

401666

CAMPBELL

NEIL

**I.D. number**  
**No. d'identification**

**Surname**  
**Nom de famille**

**Given names**  
**Prénoms**

R.I.A. 02/10/16

OPEN

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

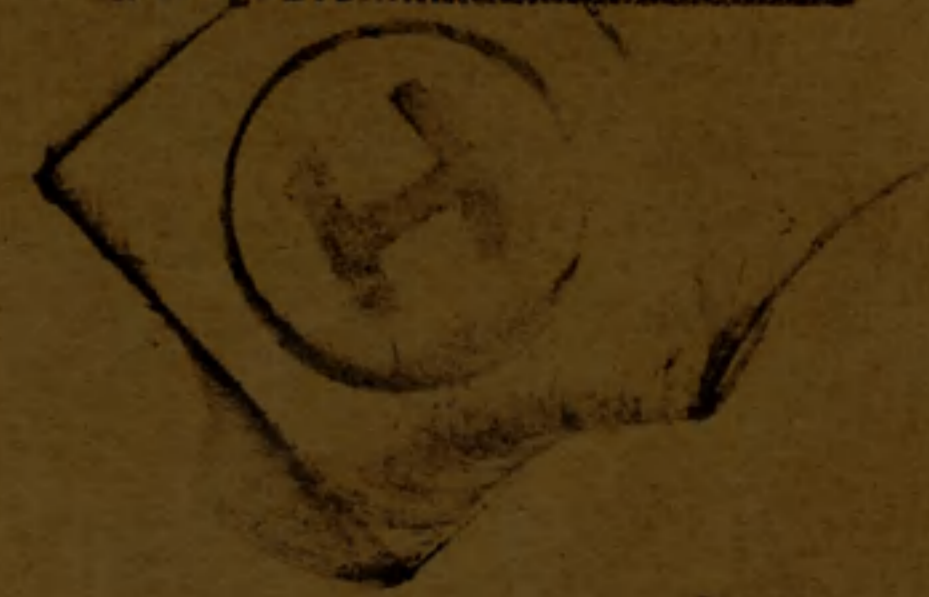
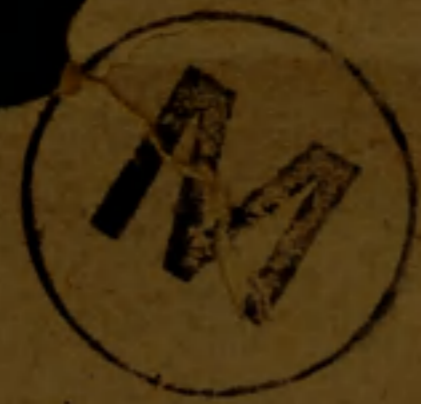
1449



~~DISCHARGE~~ DOCUMENTS

R. O. No. ....

H. Q. No. ....



04663

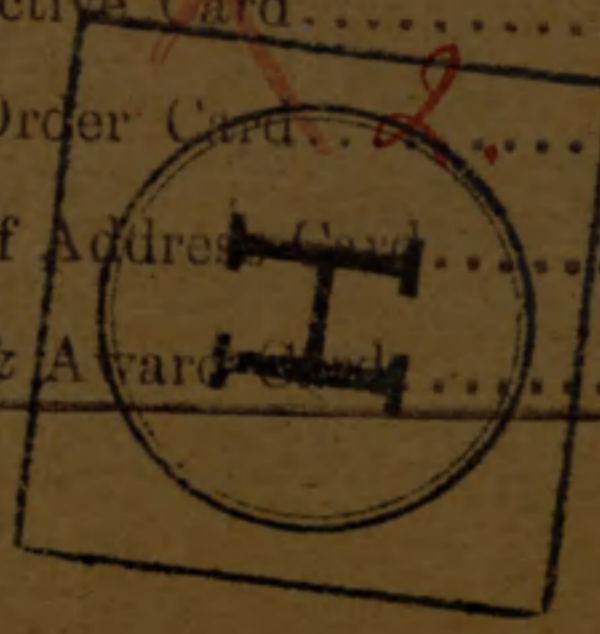
Name, *Campbell Neil*  
Regt, No, *401666* Rank, *Pte*  
Corps, *33rd Bn*

- .....ve Service.....
- .....change of name.....
- .....for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for  
Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

**IN ACTION**

- Index Card.....
- Casualty Card.....
- Non-Effective Card.....
- Part II Order Card.....
- Change of Address Card.....
- Honour & Award Card.....

*2-10-16*



*Pr. 149.*  
*1 card*

		<i>3</i>
	<i>41</i>	<i>22</i>
	<i>10</i>	<i>22</i>
	<i>5</i>	<i>22</i>
	<i>3</i>	

*Box*  
*1449*

ORIGINAL

ORIGINAL

ORIGINAL

G-70th

ATTESTATION PAPER.

No. 723146

Folio. 6  
401665

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... Neil Campbell
- 2. In what Town, Township or Parish, and in what Country were you born?..... Toledo Ohio U.S.A.
- 3. What is the name of your next-of-kin?..... (Father) John Campbell
- 4. What is the address of your next-of-kin?..... N. Weston Ont. Canada.
- 5. What is the date of your birth?..... 27 April 1897
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... 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

Neil Campbell (Signature of Man.)  
 W. Humphreys (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Neil Campbell, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 8/9/15 191 . Neil Campbell (Signature of Recruit)  
W. Humphreys (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Neil 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 8/9/15 191 . Neil Campbell (Signature of Recruit)  
W. Humphreys (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 London this 8 day of Sept 1915.

W. H. Chestnut (Signature of Justice)

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

W. H. Irvine Capt (Approving Officer)

# Description of Campbell Neil on Enlistment.

Apparent Age 18 years 4 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 9<sup>3</sup>/<sub>4</sub> ins.

Chest measurement { Girth when fully expanded 38<sup>1</sup>/<sub>2</sub> ins.  
 Range of expansion 35 ins.

Complexion Ruddy  
 Eyes blue  
 Hair red

Religious denominations.  
 Church of England .....  
 Presbyterian ..... X  
~~Wesleyan Methodist~~ .....  
 Baptist or Congregationalist .....  
 Other Protestants (Denomination to be stated) .....  
 Roman Catholic .....  
 Jewish .....

## 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 Sept 18 1915.

Place London

W. H. H. H. H. H.  
Maj. A. M. C.  
 Medical Officer.

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Neil 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.

Robert H. H. H. H. Lt. Col.  
 (Signature of Officer)  
Comd 47th Overseas Bn. C. C. F.

Date Sept 11 1915.

# ORIGINAL MEDICAL HISTORY SHEET.

~~123176~~  
401666

Surname Campbell Christian Name Neil

Examined { on 8 day of Sept 1915  
 at London  
 Birthplace { City or Town Toledo  
 County Ohio, USA

Approved by H. Kingmill  
 Rank Maj AMC M.O.

Apparent age 18/4  
 Trade or occupation farmer  
 Height 5 Feet 9 3/4 Inches.  
 Weight 155 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 38 1/2 inches.  
 Physical development good  
 Small-Pox Marks nil

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 0 Left 0  
 Number 0  
 When Vaccinated last nil

Date	Result	VACCINATIONS.
		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.
		M.O.
		M.O.
		M.O.

Enlisted on 8<sup>th</sup> day of September 1915 at London

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>33<sup>rd</sup> Battalion</u>	<u>401666</u>		<u>8-9-15</u>
Transferred to.. ..	<u>5<sup>th</sup> C.M.R.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>[Signature]</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 *Neil*

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				
<i>Quetta P.O.</i>		<i>15</i>	<i>2</i>	<i>16</i>	<i>16</i>	<i>2</i>	<i>16</i>	<i>Influenza</i>	<i>2</i>	<i>Re-admitted.</i>	<i>[Signature]</i> <i>[Signature]</i>
		<i>17</i>	<i>2</i>	<i>16</i>	<i>29</i>	<i>2</i>	<i>16</i>	<i>Pneumonia</i>	<i>13</i>	<i>Recovered.</i>	

Duplicate Medical History Sheet posted to here.

*Major [Signature]*  
*Major [Signature]*

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

# Casualty Form—Active Service.

Unit, Regiment or Corps 33rd Overseas Battalion.

Regimental No. 401666 Rank Pte. Name Campbell Neil

Enlisted (a) 18/9/15 Terms of Service (a) D of W Service reckons from (a) 18/9/15

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) \_\_\_\_\_

CERTIFIED CORRECTION  
Canadian Registered  
Westminster House,  
R. Millbank, S.W.1

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
TRANSFERRED TO <u>5th C.M.R. BATTN. C.E.F.</u> <u>May 6/16</u> <u>Hedelberg</u>					
19/5/16	C.B.D.	landed in France & taken	France	8/5/16	R.A.G. ban. Sec. P.H. No 20
19-5-16	W.O.	Embarked for on Strength 5th Bn. C.M.R.	France	8/5-16	in Troopers 1548 P.O. 2nd.
"	C.B.D.	landed in France & taken	France	17/5/16	Reinforcements 8/5/16.
"	H.Q. Stat.	on Strength 5th Bn. C.M.R. C.B.D.	France	8-5-16	Non Roll C.B.D. 8-5-16.
"	Isold Hat	a duntal hat		17/5/16	Part II No. 20
31/5/16	#2 Gen	Diphtheria	admir #2 Gen	14/5/16	W3034 14/5/16.
9.6.16	C.B.D.	Str aff Str.	to 6 S. Hqs	11/5/16	NR 11/5/16 D.C.S. 136
6/4/16.	2 Gen.	Diphtheria.	Trans to	6/4/16.	W3034
12/7/16	C.B.D.	Taken on str. "A"	6 B.D.	12/4/16	11 Dbs. 146
12/8/16	do	left for 3rd Antaresching Bn	Field	12/8/16	11 Dbs. } 158 d/29/8/16
14/8/16	3rd Bn	Arrived	do	14/8/16	11 Dbs.

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



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
7/10/16	86 Unit	Missing after action	Field	12/10/16	Bx 13 D.S. 174 10/10/16 PM 18/16/11/16  Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
24/2/17	8th Cmbd	Now reptd: Killed in Action	Field	2 <sup>10</sup> / <sub>16</sub>	Pt 11 No. 18.  for Colonel i/c Records, Lieut. <i>Donfc</i>

RVG

Rank Name **CAMBELL. Neil**

Reg'l No. **401666**

Unit **33rd Battn** If in perm. Corps, }  
What Unit? }

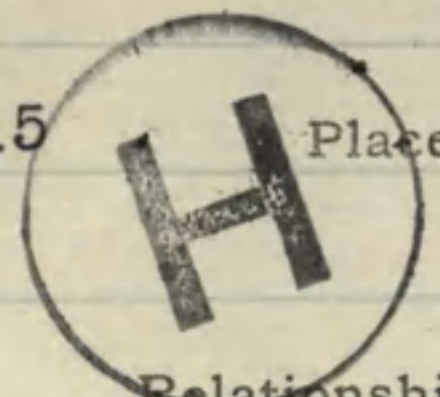
Married or Single **Single**

Place and Date of Enlistment **London, Sept 8th 1915**

Place of Birth **Toledo, Ohio,**

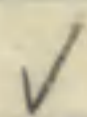
**U.S.A**

Name and Address, Next-of-Kin **John Campbell,**



**Nilestown, Ontario, Canada**

Relationship **Father**



Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

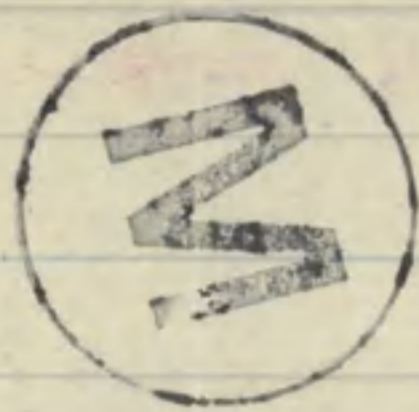
*RL-25-C-2099.*

Relationship

Discharge, Date and Place

Reason

Character



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>	<i>S.S Lapland</i>	<i>26. 3. 16</i>	
<i>8. 5. 16</i>	<i>of 33rd Bn</i>	<i>Transferred to 5th C.M.R.</i>	<i>France</i>	<i>7-5-16</i>	<i>Pt-II D.O. 108</i>
<i>14. 5. 16</i>	<i>of C 5th</i>	<i>Taken on strength</i>	<i>---</i>	<i>8 7/16</i>	<i>--- 20.</i>
<i>19. 5. 16</i>	<i>5 C.M.R.</i>	<i>Isolation Hospital</i>	<i>Haare</i>	<i>12 7/16</i>	<i>Ch A 125. Diphtheria 18.</i>
<i>22. 5. 16</i>	<i>---</i>	<i>#2 Gen Hosp ex above</i>	<i>---</i>	<i>14 5/16</i>	<i>--- 126. ---</i>
<i>18. 7. 16</i>	<i>---</i>	<i>Conv. depot</i>	<i>---</i>	<i>6 7/16</i>	<i>Ch # A 165 "</i>
<i>2. 9. 16.</i>	<i>---</i>	<i>Discharged.</i>	<i>Field.</i>	<i>12. 8. 16.</i>	<i>C.L.D. 197. ---</i>
<i>23. 10. 16.</i>	<i>5. C.M.R.</i>	<i>Missing</i>	<i>Field.</i>	<i>12. 10. 16.</i>	<i>C.L.D. 195. J.W.</i>
<i>17. 11. 16</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>Ch D 58. + Pt II 055.</i>



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

*2nd. Contingent*

*M. D.*  
To Whom *Lora Campbell*  
Address *R. R. # 8  
London  
Ont*

By Whom Assigned *Campbell A.*  
Regtl. No. *401666*  
Rank *Sgt*  
Corps *3rd Batta*

Rate *20<sup>00</sup>* MAR 1, 1916

PAYMENTS

*2m 23<sup>8</sup>/16 WEL 25<sup>9</sup>/16*

*Casualties*  
REMARKS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop payments Dec 1/16</i> <i>"Missing" 3m 4<sup>11</sup>/16</i> <i>3m 4<sup>11</sup>/16</i> <del><i>Missing between Oct 2 1914 - 27/16</i></del> <i>Killed in action 2<sup>nd</sup> Oct 1916 CL(1) 26-2-17 8aa</i>  <i>67.412/3/17 GR</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*B. Boy*

10th J.  
2/20 J.

MILITIA AND DEFENCE  
**ASSIGNED PAY** *2nd. Contingent*

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

*Mrs Dora Campbell.*

OVERSEAS CONTINGENTS

Name of Soldier *Campbell, W.*  
*33<sup>rd</sup> Battn.*

Sheet No. 2.

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.
April	1916	<i>7 397</i>	<i>44 -</i>
May		<i>7 4469</i>	<i>20</i>
June		<i>0 8385</i>	<i>20</i>
July		<i>2 7453</i>	<i>20</i>
Aug.		<i>✓ 9 9572</i>	<i>20</i>
Sept.		<i>9 15760</i>	<i>20</i>
Oct.		<i>2 20204</i>	<i>20</i>
Nov.		<i>2 25363</i>	<i>20</i>
Dec.		<i>Cancelled 9 30795</i>	<i>20</i>
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

*22<sup>00</sup>*  
*20<sup>00</sup> May 1 pc 973 -*  
*Mar & Apr.*  
*20<sup>00</sup>*  
 Remarks. **MAR 1, 1916**  
*11<sup>5</sup>/<sub>16</sub> MP.*

*Casualties*

*Stop Dec 31/16 as acct closed Dec 16/16 J.H.G.*

F. X. Rend. Date *Total* *184<sup>00</sup>*  
 E.F.X. " Date *7/17* *SB.*

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.				

Surname

Christian Name or Names

Reg. No.

Campbell

W.

401666

Rank

Unit

Co.

Troop

Batty.

Pte.

5th Bn. CMA.

Hospital

Date of Admission

Transferred

Occupation: Gunner

Hosp.

12.5.16

to 2nd Gen Hospital

Hosp.

14.4.16

Naval Conv.

Hosp.

6.7.16.

Hosp.

Diagnosis

Diphtheria.

(1) Later Diagnosis (if changed)

Missing 12.10.16

(2)

(3)

Additional Diagnoses: If more than one state present

Killed in action

2.10.16.  
1/2-10-16

DISPOSITION

Disch

12.8.16 Date

REMARKS

CL 19.5.16 A 128

CL 22.5.16 # A 126

18.7.16 A 165

2.9.16 A 197

23.10.16 A 235

27.2.17 A 321

P.H. 4.4.14 A 346

A.M.D. 2 DEPT.

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

Handwritten initials



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME Campbell, Geil

REGT'L. No. 401666

RANK AND CORPS

1st Lt. 5th Bn. Can. Mtd Rifles (3rd Can. Division)

CABLE

No.

DATE

G.

NATURE OF CASUALTY Form 90th. Bn  
1st.

03373 21-10-16

Reported missing between Oct. ~~2nd~~ and 2nd.

09461 26-2-17

Prev rep. missing now rep. killed in  
action Oct. 2nd 1916. ✓2090. 24-2-17  
Rowen

Killed in Action 1/2-10-16. A. &amp; Rec'd 8-5-17

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 126.	Ex Isolation. Haver #2. General. Haver	14-4-16	Diphtheria
A 125	Isolation Haver	12-5-16.	"
A 165	Low. Hef. "	6-7-16	"
A 197.	Ex " Misc. "	12-8-16	"
A 235	Reported from Base	1/2-10-16	Missing
A 321	Prev. rept. missing in action	2-10-14	Now rept. Killed
A 346.	Date of Death should read.	1/2-10-16	

649-6-6364

CARD NO.

FOLL.

D  
11

SURNAME.

*Campbell*

CHRISTIAN NAMES

*Neil*

REGL. NO.

*401666*

RANK

*Pte*

UNIT

*~~70th~~ 33rd*

*Batt.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Campbell, John*

RELATIONSHIP TO SOLDIER

*father*

ADDRESS

*Millstown P.O.  
Ont.*

COUNTRY OF BIRTH

*U.S.A. Toledo Ohio*

DATE

*April 27/1897*

PLACE OF ATTESTATION

*London*

DATE

*Sept. 8-1915*

*Sailed from Halifax 1/11/15 <sup>334</sup> per. S. S. Lapland.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*18*

YEARS

*4*

MONTHS

HEIGHT

*5'*

FEET

*9 3/4* INCHES

CHEST MEASUREMENT

*35'*

INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Ruddy*

EYES

*Blue*

HAIR

*Red.*

DISTINGUISHING MARKS

*nil*

MEDICAL EXAMINATION.

PLACE

*London Ont*

DATE

*Sept 8/15*

*MP*

*Pl-12*

Number 401666 Rank \_\_\_\_\_

Surname CAMPBELL

Christian Name Neil

Units 5<sup>th</sup> C. M. R. Theatre of War France

Date of Service 7-5-16

Remarks (Y) John Campbell,

Latest Address Pilestown, Ont.

Roll No. \_\_\_\_\_

200m. -6-21. *Page 19911*

**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

Name Campbell, Neil. Rank Pte.

Reg. No. 401666.

Unit 5th. Canadian Mounted Rifles.

Next of Kin Canada.

25-C-2099

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
May 12	Isolation Hospital	Havre	Diphtheria	A125		
" 14	No. 2 Gen. Hosp.	do	do	A126.		
" 16	Convalescent Depot	Havre.	Do.	A165.		
Aug 12	DISCHARGED		( do )	A197		
19-10-16	Missing after action.			A235	03372	21-10
2. 10. 16.	Now repta	Killed in action.	in B.C.S. 174, d/18-10-16.	A.321.	9461.	23/10 27.2.17.
1/2. 10. 16	Erratum re date of death.			A.346.	26.2.17.	





CAMPBELL, N., Pte.,

649. C-6364

M

401666

5th CMR

Name & Address of Legatee

Medals  
&

John Campbell (Father)

Decorations

Milestown

Ontario

Name & Address of Next of Kin

Plaque  
&  
Scroll

do

JAN 13 1921

(Serial no. 765299)

Scroll Desp.

Reqn. No.

79846

Cross  
~~677~~

FEB 27 1922

Plaque Desp.

Reqn. No.

P.30919

Name & Address of Female Next of Kin

Memorial  
Cross

Mrs. Dora Campbell (mother)

A

125411

L. 163.

No. 401666 RANK Pte .

NAME Campbell. W.

T. O. S.

UNIT 33<sup>rd</sup> Infantry. Battalion, C. E. F.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 1	1915 Nov. 30	✓		
1916 Dec:	1916	✓		
1916 Jan:		✓		
1916 Feb:		✓		
1916 Mar:		✓		

UNIT SAILED

MAR 13 1916



REG. No. 401666 NAME Campbell, Neil  
(SURNAME FIRST)

RANK Pte CORPS 33rd Batt

AGE 18 SERVICE 6/12

NAME OF HOSPITAL Military PLACE Dublin

DATE OF ADMISSION 15. 2. 16. Re-ad. 17. 2. 16

DISEASE Influenza

DISCHARGE 21. 2. 16. 29. 2. 16

OPERATION .....

DISCHARGED TO DUTY Yes.

TRANSFERRED TO .....

DISCHARGED BY MEDICAL BOARD .....

REMARKS .....

A series of horizontal dashed lines for writing, including a solid line at the top.

MARRIED OR SINGLE *M.*  
PLACE OF BIRTH *Toledo Ohio U.S.A.*  
NAME AND ADDRESS OF NEX OF KIN *John Campbell*  
*Nilestown Ont Canada.*  
RELATIONSHIP OF NEXT OF KN *Father*  
NAME AND ADDRESS OF NEX OF KIN  
RELATIONSHIP OF NEXT OF KN  
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
PAYABLE TO  
RELATIONSHIP OF DEPENDAN

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Missing</i>	<i>1/2-10-16</i>	<i>CLA 235</i>
<i>Killed in action</i>	<i>2/10/16</i>	<i>CLA 321</i> <i>27/2/17</i>

REG'L NO. *401666* RANK *Private* NAME *Campbell Neill*  
IF IN PERM. CORPS / WHAT UNIT UNIT *33<sup>rd</sup> Battr* TRANSFERRED TO *5<sup>th</sup> B.M.R.* DATE *May 7/16* AUTHORITY *Do 108*  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *N.E.* DATE *3-10-16* AUTHORITY *CLA 235*  
PLACE OF ATTESTATION *London Ont.* TRANSFERRED TO DATE AUTHORITY  
DATE OF ATTESTATION *Sept 8<sup>th</sup> 1915* TRANSFERRED TO DATE AUTHORITY  
ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *May 1<sup>st</sup> 1916* C.P.M. *Letter 3-5-16 P.L. 44*  
PAYABLE TO *Miss Dora Campbell RR # 8 London Ont Canada* RELATIONSHIP  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO RELATIONSHIP  
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *3-11-16* EFFECTIVE *1-12-16* REASON *Missing 1/2-10-16 CLA 235 23/10/16*  
DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *3-10-16 CLA 235 23/10/16*  
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index *1-28*  
Checked by *[Signature]*

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL



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 \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE				1	2				3	4	CREDIT	DEBIT
<i>1916</i>																																			
<i>Apr 1-30</i>															<i>17 10</i>												<i>17 10</i>								<i>Balance from Canada</i>
<i>May 7</i>	<i>30</i>	<i>1<sup>00</sup></i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>23</i>											<i>43 90</i>										
<i>May 17</i>	<i>7</i>	<i>1<sup>00</sup></i>	<i>7</i>		<i>7</i>	<i>10</i>	<i>70</i>							<i>7 70</i>																					
<i>8/21</i>	<i>24</i>	<i>1</i>	<i>24</i>		<i>24</i>	<i>10</i>	<i>240</i>							<i>26 40</i>																					
<i>June 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>33</i>											<i>20</i>	<i>20</i>									
<i>7-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>							<i>34 10</i>											<i>20</i>	<i>20</i>									
<i>8-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>							<i>34 10</i>											<i>20</i>	<i>20</i>									
<i>9-30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>							<i>33</i>											<i>20</i>	<i>40 92</i>									
<i>10-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>							<i>34 10</i>											<i>20</i>	<i>22 62</i>									
<i>11-30</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>							<i>34 10</i>											<i>20</i>	<i>20</i>									
<i>12-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>							<i>25 2 50</i>											<i>16 2</i>	<i>31 90</i>	<i>31 90</i>								
<i>Aug 17</i>																									<i>13 16</i>										



*a.p. starts 1/3/16.*  
*Learn a.p. 1916 in agreement with Ottawa slip 7.0595-1-12 20/2/17.*

*Missing 1/2-10-16 CLA 235*  
*23-10-16 3rd Regd 3-11-16*  
*effect 1-12-16.*  
*31 N.E. 379-16 CLA 235*  
*23-10-16 3rd Regd for roll 20/7/17 4/19/20*



