D. 1193.

No. 700825 RANK Pte NAME Campbell C

T.O.S. 17-1-16 UNIT 10/st Battalion
Do 13 17-1-16

M.D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan 17	Jan 31	C		
Feb		C		
Mar		C		
Apr.		C		
May.		C		
June		C		
July 1.	July 13	M	Trans to 17th. Batt. 13-7-16	100156 of 13-7-16

UNIT SAILED
JUN 28 1916

*Name Campbell Earle Rank Pte. Regtl. No. 700825

Fyle Depot

Original unit 101st Present unit // M. or S. Age 20 Religion C of E Ref. H.Q.

Port, ship, and date of arrival 15-1-19 "S.S. Scotian" St. John, N.B. Sailed 3-1-19

Next of kin Mother, Mrs Sarah Campbell, Ste 5. Pembina Blk., Winnipeg, Man.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Clerk Date and place of enlistment 16/1/16. Winnipeg, Man.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
3-1-19	T.O.S. #10 D.D. & Posted to Cas. Coy. D.O. 21, Pa.	171.
	LANDING LEAVE WITH SUBS.	

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

E-M-H.

Number 700825 Rank Pte

Surname CAMPBELL

Christian Name Earle

Units 101st Bn Canadians Theatre of War England

Date of Service 6/7/16

Remarks 439 Alexander Ave.

Latest Address ~~442 Maryland St~~ Winnipeg. Man

Roll No. C Page 5-025

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

DESP. APR 21 1923
REGN. NO. 8927

868—D.P.—40M-1-12-19.

10 CARD NO.

SURNAME. Campbell.

CHRISTIAN NAMES Earle.

REGL. No. 700825. RANK Pte

UNIT 101st.

FORMER CORPS Bil.

D.O.S. Dis. 11/2/19
Demob FOLL.
D.O. 38 of 7/2/19 & 10/2

Bn

NEXT OF KIN.

NAMES IN FULL Campbell, Mrs Sarah.

RELATIONSHIP TO SOLDIER Mother.

ADI 323 Arnold Ave.,
Winnipeg Man. (S.O.A.P. 12/6/17)

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Dundee.

PLACE OF ATTESTATION Winnipeg, Man.

DATE

DATE Jan 14th 1916.

Sailed from Halifax per S.S. Olympic 28/6/16 2469

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

R/C 15-1-19 252/10 Pte 5

MARRIED SINGLE yes 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

No. 700825 Rank Pte Name Campbell C

T.O.S. 17-1-16 Unit 10/st Battalion
Do 13, 7-1-16

M.D. 10

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Jan 17	Jan 31	C		
Feb		C		
Mar		C		
Apr.		C		
May.		C		
June		C		
July 1.	July 13	M	Trans to 17th. Batt. 13-7-16	100156 of 13-7-16

UNIT SAILED
JUN 28 1916

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form	B. 313	
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers. 2797

14-8-39

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 700825

Rank Private

Surname Campbell

Christian name Earl

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 101st Bat t.

Date of discharge 21-2-19

Place of discharge Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years ..... months.

Height 5 feet 8 inches.

Complexion Dark

Eyes Blue

Hair Dark

Trade Mail order clerk

Intended place of residence (To be given as fully as practicable.) 4002 Maryland St. Winnipeg.

Descriptive marks Nil

2. The above-named man is discharged in consequence of

Demobilization R.O. 1420 (c)

Authority for discharge ☆ C. O. 32 - 392 D. O. 38 ☆

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Winnipeg Cable Campbell *(Signature of Soldier.)*

(Date) 11-2-19 J. A. Dack Pte *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg E. W. Lewis Major

(Signature)..... Lt. Col.

(Date) 11-2-19 O.C. No. 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None Cable Campbell

PART III. 2797

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I. 2797

A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 700825 Rank PTE. Surname CAMPBELL Christian Name EARLE.

Unit or Corps—(a) Overseas from United Kingdom NOT. O.S. (b) in United Kingdom C. G. DEPOT.

Born at—Town DUNDEE County or Province Country SCOTLAND

Date of Birth—Day 24 Month FEB. Year 1896 Age 22 yrs. 10 months.

Joined at WINNIPEG. MAN. Date 17 JAN. 1916.

Former trade or occupation CLERK.

Permanent Marks or any peculiarity that will serve for future identification :—

(1) 2 Pace marks on Rt arm.
(1) Tattoo mark on Rt forearm.

Height—feet 5 inches 2½ Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) Earle Campbell

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Under development

Disabilities Group (*b*) n. a

Disabilities Group (*c*) nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Congenital -	Canada	Child hood
(*ii.*) As to Group (*b*) above.	n. a		
(*iii.*) As to Group (*c*) above.	n. a		

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes

(*i.*) As to Group (*a*) above? Yes — If yes, has Active Service aggravated it? No

(*ii.*) As to Group (*b*) above? n. a — If yes, has Active Service aggravated it? n. a.

(*iii.*) As to Group (*c*) above? n. a

4. Is the disability due to disease contracted or injuries received while on Active Service? No

(*i.*) As to Group (*a*) above? No

(*ii.*) As to Group (*b*) above? n. a.

(*iii.*) As to Group (*c*) above? n. a.

PART I. (continued). 2797

5. MEDICAL HISTORY. Enlisted Jan. 17/16. Arrived England July 5/16 Never went to France. Boarded at East Sandling Sept 12/16 for under development also at Ashford 7-8-17 Under development Bm Has been working as an orderly all the time.

6. PRESENT CONDITION. Complaints: Unable to do heavy work.

Examination: General condition only fair. Height 5 ft 2½", Weight 110 lbs. Heart - Visible & palpable pulsation of apex within the nipple line. Pulse 100. Heart not enlarged. Compensation good on exercise & exertion. 4th toe on rt foot turned inward under the third toe: All other systems negative

7. OPERATION. (i.) Was one performed? — nil (ii.) If so, state what. nil.

(iii.) Was one advised and declined? n.a

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? nil

(ii.) If so, describe. n.a

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) B II

(b) Invalid to Canada? —

(c) Discharge from the Service as permanently unfit? —

Date of Report Dec 11 1918

Station Witley

Signed C B Gilmour Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Dept in Hosp.

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II. 2797

Proceedings of a Medical Board on the Soldier mentioned n Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes.

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier {Caused? / Aggravated?} Nil

(b) Misconduct of the Soldier {Caused? / Aggravated?} Nil

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Ten per cent.

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) None.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Yes
(ii.) If not permanent, what is its probable minimum duration (*in months*)? N. A.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N. A.

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

18. REMARKS:— Auth A.F.I-9083-11-11-18

19. RECOMMENDATION:—

(a) Fit for duty? (*state category*) B II

(b) Invalid to Canada? Nil.

(c) Discharge from Service as permanently unfit? Nil.

Date of Board 11-12-18

Station Witley

Signatures of the Board: Chas Gwyn Major RAMC for President. R Worthington Major RAMC

Approved Geo F L Fuller Capt A.D.M.S.

Dated at ..... CAPTAIN, Station

HEADQUARTERS A.D.M.S. 12 DEC. 1918 File ..... CANADIAN TROOPS, WITLEY.

For A.D.M.S. CANADIAN TROOPS, WITLEY.

191

2797

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

Members of Board.

Proceedings.

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

Signed at 41, Grimston Avenue, Folkestone, this _____ *day of* _____ *, 191 .*

_____ *President.*

Bewley, Folkestone.
50,000.—11/12/15—3875.

2797

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station East Sandling

Date 12.9.16.

1. Unit 17th Res Bttn.
2. Regimental No. 700825
3. Rank Pte
4. Name Earle Campbell
5. Age last birthday 19
6. Enlisted { on 17.1.16. / at Winnipeg
7. Former Trade or Occupation { Clerk.

8. Disability.

Under development

Statement of Case.

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

9. Date of origin of disability. Previous to enlistment

10. Place of origin of disability. Discovered at E Sandling.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. No entries on M.H.Sheets , relating to this disability, or to show that man had had any illness since enlisting . Has not developed under training . Boarded on 19.7.16. - poor physique given permanent base.

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

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). Not on active service
Not in presence of enemy.

2797

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Weight given on enlistment 110, present weight 105 . Chest measurments under standard . Has not been able to carry full kit here tho. he carried on without complaining in Canada . Looks younger than age given.

14. If the disability is an injury, was it caused — Not applicable.

(*a*) In the presence of the enemy ?

(*b*) On active service ?

(*c*) On duty ?

(*d*) Off duty ?

15. Was a Court of Inquiry held on the injury ? Not applicable.

If so—(*a*) When ?

(*b*) Where ?

(*c*) Opinion ?

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

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

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

19. Do you recommend

(*a*) Fit for duty ?

(*b*) Fit for base duty ? Yes

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit ? ~~Yes~~ No

Capt C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station East Sandling.

Date Sept. 18th. 1916

Officer in charge of Hospital.
Capt. C.A.M.C.
Senior Medical Officer,
2nd Canadian Training Brigade,

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

2797

Opinion of the Medical Board.

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

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

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

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

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

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

a1 a2

21. Has the disability been caused or aggravated by

(*a*) Intemperance ?

(*b*) Misconduct ?

22. Is the disability permanent ?

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

To be stated in months.

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

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

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

26. Do the Board recommend

(*a*) Fit for duty ?

(*b*) Fit for base duty ?

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit ?

27. Remarks.

Signatures :—

_____ President.

Station _____ _____ } Members.

Date _____ _____ }

Approved.

Station _____ _____
Administrative Medical Officer.

Date _____

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

Members of Board.

Proceedings.

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

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.

Boys Rly.

R201.

BEWLEY, FOLKESTONE.
30,000—11/42/15—3875.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station East Sandling

Date 5 Sept 12 – 16

1. Unit 17th Res Batt
2. Regimental No. 700825
3. Rank Pte
4. Name Earle Campbell
5. Age last birthday 19
6. Enlisted on 17/1/16 at Winnipeg
7. Former Trade or Occupation Clerk

8. **Disability.**

Mental Development

Statement of Case.

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

9. Date of origin of disability. Previous to enlistment

10. Place of origin of disability. Discovered at E. Sandling

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

No entries on Med. Hist. Sheets relating to this disability or to show that man has had any illness since enlistment Has not developed under training Boarded 19/7/16 – Poor physique Non Permanent Base duty

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

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

Poor physique
not on active service
not in presence of enemy

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Weight given on enlistment 110
Present weight about 105
Chest measurements under Standard
Has not been able to carry full Kit
here tho he carried on with
out complaining in Canada
Looks younger than age given

14. If the disability is an injury, was it caused — not applicable

(*a*) In the presence of the enemy ?

(*b*) On active service ?

(*c*) On duty ?

(*d*) Off duty ?

15. Was a Court of Inquiry held on the injury ? — not applicable

If so—(*a*) When ?

(*b*) Where ?

(*c*) Opinion ?

16. Was an operation performed ? If so, what ? — not applicable

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

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

19. Do you recommend

(*a*) Fit for duty ?

(*b*) Fit for base duty ? yes

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit ? ~~yes~~ no

100

R D Orok. Capt Can A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station East Sandling

Date Sept. 18th. 1916

H J Williamson

Officer in charge of Hospital.

Capt. R.A.M.C.
Senior Medical Officer
2nd Canadian Training Brigade

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

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

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

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

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

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.		
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it ?		
21. Has the disability been caused or aggravated by		
(*a*) Intemperance ?		
(*b*) Misconduct ?		
22. Is the disability permanent ?		
23. If not permanent, what is its probable minimum duration ? *To be stated in months.*		
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? *In defining the extent of his inability to earn a livelihood, estimate it at* $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, *or total incapacity.*		
25. If an operation was advised and declined, was the refusal unreasonable ?		
26. Do the Board recommend		
(*a*) Fit for duty ?		
(*b*) Fit for base duty ?		
(*c*) Invalided to Canada ?		
(*d*) Discharge as permanently unfit ?		
27. Remarks.		

Signatures :—

_____ President.

Station _____ _____

Date _____ _____ Members.

Approved.

Station _____ _____

Administrative Medical Officer.

Date _____

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

Members of Board.

Proceedings.

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

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.

Bewley, Folkestone.
30,000.—11/12/15—3875.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station East Sandling

Date 12.9.16.

1. Unit 17th Res Bttn.
2. Regimental No. 700825
3. Rank Pte
4. Name Earle Campbell
5. Age last birthday 19
6. Enlisted { on 17.1.16. / at Winnipeg
7. Former Trade or Occupation { Clerk.

8. Disability.

Under development

Statement of Case.

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

9. Date of origin of disability. Previous to enlistment

10. Place of origin of disability. Discovered at E Sandling.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

No entries on M.H.Sheets , relating to this disability, or to show that man had had any illness since enlisting . Has not developed under training . Boarded on 19.7.16. - poor physique given permanent base.

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

Poor physique.

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

Not on active service

Not in presence of enemy.

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Weight given on enlistment 11⁰, present weight 105 . Chest measurments under standard . Has not been able to carry ~~full kit~~ full kit here tho. he carried on without complaining in Canada . Looks younger than age given.

14. If the disability is an injury, was it caused — Not applicable.

(*a*) In the presence of the enemy ?

(*b*) On active service ?

(*c*) On duty ?

(*d*) Off duty ?

15. Was a Court of Inquiry held on the injury ? Not applicable.

If so—(*a*) When ?

(*b*) Where ?

(*c*) Opinion ?

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

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

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

19. Do you recommend

(*a*) Fit for duty ?

(*b*) Fit for base duty ? Yes

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit ? ~~Yes~~ No

Capt C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station East Sandling

Date Sept. 18th. 1916

H. Wrenmore
Captain, C.A.M.C.
Senior Medical Officer,
2nd Canadian Training Brigade.
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

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

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

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

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

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.		
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it ?		
21. Has the disability been caused or aggravated by		
(*a*) Intemperance ?		
(*b*) Misconduct ?		
22. Is the disability permanent ?		
23. If not permanent, what is its probable minimum duration ? *To be stated in months.*		
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? *In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.*		
25. If an operation was advised and declined, was the refusal unreasonable ?		
26. Do the Board recommend		
(*a*) Fit for duty ?		
(*b*) Fit for base duty ?		
(*c*) Invalided to Canada ?		
(*d*) Discharge as permanently unfit ?		
27. Remarks.		

Signatures :—

_____ President.

_____

Station _____ _____ } Members.

Date _____ _____

Approved.

Station _____ _____
Administrative Medical Officer.

Date _____

40. Are you already in receipt of Separation Allowance from any source? If so, how much? $25. Government allowance

41. Was soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give regimental number, rank and unit. no.

42. Was the soldier at the time of his enlistment an employee of the Dominion or a Provincial Government? no

43. If so, in what capacity and in what place? nil

44. Is he in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month? no.

45. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much? $8. Patriotic.

And I make this solemn declaration conscientiously believing it be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

Signature of Applicant Mrs Arch. Campbell

Place of Residence 323 Arnold Ave. Winnipeg Man

Declared before me at Winnipeg Manx

this 12 day of July 191[illegible]

Signature of ~~Barrister of the Supreme Court, Stipendiary~~ Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths Wilson Armstrong J.P.

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman, of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary, or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman R.B. McElheran

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund A.M. Solandt per as.

MEDICAL CERTIFICATE

1. Is husband of applicant a chronic invalid and totally incapacitated?

2. Of what nature is disability?

3. From what date has this total incapacity been existent?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. Are you the regular attending physician?

I certify that the above statements are correct.

Physician

Place.

Date.

A.P. 02713-E19

(41-12)

MOTHER

R.H. to D.

CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Separation Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. P. DIVISION
MILITIA & DEFENCE,
OTTAWA, CANADA.

S.A. & A.P. JUL 16 1918 C. R.

(This application to be made out for the last unmarried son that enlisted).

1. Name of Soldier	Rank	Regt. or Unit	Regtl. No.
Earl Campbell	Pte	101 Batt.	400825

2. Age of Soldier 22 Married or Single Single

3. Date of enlistment of Soldier January 1916.

4. Is Soldier at present in Canada or Overseas?

Overseas

5 Name in full of Mother of Soldier	Age	Occupation	Address
Sarah Campbell	48	Housewife	323 Arnold Ave

6. Name of your husband.	Age	Occupation	Where Employed
Lachlan Campbell	Dead		

7. If your husband is alive, state amount of support received from him during the past year. NOT APPLICABLE

8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. NOT APPLICABLE

9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. **(Form of Medical Certificate attached hereto, must be filled out and returned with this Declaration).** NOT APPLICABLE

M. F. W. 147
50m.-11-17
1772-39-1181

10. What amount did your husband earn during the past year? NOT APPLICABLE

11. What amount did you earn during the past year? Nil

12. If you are a widow, state date and place of death of your husband. March 1913

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. NOT APPLICABLE

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage. No

15. Names of all your other *unmarried* children. **(If a soldier, give regimental number and unit).** Address in full. Age. Occupation.

none

16. Names of all your other children. **(If a soldier, give regimental number and unit).** Address in full. Age. Date married.

none.

17. Are any of above unmarried sons eighteen years of age or over, totally incapacitated? **(If so, Medical Certificate, similar to attached form, must be furnished showing such incapacity).** NOT APPLICABLE

18. State amount earned at present per month by
(a) yourself Nil
(b) your husband

19. State amount and source of any other income. None

20. State value of real property belonging to you and your husband. State amount of mortgage on this property. none

21. State value of personal property belonging to you and your husband. none

22. If husband is dead, state value of real and personal property left by him. Nil

23. State amount contributed in cash by soldier during the year prior to enlistment. 624 ~~to 24~~ Dollars

24. Was this amount contributed weekly or monthly? Weekly

25. Did soldier live with you during the year prior to enlistment? yes

26. State your son's trade or occupation prior to enlistment. Shipper

27. State amount of his wages per week. 12 Dollars

28. State name and address of his last employer. T. Eaton Coy Winnipeg

29. State amount of support monthly from soldier since enlistment. 15 Dollars a.P.

30. State amount of ASSIGNED PAY received by you from soldier monthly. 15 Dollars

31. From what date did you receive ASSIGNED PAY? January 1916.

32. Actual amount contributed by other children during the year prior to enlistment of soldier. Weekly nil Monthly

33. Actual amount contributed by other children at present. Weekly nil Monthly

34. Are any of these children in the employ of you or your husband? nil

35. If not receiving support from other children, state reason. Explain fully. nil

36. With whom are you residing at present? State relationship, if any. Mrs. C. Stewart no relation.

37. How long have you resided with above person? May 15. 1917

38. State amount of rent or board paid by you per month. Six dollars. $6 board. a week.

39. Have you made a previous claim for Separation Allowance? Give particulars. Yes. been receiving separation allowance since enlistment.

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Dundee, Scotland

NAME AND ADDRESS OF NEXT OF KIN: Mrs Sarah Campbell Ste 5 Pembina Block Winnipeg Man

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE) 16/1/16

PAYABLE TO: Sarah Campbell Ste 5 Pembina Blk. Winnipeg Man

RELATIONSHIP OF DEPENDANT: Mother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 700835 RANK Ste NAME Campbell Earle

IF IN PERMT. CORPS WHAT UNIT | UNIT 101st Battn TRANSFERRED TO 17th Battn DATE July 13 AUTHORITY 20156

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 6.06 DATE 21/4/17 AUTHORITY 25 Notes

PLACE OF ATTESTATION Winnipeg Man TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION January 16th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $15.00 DATE EFFECTIVE July 1st 1916

PAYABLE TO Mrs Sarah Campbell Ste 5 Pembina Blk Winnipeg RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C1

Checked C.R.M.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
June 30														13 -	13 -												Bal from Canada			13					Trans to 17th Batt July 13 20156
July 1-13	13	1.00	13		13	10	1	30						14 30														15		15		12	30		
14-31	18		18		18		1	80						19 80				1343	15/8					974						974		22	36		
Aug 1-31	31		31		31		3	10						34 10		1440	31/7							1703				15		32 03		24	43		
Sept 1-30	30		30		30		3							33		1594	3/8	1517	14/8					243	974			15		27 17		30	26		
Oct 1-31	31		31		31		3	10						34 10		1638	20/9	1821	13/10	1739	10/10			974	974			15		44 22		20	14		
Nov.	30	1.00	30	-	30	10	3	-						33 -		1904	30/10	2009	15/11					730	730			15		29 60		33	54		
Dec	31		31		31		3	10						34 10		2044	30/11/16							973				15		24 73		32	91		
Jan 1-31	31		18 40 / 34 10 / 23 6 50				18 40							34 10 / 2149 50		2305	20/12							1947 / 1470		476	26	15 / 105		34 47 / 21 96		32	54		
Feb	28		30 80											30 80														15		15 -		48	34		
Mar	31		34 10											34 10								1196	Coal ashes			973		15		44 19		38	26		
																						1154 / 1941	Coal 5/12/17			1460 / 486									
April	20		22 -											22 - / 336 40														15		15 - / 291 15			25		Jpf 6.06 21/5/17 Author 25 Note
	11/30	10	1.00 / 1.10	11 / 352 40	00									11 00								1283 / 1339	15/3 / 29/3	9.95.	-	474 / 730				17 07		39	21		

700825 Pte Campbell E.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
May	31	1 10/30	34	10											34 10	82 30	30/4 13/4						
June	20	-	23	00											23 00	133	15/5	178	31/5				
July	31	-	34	10											34 10								
Aug	31	-	34	10											34 10								
Sept	30		33	00											33 00	236 291	15/6 30/6						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
7 30											
9 73				15		32 03	41 28				
9 73	7 30			15		32 03	42 55				
				15		15	61 25				
				15		15	80 45				
9 74											
7 30				15		32 04	81 41				
43 80	7 30										

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sept.		~~41 11~~							81 41		
Oct.	P. P.	34 10		353 16/9/17 coc	9 74		15				
"				503 15/8/17 coc	9 74						
"				430 31/7/17 coc	9 73						
"				880 30/8/17 coc	9 74						
"				654 15/9/17 "	9 73				51 83		
		34 10			48 68		15				
Nov	PP	33 -		711 28/9/17 "	9 73						
Dec	"	34 10		883 15/11/17 "	9 73						
				776 15/10/17 "	14 60						
				804 29/10/17 "	24 33						
					58 39		15				
				Nov							
				Dec			15		30 54		
		67 10			58 39		30				
Jan	P.P	34 10		948 GBG 30.11.17	14 87						
				1007 17.12.17	14 60						
				972 6.12.17	9 73						
					29 20						
				EAP			15		28 44		
		34 10			29 20		15				
Feb	P.P	30 80		1072 GBG 11.1.18	9 73						
				1153 29.1.18	7 30						
					17 03						
				EAP			15		19 21		
		30 80			17 03		15				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Mar	P.P	34 10									
				EAP						15	
				1429 GBG 26.2.18	14 87						
				1385 13.2.18	9 73						
				1349 12.3.18	9 73						
				1445 26.3.18	7 30				6 68		
		34 10			31 63			15			

CANADIAN
ACCIGNED PAY AUDITED
AUDIT CLERK
DATE 21 June 1918

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1·7·16		EFFECTIVE DATE:-	
AMOUNT:- 15⁰⁰		AMOUNT:-	

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.

~~Mrs S Campbell, (Mother.)~~
~~Street 5, Pembina Block~~
~~Winnipeg~~
Cancelled Eff 1/1/19

NAME:- Campbell, Earle
NUMBER:- 200825

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 101st Bn
DATE ACCOUNT FIRST OPENED:- 1·8·16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			BOGI

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
4/12/17		Aslford £1·10·0	~~4 30~~			L/P & Issued 17-12-18	
			~~4 87~~			L/a Balance	31 48
						Ledger 7	36 65

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- L/P to Can 31/12/18 (auth) Wit 1R40 17/2/19.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SPARATION
									1 68		
Apr	T.P	33		33 #1 Det 15·4·18	14 60						
				BAP				15			
				130 30·4·18	9 73				35		
		33			24 33			15			
May	T.P	34 10		234 #1 Det 14·5·18	9 73						
				BAP				15			
				347 29·5·18	7 30				2 42		
		34 10			17 03			15			
June	T.P	33		BAP				15			
				456 #1 Det 13·6·18	9 73						
				557 27·6·18	7 30				3 30		
		33			17 03			15			
July	T.P	34 10		BAP				15			
				637 #1 Det 4·7·18	1 28						
				709 16·7·18	9 73						
				809 30·7·18	7 30				4 18		
		34 10			18 31			15			
Aug	T.P	34 10		BAP				15			
				943 #1 Det 16·8·18	14 60						
				1038 30·8·18	4 87				3 81		
		34 10			19 47			15			
Sept	T.P	33		BAP				15			
				1139 #1 Det 14·9·18	7 30						
				1236 28·9·18	9 73				4 78		
		33			17 03			15			
									Over		

NUMBER 700825 RANK Pte NAME Campbell C

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30.9.18									4 7 8	7 8 5 0	
Oct	T.P	34 10		C.A.T				15	23 8 8		
				1353 d. 16.10.18 #1 Det 15	7 3 0				16 5 8		
				Dental Work on Repayment 18.10.18	2 4 3				14 15		
				1445 d. 30.10.18 #1 Det	4 8 7				9 2 8		
		34 10			14 6 0			15			
Nov	T.P	33		C.A.T				15	27 2 8		
				1533 d. 15.11.18	9 7 3				17 5 5		
	P.P. Sec.	34 10							57 6 5		
				Can Sec.				15	36 6 5		
				1712 d. 4.12.18	4 8 7				31 7 8		
		67 10			14 6 0			30			
				7458 d. 31.12.18 C.D.D.	9 7 3				22 0 5		
					9 7 3						

D.O.17. C.S.D. 21.1.19
S.O.S. to Canada 3.1.19

CANADIAN
ASSIGNED PAY AUDITED
A. H. Smith
AUDIT CLERK
DATE 21/1/19

M. O. No. 11

AUDITOR | PAYMASTER

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

REGT. No. 700825 RANK Pte NAME (IN FULL) Campbell E. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1/2/19

TO WHOM PAID Mrs S Campbell. (w) RELATIONSHIP

ADDRESS 442 maryland St Winnipeg.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 101st Bn. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY ~~$ cts~~ A. P. Paid by Ottawa [A.P. 15.00] CABLE DISCHARGE DATE EFFECTIVE 1-1-19

PAYABLE TO Mrs S. Campbell wef 8-2-19 RELATIONSHIP

ADDRESS ~~Ste 5 Pembina Blk~~ Winnipeg. Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: ~~442 Maryland St - to Pg~~

~~Closed 31/1/19 to be Cont'd by 1085~~ Pay. 6699 - d 26/3/19

DISCHARGED — PLACE M.D. #10 — DATE 11/2/19 — REASON D. — AUTHORITY D.O. 38 — IF ENTITLED TO POST DISCHARGE PAY Yes — 183 Days W.S.G.

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	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 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													7	82			7	82			Trans. per 785 for pay on 1-1-19.
																													7	82			7	82			A.F. O.3d for Dec. 1-84.
1/-31/1	31	1.10	34	10	11	80			45	30			14763				22	48											15	-			45	30				
																													7	82							T.O.S. 6/6 Sanitary ... D.U. 21 ... 2.2. subs 14 days. 11/12
1/2 to 11/2	11		12	10	35	-			47	10			15808				35	-											15	-			50	-	2	90		
																																					2.3.00 con D.U. 38
																																					2nd tube presented by W.S.G.
			46	20	46	20			92	40							57	48											45	64			103	12	10	72		C.L.P.C. Ford.
Mch					11	00																															
					15	00			26	00			21919	21920			17	10	11	-	5	-							2	90			26	-				Mch. Tab by Cdn. Mtr. Yard Sta F. 1/2/19 C.L.P.C.

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER 13

M. OR S.

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

REGT. No. 700825 RANK Pte NAME (IN FULL) Campbell Earl (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID: Mrs. E. Campbell — RELATIONSHIP: wife

ADDRESS: 442 Maryland St. Wpeg.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: 101st Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Winnipeg — DATE OF ATTESTATION: 16-1-16

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

~~ASSIGNED~~ PAY $ — ~~DATE EFFECTIVE~~

~~PAYABLE~~ TO — ~~RELATIONSHIP~~

ADDRESS: 442 Maryland St. Wpg

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Wpg. — DATE: 11-2-19. — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

C.30

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	S.A. $	S.A. C.	TOTAL CREDITS $	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 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Feb 11	183								420	00					5042		40	00									2	90							347	10	
Mar 8															90 22		70	00																	277	10	70 00 2nd Pment W.S.B.
" 18							180		600	-																									457	10	S.A. granted per a.L.P.C.
Apr 6															131229		70	-																			70 00 3rd Pment W.S.B.
															131230					90	-														297	10	90 1-243 " " S.A.
May 6															563839		70	-																			70 4th " "
															563840					30	-														197	10	30 " " "
June 6															759584		70	-																			70 5th " "
															759585					30	-														97	10	30 " " "
July 4															1818		64	10																			64 10 5th Final ✓ ✓
															1819					30	-														30	-	30 - ✓ ✓ ✓ ✓ ✓
							600	-									417	10	180	-							2	90			600	-					
a/c closed 4/7/19																																					
Aug 9			2	90			290								1211736	½	90																				Audit'd 10 25 -d 1/3/19 Audited to 4-7-19

AUDITED 1919 Audit Clerk M.D. 10

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-30-1390.