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515045

403366

Campbell.
John. Norman

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM





Campbell, J. N.

515045
6588

ATTESTATION PAPER.

Headquarters Company, Fourth Divisional Train, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 515045
Folio:

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Campbell
- 1a. What are your Christian names?..... John Norman
- 1b. What is your present address?..... Arthur St. Truro, N.S.
2. In what Town, Township or Parish, and in what Country were you born?..... Truro, Colchester Co, Canada
3. What is the name of your next-of-kin?..... Neil R Campbell
4. What is the address of your next-of-kin?..... Arthur St. Truro, N.S. CANADA
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... March 5th - 1893
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, John R 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.

Date April 8th 1916 John R Campbell (Signature of Recruit)
as said (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John R. 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.

Date April 8th - 6 1916 John R Campbell (Signature of Recruit)
as said (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

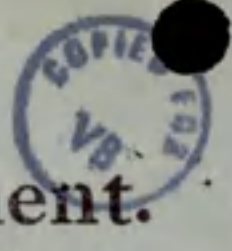
The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Halifax N.S. this 8th day of April 1916
as said (Signature of Justice)

Description of John D. Campbell on Enlistment.



Apparent Age 23 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 1/2 ins.

scar left arm
scar back right hand

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 4 ins.

Complexion Medium

Eyes Gray

Hair Light Brown

Church of England ---

Presbyterian ---

Methodist ---

Baptist or Congregationalist ---

Roman Catholic ---

Jewish ---

Other denominations (Denomination to be stated.) ---

weight 117 1/2

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 8th 1916

J. M. Murdoch
Captain A.M.C.
 Medical Officer.

Place Halifax, N.S.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John D. 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.

[Signature] MAJOR (Signature of Officer)

O.C.H.Q. Coy, Fourth Divisional Train

Date APR 20 1916 1916

DUPLICATE



CANADIAN EXPEDITIONARY FORCE Discharge Certificate



This is to Certify that No. 515045 (Rank) Private
 Name (in full) John Norman Campbell enlisted in
 the 4th. Div. Train.
 CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 6th
 day of April 19 16.
 HE served in England.
 and is now discharged from the service by reason of being medically
unfit. (Auth: 610. 59. C. 926. 26. 6. 18)

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

Age 25³/₁₂ Years
 Height 5:9 in
 Complexion Medium
 Eyes Brown
 Hair dk. Brown

Marks or Scars
Scar IP. elbow
Crooked IP. arm.

J. N. Campbell
 Signature of Soldier

J. W. Grant
 Issuing Officer
Major Genl. Colonel
 Rank
C. C. 6 Regt. C. E. F.
 Appointment

Date of Discharge 23rd July 18

Signed at Halifax N.S. this 23rd day of July 1918
 in Military District No. Six
 File Reference No. 16. C. 315

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.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 515045 (Rank) Private Name J. H. Campbell

Unit 6 Batt. C. G. P.

Address on Discharge Windsor, Ont.

Character and Conduct Good

Former Occupation Clerk

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Halifax N.S. this 23rd day of July 1918

J. W. Grant

Name of Officer

Major for Lieut. Colonel

Rank

O.C. 6 Batt.

Appointment



X. Ray Department,
No. XI Canadian General Hospital
Record 7737

M.O.C. A.S.C. Corps Depot, St. Martin's Plain,
25th Jan. 1919.

p/c. J.N. Campbell. 515045., C.A.S.C.,

No active bone lesion shown.

X. Ray Department,
No. XI Canadian General
Hospital

gallard capt
Capt for A. H. Pirie

E

JAN 31



X. Ray Department
No. XI Canadian General Hospital
Record No. 7737

M.O.C.A.S.C. Corps Depot. St. Martin's Plain
25th Jan. 1918.



John
Pte. J.N. Campbell. 515045., C.A.S.C.,

No active bone lesion shown.

Capt. C.A.M.C.,
O. i/c X. Ray Department,
No. XI Canadian General
Hospital.

*John Reid Capt
for
Capt. A. H. Pirie*



Name **CAMPBELL John Rank Pte.**

Reg. No. 515045

Norman

Unit **C.A.S.C. TRAINING DEPOT (4th Div. Trn.)**Next of Kin **Canada.**

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Aug. 28	Mil. Hosp. S'cliffe		VDG	313	ER	
Sep. 3.	Barnwell Mil. Hosp. Cambridge.		do.	317.		
Sep. 21	Discharged		do	327	ER	

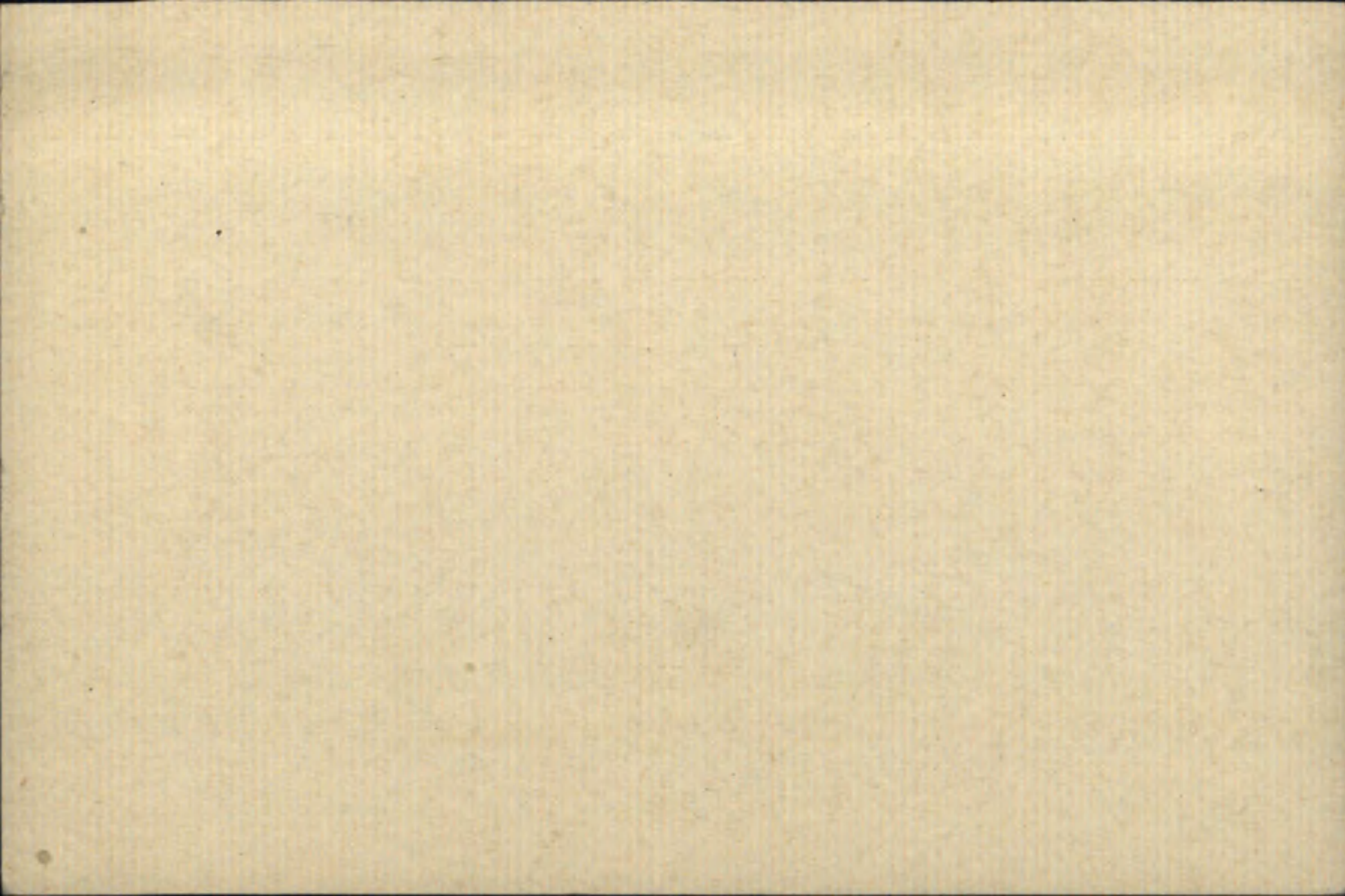
No. 515045 RANK *2lvr*

NAME *Campbell J M*

T. O. S. *8-4-16*
20. Q. 5-17-4-16

UNIT *C. A. S. Co. No 4 Div. Train Co. Q. Coy*
M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Apr 8</i>	<i>1916</i> <i>Apr 30</i> <i>May</i>	<i>✓</i> <i>✓</i>		



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

313

Mil Shorne.

28-8-16.

V.D.G.

317

Barnwell Mil Cambridge

3-9-16

" " "

325.

" Disc "

21-9-16

" " "

946.

Cannayth Alderholt

22.10.17

" " "

686

Discharged

10-12-17.

V.D.G.

(C.A.S.C.)



NAME *Campbell, J. M.*

H. Q. FILE No. 649-

REGT'L. No. *515045.*

RANK AND CORPS *Pte. W.A.S.C. (4th Div In)*

CABLE

NO.

DATE

NATURE OF CASUALTY



#1
Number 515045.

Rank

Pte



Surname

CAMPBELL

Christian Name

John Norman

Units

Ca. S.C.

Theatre of War

England

Date of Service

6-7-16

Remarks

Latest Address

~~Q.A.~~ Box 867

Arthur St.

Roll No.

Ca Page 4225

Truro, N.S.

200m.-6-21.M.

DEPT. OF AGRICULTURE
REG. NO. 5673
MAY 5 1925

SURNAME.

Campbell

6

CARD NO.

CHRISTIAN NAMES

John Norman



*S.O.S. Div. No. 23-7-18
10.0857 24-7-18.*

REGL. No.

515045

RANK

UNIT

4 Div: Training C.A.S.C.

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Campbell Neil R.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Arthur St: Truro N.S.

CHANGE OF ADDRESS

*Cast W & Cope
Dept, Railways
& Canals*

COUNTRY OF BIRTH

Canada Truro Colchester

DATE

Mar 5th / 93

PLACE OF ATTESTATION

Halifax N.S.

DATE

Apr 8th / 18

R/B. 17-3-18. $\frac{6}{28}$ 5



MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

23

YEARS

1

MONTHS

HEIGHT

5

FEET

8 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

4

INCHES

COMPLEXION

Med:

EYES

Hazel

HAIR

Lt. Brown

DISTINGUISHING MARKS

Scar left knee
" back right hand.

MEDICAL EXAMINATION.

PLACE

Halifax N.S.

DATE

Apr 8/16

Present address:

Arthur St Inuro N.S.

Surname

Campbell.

Christian Name or Names

J.N.

Reg. No.

515045.

Rank

O.C.

Unit

4. Div. Inf. 6 ASB Sford

Co.

Troop

Batty

Hospital

Date of Admission

Transferred

Milty. Hosp. Shoncliffe

Hosp.

28-8-16.

Barnwell Mil Camps.

Hosp.

3-9-16

Connaught

Aldershot.

Hosp.

22-10-17.

Hosp.

Diagnosis

V. D. G.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: if more than one state present

DISPOSITION

Dis.

21-9-16 Date
10-12-17

REMARKS

C.L. 1-9-16. 313.

" 7-9-16. 314

e.L. 22-9-16 327

" 27. 10. 17. C460.

13-12-17 C86

A.M.D. 2 Dept.

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

10/11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

DENTAL CERTIFICATE.

515045
A. Campbell J. M.

The following Certificates will be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

C.A.S.C.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
18. 2. 18	<p>Unfit</p> <p>10 Extractions and Settings</p> <p>Partial Upper & Lower Dentures</p>	<p>Y.</p>	<p>No</p>	<p>Public Expense</p> <p>H. J. Quinn C. S. C.</p>



DENTAL CERTIFICATE

be returned to the Dental Officer in all
Other cases, being returned to the
Dental Officer in all

Name	Rank	Regiment	Dental Condition	Remarks
<i>Mr. J. H. Smith</i>	<i>Private</i>	<i>1st Battalion</i>	<i>Good</i>	<i>Fit for duty</i>
<i>Mr. A. B. Jones</i>	<i>Sergeant</i>	<i>2nd Battalion</i>	<i>Good</i>	<i>Fit for duty</i>

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

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

500M.—9-16

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

Casualty Form—Active Service.



Unit, Regiment or Corps.....

Regimental No. 5750 45 Rank Pte Name Campbell J M
C. E. F.

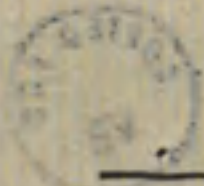
Enlisted (a) 8-4-16 Terms of Service (a)..... Service reckons from (a) 8-4-16

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		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				
<u>3-5-18</u>		STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT	<u>Halifax</u>		<u>A. D. D. Aire</u> CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT

(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.



Casualty Form - Active Service

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				



6588

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

Campbell J. N.

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

Casualty Form—Active Service.

25082-16
H.Q. 17723-920
VB

Unit, Regiment or Corps Headquarters Company, Fourth Divisional Train, C. E. F.

Regimental No. 515045 Rank Private Name Campbell, John Norman
C. E. F.

Enlisted (a) 8-4-16 Terms of Service (a) Duration of War Service reckons from (a) 8-4-16

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		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				
		<u>Taken on strength Canada 28-6-16</u> <u>Disembarked England 5-7-16</u> <u>Taken on strength C.A.S.C. T.D. Authority D.O. 3606</u>			<u>10-7-16</u> 6-7-16
28 AUG 1916		Transferred to C.A.S.C. <i>Campbell</i>			CAPT for MAJOR O.C. - C.A.S.C. T.D.
OCT 20 1916		Tsfrd To C.A.S.C. Crowborough		OCT 18 1916	Pt. II Orders
<u>24/16</u>	<u>Taken on (O.C.)</u>	<u>Strength at Crowborough</u>		<u>17-11-16</u>	<u>Part II Orders No 1.</u>
<u>24.7.17</u>		<u>Transferred to C.A.S.C. Seaford</u>		<u>Crowborough 24.7.17</u>	<u>Auth - Part II Orders No 205 dated 25.7.17</u>

(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, Shoing 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				
6-8-17	C.A.S.C. Kilnaburg	T.O.S. C.A.S.C.	Seaford.	24-7-17	Part II - D.O. 217, 5-8-17.
21-1-18	C.A.S.C. Seaford	S.O.S. on posting to C.A.S.C. Corps Depot Shorncliffe	Shorncliffe Seaford.	21-1-18	part II D.O. 21 of 21-1-18. <i>[Signature]</i> Lieut. Adjutant, For Major, O.C., C.A.S.C., SEAFORD.
22-1-18	C.A.S.C. CD.	T.O.S. from C.A.S.C. Seaford.	Shorncliffe.	21-12-17	Pt 22
14-2-18	"	On command 1 st Lt DD Buxton	"	14-2-18	Pt 45 <i>[Signature]</i> For OC, C.A.S.C. CD.
15 FEB 1918		TAKEN ON STRENGTH C.D.D, BUXTON		Pt. 11 ORDER No. 39.	<i>[Signature]</i> Lieut.-Col. Commanding Canadian Discharge Depôt
23 FEB 1918		EMBARKED FOR CANADA FROM LIVERPOOL			<i>[Signature]</i> Lieut.-Col. Commanding Canadian Discharge Depôt
17-3-18	O/S.	Taken on strength # 6 Casualty unit # 6 Depot Transferred to # 6 Depot	Halifax NS Halifax NS	4/5/18	<i>[Signature]</i> O. I. / C Casualty Unit

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 515054 Rank Pte. Name J.N. Campbell

Corps 6th Batt'n, C.G.R., C.E.F. who was* Discharged

On 23-7-18 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7-18 1918,
to 23-7-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	23	99
Advances by Cheques } No. <u>3442</u>	10	00	Regt'l Pay <u>23</u> days at \$ <u>1 00</u>	23	00
Assigned Pay No.			Field Allow. <u>23</u> days at \$ <u>c 10</u>	2	30
Other Charges*			Other Allowances* <u>Cloth. Allow.</u>	35	00
Payment on transfer or discharge No. <u>3735</u>	74	29	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	84	29	Total	84	29

*Give Particulars.

A monthly stoppage of \$ NIL (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 1918 to (Assignee) _____
(Address) _____

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

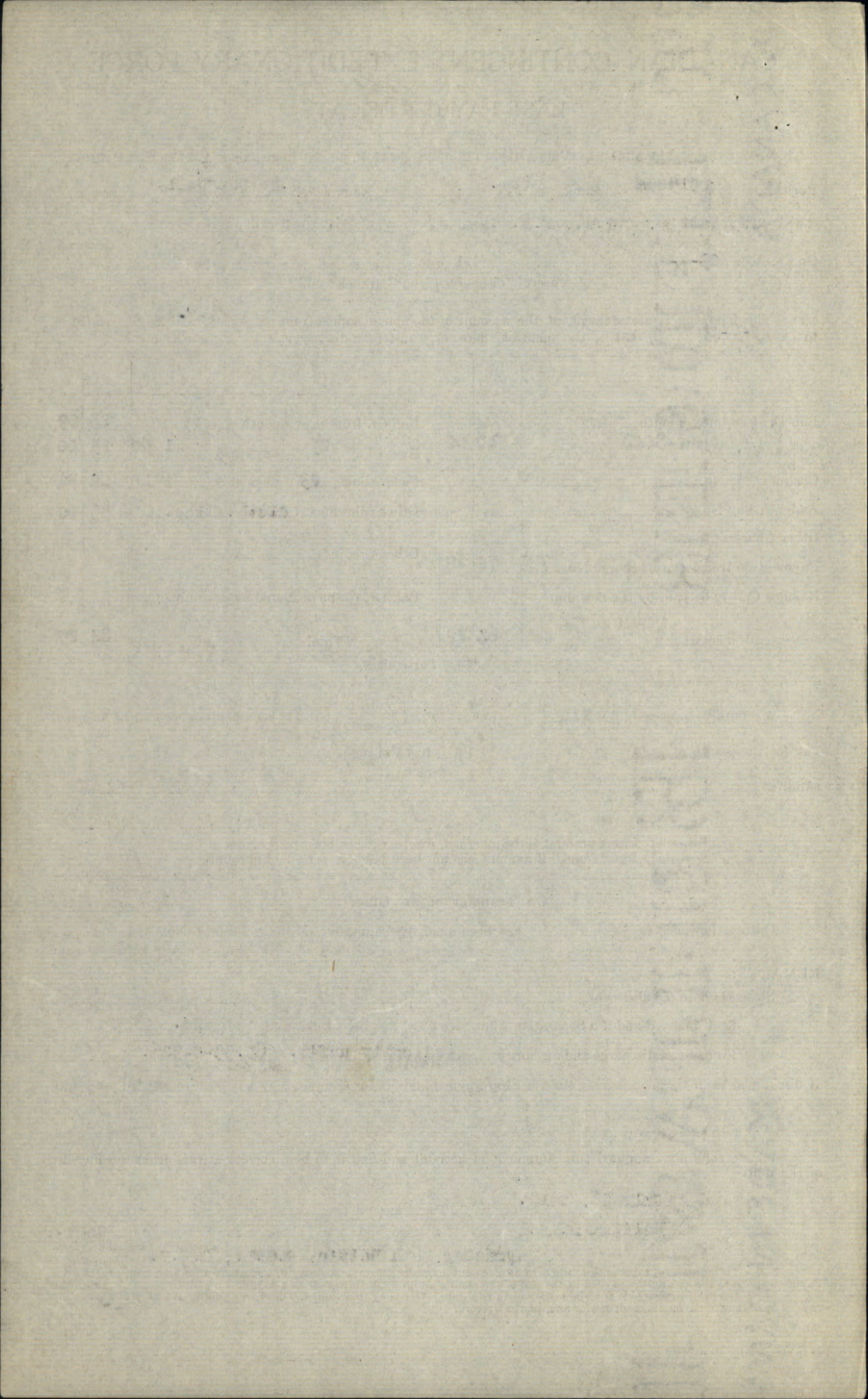
- State (1) date of enlistment _____
- (2) if married and if a Separation Allowance Card has been submitted No.
- (3) cause of discharge and authority Medically unfit. 6D.59-c-926.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 26, 1918.
Place Halifax N. S.
Paymaster, 6th Batt'n, C.G.R., C.E.F. Capt.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.



(9) Is your Father alive? Yes

If so, state name and address Neil Robert Campbell, Truro, N. S.

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Campbell, Truro, N. S.

(11) If your Mother is a widow no

Are you her sole support, or not? -

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? Yes

If so, in what Company? Great West Life Assurance Co.

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.


O. G. Fourth Divisional Troop C. F. F.

Officer Commanding.

Date 5th May, 1916.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

Headquarters Company, Fourth Divisional Train, C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 515045.....

(3) Full Name of Soldier Campbell, John Norman.....

(4) Place of Birth Truro, N. S......

(5) Are you married, or not? No.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? -.....

(8) Have you any children? -.....

If so, give number of boys and girls.....

Also their names and ages.....

Ineligible for W.S.G.,
Eligible for P.D.P.
for Ottawa

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

33554

OTTAWA, CANADA.

670

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 *Campbell* 2. Surname *John Norman*
3. Rank *Private* 4. Original Unit *C.A.S.C.* 5. Reg. No. *515045*
6. Address, in full, to which future payments of gratuity are to be forwarded
*John Norman Campbell
Arthur St Inuvio nova Scotia P.O. Box 867*
7. Date of enlistment in the C.E.F. *April 6th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *not applicable*
10. Address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
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:—
*C.A.S.C. in England from July 1916 until
March 1918*
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 *C.A.S.C. April, May and June 1916 then
overseas on return with 6th C.S.R. Batt. April, May,
June and July 1918*
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 *C.A.S.C. From April 6th
1916 until April 1918 then transferred to 6th C.S.R.
Batt. until discharged in July 1918.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Traffic Dept. C.S. Sys.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no. not applicable*

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 *none received*

20. Have you been issued with a War Service Badge? If so, what class? *not as yet*

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no.*

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no. not applicable*

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

July 23rd 1918 (b) Reason for discharge *being medically unfit.*

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 *no. not applicable*

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? *no. 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: *John Roman Campbell*

Place of Residence: *Inverness*

Declared before me at: *Inverness*

This *18th* day of *January* 19*19*.

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

W. S. Kennedy
Barrister of the Supreme Court of Nova Scotia.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Accountant

MEDICAL HISTORY SHEET.

Campbell
ORIGINAL
6588

Surname Campbell Christian Name John Norman

Examined { on 8th day of April 1916
 at Halifax N.S.
 Birthplace { City or Town Inuro, N.S.
 County Colchester

Approved by J. M. Murdoch
 Rank Capt Amc M.O.

Apparent age 23 1/2
 Trade or occupation clerk
 Height 5 Feet 8 1/2 Inches.
 Weight 117 1/2 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 4 inches.
 Physical development
 Small-Pox Marks

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left 1
 Number one
 When Vaccinated last 1911

Date.	Result.	VACCINATIONS.
<u>19/6/16</u>		<u>W. J. Taylor</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/5/16</u>		<u>3 acw</u>
<u>19/5/16</u>		
		M.O.
		M.O.
		M.O.

Enlisted on APR 8 - 1916 day of APRIL 1916 at HALIFAX, N. S. CANADA

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>Headquarters Company, Fourth Divisional Train, C. E. F.</u>	<u>515045</u>		
<u>Transferred to</u>	<u>C.A.S.C. TRAINING DEPOT</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Crowborough</u>	<u>2/17/16</u>	<u>Partial</u>	
<u>St Martin's Plain</u>	<u>9-7-18</u>	<u>Right elbow</u>	
	<u>12 FEB 1918</u>	<u>APPROVED</u>	
			<u>W. J. Taylor</u>

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



Surname *Campbell* Christian Name *John Thomas*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Barnwell Military Hospital, CAMBRIDGE.		2	9	16	21	9	16.	(²⁰ Gonorrhoea) 19.	Discharged to Duty (16 days)	<i>[Signature]</i>	
Comnaught Aldershot		21	10	17	10	12	17	(²⁰ Gonorrhoea) 51	Ante + post urethritis Acute + chronic, arthritis Irrigation, hot steam, Lime - Discharge	<i>[Signature]</i>	



F.H.

Rank

Name CAMPBELL, John Norman

Reg'l No. 515045



Unit H.Q. Coy. 4th. Div. Train If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Halifax, N.S. 8. April. 1916.

Place of Birth Truro, Colchester Co. Canada

Name and Address, Next-of-Kin Neil N. Campbell

Arthur St. Truro, N.C. Canada

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 2164
File R.L.
Category Ch. 6

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England. S.S. Olympic.</i>		6-7-16	
12-7-16	Casb. co	<i>T.O.S.</i>	Shorncliffe	6-7-16	Pt. 194.
28-7-16	---	<i>Adm to Mil. Hosp</i>	---	27-8-16	" 241 (Ven)
1-9-16	Casb. co	<i>Adm to Mil Hosp</i> Discharged from Hosp	---	28-8-16	Cl. 313.
7-9-16	"	<i>Trans Barnwell Mil. Hosp.</i>	Cambridge	3-9-16	Cl. 317 do 266 & 229/16
22-9-16	"	<i>Dischg</i>	"	21-9-16	Cl. 327 N.O.H.
20-10-16	Casb. co	<i>S.O.S. to Casb. Brough</i>	Shorncliffe	18-10-16	Pt. II. DO 294
24-10-16	Casb. co	<i>T.O.S. Casb.</i>	Brough	18-10-16	" " 1
25-7-17	Casb. co	<i>S.O.S. to Casb. Seaford</i>	Pte. Brough	24-7-17	Pt. 205 Casb. Seaford d/25-7-17
26-10-17	---	<i>Adm Connanght Hosp</i>	Pte Alderston	22-10-17	Cl. 46 V.D.C. d/5-8-17
12-12-17	---	<i>Disch from</i>	Pte	10-12-17	86

Page 73.

515045 Campbell John Norman



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
21.1.18.	CASC	S.o.S. to CASCOD (M.U.)	Pte Seaford	21.1.18	^{CASCOD} P. D.O. 21. (P-220/21.1.18)
14.2.18	CASCOD	"Incom" ICDD for ret. to Canada	S'Cliffe	14.2.18	" 45.
7.3.18	"	Having been ret. to Canada } for disposal by the AG Ottawa } class "C" CRD + is. P.O.D. }	"	23.2.18	" 66.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Elizabeth Campbell*
 Address *Box 867 Luuro N S*

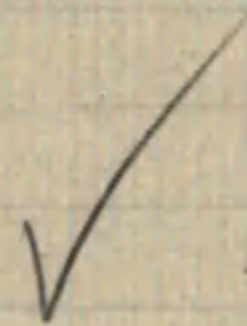
By Whom Assigned *Campbell John Norman*
 Regtl. No. *515045*
 Rank *Pte*
 Corps *H Q, 4" Div Train*

Rate *20⁰⁰*

JUL 1 1916

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				



51 7 111
9 12 192

9 12 192

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.—4-16.
 1772—59—318.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Elizabeth Campbell

Name of Soldier

Campbell John R

L. L. Job 310.—Req. 6574.

PAYMENTS.

515045. H. O. 4" Tw Train Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰</i>
				JUL 1 1916
April	1916			
May				
June				
July		<i>V 11617</i>	<i>20</i>	
Aug.		<i>G 9576</i>	<i>20</i>	
Sept.		<i>Y 16930</i>	<i>20</i>	
Oct.		<i>Z 16877</i>	<i>20</i>	
Nov.		<i>2 96475</i>	<i>20</i>	
Dec.		<i>H 30695</i>	<i>20</i>	
Jan.	1917	<i>A 39318</i>	<i>20</i>	
Feb.		<i>A 461300</i>	<i>20</i>	<i>20 (W)</i>
March		<i>050214</i>	<i>20</i>	<i>20h</i>
April		<i>P 852</i>	<i>20</i>	<i>20 W.</i>
May		<i>X 7162</i>	<i>20</i>	
June		<i>J 14055</i>	<i>20</i>	<i>20 (W)</i>
July		<i>B 22264</i>	<i>20</i>	<i>B. 18</i>
Aug.		<i>G 27753</i>	<i>20</i>	<i>W 2</i>
Sept.		<i>F 39039</i>	<i>20</i>	<i>B</i>
Oct.		<i>K 46641</i>	<i>20</i>	
Nov.		<i>N 54424</i>	<i>20</i>	
Dec.		<i>I 51501</i>	<i>20</i>	<i>360⁰⁰</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

H.M.S.

obs

page 1

✓

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

July 1/16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

*1 lb bill
paid*

PARTICULARS OF SEPARATION ALLOWANCE

No. *515045*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *John Norman Campbell*

Battalion *H. A. 4th Div. Train*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Elizabeth Campbell*

Address *Box 864 Puerto R.S.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>360</i>	<i>✓ 360</i>	
<i>Jan</i>	<i>B 66226</i>		<i>20</i>	<i>20</i>	<i>L.H.S. M.R.O. 213-214 22-3-18</i>
<i>Feb</i>	<i>S 90364</i>		<i>20</i>	<i>20</i>	<i>\$</i>
<i>Mar</i>	<i>A 108520</i>		<i>20</i>	<i>20</i>	<i>420 A/c Closed 31-3-18</i>
<i>Apr</i>			<i>20</i>	<i>20</i>	<i>Munroe</i>
			<i>420</i>	<i>420</i>	<i>Date 20-3-18 F.X. 22-3-18</i>
					<i>Clerk [Signature]</i>

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22320-M. & D. 1938.





OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be retained in the service Category C-1.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Halifax, N.S.

DATE... April 22nd 1918.

J. Rankine Capt Comd President.
J. Murdoch Capt Comd Members.

APPROVED BY

APPROVED BY

Ed Moore, M.D.
Assistant Director of Medical Services.
DATE 26-4-18

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE

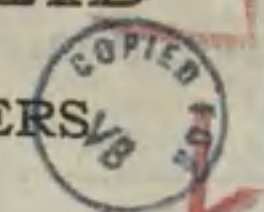
DATE

President.

Members.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S.

DATE April 22nd 1918.

- 1. 1 (a) Unit C.A.S.C. (b) Regimental No. 515046. (c) Rank Sta.
(d) Surname Campbell. (e) Christian name John Norman.
2. Age last birthday 24 years. Date of birth March 5th 1893.
3. Enlisted at Halifax, N.S. on April 8th 1916.

4. Personal description:-

- (a) Height 5' 9" (b) Weight 125. (c) Complexion Fair.
(d) Colour of hair Brown. (e) Colour of eyes Hazel. (f) Identification marks Scar on left knee.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Trenton N.S.

6. Former trade or occupation Clerk.

Table with 2 columns: Years, Days. Row 1: (a) Service, C.A.S.C., April 8th 1916. To date.

(b) Has he been overseas? Yes. 8. Original disease or disability Partial ankylosis rt elbow.

- (a) Date of origin When 4 years of age. (b) Place of origin Trenton, N.S.
(c) Cause* Arthritis, elbow joint.
(d) Present disease or disability Partial Ankylosis right elbow.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

The right elbow joint is enlarged around the external condyle. The muscles of right upper arm are atrophied. The strength of arm when doubled up about half that of right. He can fully flex forearm and elbow. He cannot extend it beyond an angle of 130 degrees. He complains of gas on stomach and some shortness of breath. His teeth are good in condition. Pronation normal.

ent condition.—(Continued.)

Supination about 3/4 of full supination.



(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. Yes. Digestive. Gas on stomach. Respiratory. Yes. Cardiac. Yes. Genito-Urinary. Yes. Skin, Middle Ear, Eye or any other part. Yes.

10. History: (a) of Condition referred to in "a" section 9.

He was in England from June 1916 to March 1918. working at rations grocery barn.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Permanently.

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

None.

OPINION OF THE MEDICAL BOARD



14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? (If not, briefly state why.)

Yes.

17. Recommendations That #515045 Pte. J.N. Campbell be placed in Category C-1.

RE F. D. Brim CP Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

J. N. Campbell Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

The Board concurs.

19. Is the soldier fit for

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

20. It is certified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable).

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

DELTA 15
M.D. 6 March 17th

1-6-87

MILITARY FORM B. 268.
HALIFAX, N.S.
- 1918 -
DUTY
MAY 19 1918
59-6-926
M. D. NO. 6

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 575-045-	Army Rank	Pte.
Name Campbell, John Norman. (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps C.A.V.C.		
Battalion, Battery, Company, Depot, &c. (C.A.V.C.) (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)		
Date of discharge		
Place of discharge		
1. Description at the time of discharge.		
Age 24 years	months	Descriptive marks. <u>Scar on R. Elbow !!!</u>
Height 5 feet	10 inches	
Chest measurement	girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion		
Eyes		
Hair	Black	
Trade		
Intended place of residence (To be given as fully as practicable)	Luro P. 6	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be taken at the time of discharge.)

Returned to Canada - Authority - Medical Board of Officers,
held at St. Martin's Plains Date 9. 2 1918.
Category B III

3. military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

515045 D. Campbell John Norman ass pay \$ 20⁰⁰

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
July 31	31	34	10						34 10										20	20	34 85						
Aug 31	31	34	10						34 10										20	20	51 95						
Sep 30	33								33										20	49 20	35 75						
Oct																											
Nov																											
Dec																											
Jan																											
Feb																											
Mar																											
Apr																											
May																											
June																											

427 3/11
627 3/17
74 1/14
221 5/17

4 87
9 73
1 30
1 30

DEFER SER
RED. ALICE
PAY ENG.

47 42
20 64 10
20 114 52
197 63
6 89

6 89
34 10
40 99
17 53
20 654

32 47
27 53
4 87

1000
4380
15 10
9814
16924

A 3 M. FORM REN'S
DISCHARGED TO
PAY BOOK VERIFIED
AUTHY
Checked [Signature]

June 2nd pay, 9595,
3-23-213 (7)

69 24

69 24

3407