8 NT x x - 11-18.

Proceedings of Court of Inquiry or on men reported Missing on Active Service......

Authority for special enlistments.....

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.....

2413-122-

cos card

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

200 31

1 4 B - 2090 S.

DISCHARGE DOCUMENTS

Name CAMPBELL NELSON.

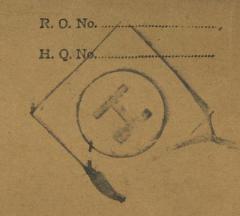
Regt. NoAlol Rank Pto

Corps 18 1 18 1 1 18 1 18 18 18

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ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178a to be used for Special Reserve recruits and

Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Cample	A Christian Name Jelson	<u> </u>
TO A STATE OF THE PROPERTY OF	TABLE I.—GENERAL TABLE.	
Birthplace Parish	Lounas. County Elgin	10.
	(on g the day of fully.	191 4
Examined	{ on g the day of July. at Sh. Moutin's Blank	is.
	18 years 240	days.
Trade or Occupation	Tingmeth.	
		inches.
	134.	
(Girth when fully	33 tg.	inches.
Chest Hapanasan	2 2	inches.
Physical Development	yood.	- 187
(Arm	Right Left	zes
Vaccination Marks Number	onl.	
When Vaccinated	march / 1915	
Vision \dots \dots $\left\{\right.$	R.EV= your	5
(a) Marks indicating congenital peculiarities or previous disease		
(b) Slight defects but not sufficient to cause rejection	(b) mark en Big toe	
Approved by (Signature)	And Bace auryn	
(Rank)	Capi	Medical Officer.
		J. Corr
Enlisted $\left\{ \begin{array}{cccc} & & & & & & \\ & & & & & \\ & & & & & \\ \end{array} \right.$	on 11th day of Sanuary	191 3.
Joined on Enlistment 5	Corps	Regtl. No.
	33. rd Ballalion	a.101.
Transferred to	1 of Both	
Became non-effective by		
	doy of	191 .
(Signature)	onday of	191 .
(Rank)		

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers trea

Name of Hospital		Admitted to Hospital		Discharged from Hospital		from al	Disease	Number of days in Hospita	Remarks bearing on the cause, nature, or treatment of the case, likely to be syphilis, admissions and re-admissions to hospital will be shown. The subset treatment out of hospital, transfers, &c., will be given in the sp
	Day	Month	Year	Day	Month	Year		in Hospita	it cannot but of nospital, transfers, &c., will be given in the sp
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		March Co.			V				
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-Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

	1		
Disease	Number of days in Hospita	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
7			
*			
N. C.			

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Management of the second of th		
Date		Brief details, and signature
	1	
- 1		
	No.	
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Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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A PAGE		sanovarios ra			
Control of the Contro					

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

SurnameCI	AMPBELL,		_ Christian	Name_	Ne	lson.		
		TABLE I	-GENERA	L TA	BLE.			
Birthplace	ParishS	t. Thoma	s,	Co	untyE	lgin,	Scotland	1.
Examined	7	on9th atSt.	Tr	~ D7 ~				
Declared Age				7			days.	
Trade or Occu		Tin	smith.				*	
			5	_feet_		5	inches.	
Height Weight						134	lbs.	
(Girth when fully					36	inches.	
Chest Measurement	Expanded Range of Expansion					21/2	inches.	
Incusar one of	Range of Expansion		0.8					
Physical Devel	lopment	40	ou.	Diebt			Left	
Vaccination M	Arm			wikur		-	1	
vaccination M	Number					301 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7	
When Vaccina	ited	March	1915					
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Y ISIOH								
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genital pe	eculiarities or isease	-						
		(
(b) Slight de	fects but not	(0)	Mark on	big '	toe.			
sufficient t	to cause rejec-	1						
tion	***							
Approved by	(Signature)		W	М. Н.	Ballant			
	(Rank)				Capt	J	Medical	Officer.
							Modelow	3,0100.
		fat St	. Thoma	s,				
Enlisted		on 11t	h_day	of	Januar	CV.		191 5.
		(on	J	rps.			Regtl. No.	
Joined on En	listment	77m3			hed to			1.1.15
			Battn. Batt.	autac.	neu oo	- A/	101	
Transferred to	o)	Battn.					
Became non-effective by								
This Medical History Sheet has been compared with the Corres-								
ponding Attestation.	Faper, and entries m	adeOil red have		of				191
taken from the Attes								
421	Sisses (Rond)	elly						
(4887.) W. 9597/1	588. 500м. 9/15. (C. P.LieutCol.	Form B. 17					P.T.O.

Canadian Contingent.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant O

Name of Hospital	Admit	ted to H	Cospital	Disc	harged Hospita	from il		Number	Remarks bearing on the cause, nature, or treatment of the
	Day	Month	Year	Day	Month	Year	Disease	of days in Hospital	Remarks bearing on the cause, nature, or treatment of the cause. In cases of syphilis, admissions and re-admis subsequent progress, including particulars of treatment be given in the special syphilis case sheet.
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ions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
			-
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

			ntai Treatment		
Date			Brief details, and signature		
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cal Hi	Ta	ble IV.—S	ervice Table.		
rt o					
Station or Proopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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Grenal ... ATTESTATION PAPER.

ANO. 101

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

	QUESTIONS TO BE PUT	
		answers).
1.	What is your name?	flelson Campole
2.	In what Town, Township or Parish, and in what Country were you born?	HI homas Out Can
3.	What is the name of your next-of-kin?	Mrs I G Campbell my
4.	What is the address of your next-of-kin?	23 Woodworth we sty ho.
5.	What is the date of your birth?	Dept 26 1895 0
6.	What is your Trade or Calling?	gleamster
7.	Are you married?	no
8.	Are you willing to be vaccinated or re-	In Exphoid Yes
9.	Do you now belong to the Active Militia?	· Moly
	Have you ever served in any Military Force? If so, state particulars of former Service.	2 yes 25 m Rogt
	Do you understand the nature and terms of your engagement?	Hes .
12.	Are you willing to be attested to serve in the	Res
	Canadian Over-Seas Expeditionary Force?	Onlla or Karnyoled (Signature of Man).
		Witness).
mad to b bety the	le, and I hereby engage and agree to serve in the attached to any arm of the service therein, for seen Greet Britain and Germany should that wa	that I am willing to fulfil the engagements by me now he Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing or last longer than one year, and for six months after sty should so long require my services, or until legally
Dat	Jan 13 1915	(Signature of Witness)
in d	I,	
Dat	9 Jan 13 1915 - 1	(Signature of Recruit) (Signature of Witness)
6		OF MAGISTRATE.
	stions he would be liable to be punished as provi The above questions were then read to the R	uestion, and that his answer to each question has been made and signed the declaration and taken the oath
befo	ore me, at the mas and this	Signature of Justice)
-	I certify that the above is a true copy of the	Attestation of the above-named Recruit.
	11	Iffreen GCol (Approving Officer)

M. F. W. 23. 150 M.—12-14. H.Q. 1772-39-841.

Description of Apparent Age Distinctive marks, and marks indicating conger (To be determined according to the instructions given in the Regulations for Army Medical Services.) 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 Girth when fully expanded..... Range of expansion Complexion . Eves Hair Church of England Presbyterian Religious denominations. Wesleyan 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. for the Canadian Over-Seas Expeditionary Force. Date. Place Medical Officer. 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. bellhaving 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 of Officer) une Date.....

Eno # 35419 Rank Name Reg'l No. CAMPBELL Nelson If in perm. Corps,) Married or Single Single Unit 12th Res. What Unit? Place and Date of Enlistment Place of Birth St Thomas 13th Jan 1915 Ont. Name and Address, Next-of-Kin Mrs T.A. Campbell 23 Woodworth Ave St Thomas Ont Relationship Mother Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Reason Character Report Record of promotions, reductions. transfers, casualties, etc., during active REMARKS Place Date service. The authority to be quoted From whom Taken from Official Documents Date received in each case. 28.6-15 OC 12th Jaken ou Strength to 200 Shornelifts 27.6-15 Part 11.0653.

Drafted to 1st Batt France 23.8.15 Hom Roll-Ot. I rolus. 25.
19.10.16 18 Bm. Missing Bel. 16. Ard. ... 22.9.16 CLA 472. 22.9. 16 Cri 65. 30. 11. 16 " " 5-7-17 " " Man for Official Purposes Pusumed to have Died 22-9-16 C. L. Q-660

Report Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. REMARKS
Taken from Official Documents Place Date From whom received Date

Army Form B. 103.

Casualty Form-Active Service.

Westminster Regiment or Corps 12 # 19es. Battaling. 101 Rank & te. Name Campbell. 1. Terms of Service (a) deriod of Wal Service reckons from (a) Enlisted (a) Date of promotion to Date of appointment) Numerical position on) present rank to lance rank roll of N.C.Os. Extended Re-engaged Qualification (b) Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as taken from Army Form B. 213, reported on Army Form B. 213, Army Form Place Date Frem whom Army Form A. 36, or other A. 36, or in other official documents. The Date received official documents. authority to be quoted in each case. 24-8-15 Num Roll 24815 21-11-16 Lerg # 65, \$ 30-1K

⁽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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks
ate	From whom received	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.
	371				

Christian Name___ Theatre of War_ Date of Service 24/8 Latest Address 14 Dembola St., St. Thomas Out. 200m.-6-21....

GRATUITY (IMPERIAL)

100	
CHRISTIAN NAME SURNAME	REG. No.
SCHEDULE 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

-68-D.P.-40M-1-12-19.

649-C-5935 CARD NO. SURNAME! CHRISTIAN NAMES FOLL. REGL. No. (101 UNIT 3.3 rd. FORMER CORPS CHANGE OF ADDRESS NAMES IN FULL RELATIONSHIP TO COUNTRY OF BIRTH Thomas, Out. DATE fan. 13th L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.-8-16. H. Q. 1772-39-339.

Sailed from More	treal your Six	Piloandyavian	" 17/7/15
MARRIED	SINGLE	WIDOWER	77
TRADE OR CALLING	REL	IGION	
	DESCRIPTIO	N.	
APPARENT AGE	YEARS	MONTHS	
HEIGHT	FEET	INCHES	
CHEST MEASUREMENT	INCHES	EXPANSION	INCHES
COMPLEXION	EYES	HAIR	
DISTINGUISHING MARKS			
MEDICAL EXAMINATION. PLA	CE	DATE	
0 1011			
Tresent (ddre	· .		

REGT'L NO Q101. CABLE Pred. rept. missing believed Killed, non for Official pur presumed to have died on or since 22 th Sept. L. L. Job 90581-M. & D. 6314. M. F. W. 42-50M-1-16.

H. Q. 1772-39-893.

DATE OF LIST No REMARKS HOSPITAL ADMISSION a 660. Present missing, believed Killed, now for Official purpose presumed to have died on or since 22-9-16.

6-5935 VCAMPBELL, N. Pte. A101 Eligfor 14/15 Stat Bn. Name & Address of Legatee mrs. I hurgo Campbell (m) 14 Hemlack St. St. Thomas, Ont. Name & Address of Next of Kin ahour Serial no. 756798 Lesp Scroll Desp. 12 Regn. No. Name & Address Plague Desp. JUN 27 Dedn. No. Memorial (as above

R. 149.			1			
Na	me CAMPBELL NelsRan	nk Pte.	1	Reg.	No. Al	LO1 .
Un	it 1st Battalion		25-	C-	20	40
Nes	xt of Kin Canada.				0. 10	7
Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-9	Reported MISSING F		Killed	A472	.0312	9.19-10
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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Uni	ne CAMPBELL Nelson Rate of Kin Canada.		L. 25. B	The state of the s	No. Al	01
Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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22-9-	16 Presumed to have	re DIED.	A	660.		

Date	Movement	Movement Place		List Notifie No. N/K O		W.O. List		
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Native Na								

NAME Campbell, Melson RANK Pte. No. 101 UNIT 33 rd Bm, (3rd Contingent.) T. O. S. M. D. / PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID SIG. PAID OR TO FROM REC'T PARTICULARS AUTHORITY 1914-15. 1914-15. Jan 13th Jed: 12th c yet 2nd Jeb 2nd Jeb 2nd "Left under sealed orders", \$.0.1470f 17-6-15. UNIT SAILED MAR 1 3 1916

Surname	Christian Name or Names Reg. No.
Rank D Uni	
Hospital	Date of Admission
Transferred	Hosp.
	Hosp.
	Hosp.
	Hosp.
Diagnosis	
(1) Later Diagnosis (if changed)	
(2)	
(3)	
Additional Diagnosis: if mor	Librard Killed, 22-9-16 surposes presumed 6 has.
Now for official /	surposes presumed to have.
	Died our piece 23.9.16
DISPOSITION	W.P. Date
1. 19-10-16 # 4	72. REMARKS
5.7.17 Q.6	00.
	A.M.D. 2 DEPT.
	Beh. of D.G.M.S. O.M.F.C. London.
. ,	
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desired addition of	

EPITOME OF HOSPITAL TREATMENT.

1.	Hospital	Adm.
1:	4	
2.		
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4.		
5.		
6.		

ASSIGNED

Sheet No. 2. Mrs Thursa Campbell Contingents

PAYMENTS.

Feb. March April May June July

M. F. W. 12a. 60m.—12-15.

L. L. Job 89002.—Req. 6213. 8/500 Month. Year. Cheque No. Amt. Remarks. April May June July Aug. Sept. Oct. Nov. Dec. 1917 Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. 1918 Jan.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

7		*				
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1918				
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1919				
	Feb.					
	March					
	April					
	May		,			
	June					
	July					
	Aug.					
	Sept.					
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	Nov.	,				
	Dec.					
	Jan.	1920				
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	March		M. Ton Small Angeles			
	April					
	May	0.40				
	June					
	July Aug.					
	Aug. Sept.					
	Oct.					
	Nov.					
STATE OF						

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Thura Campbell Address 14 Hemlock St. Thomas, Ont.

Rate \$ / 3.00 JUL 1 1915

By Whom Assigned Campbell Nelson Regtl. No. /6/ 400, 101

Rank Pte

Corps 33 rd Battalion & F

PAYMENTS

		•	PAYME	N15
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casuatties
Sept.				
Oct.				
Nov.				Tropped 1 16 Thising Septin CL (10) 10/20/16 MAB. 3 M Oct 24/16
Dec.				atobled 1-16
Jan.	1915			
Feb.				Musery Dept 22 Cd (10 1 10/20/16
March				mas.
Apl.		-		
May			*	JM Wet 24/16
June				
July		P3872	15 09	
Aug.		Q5466	. 15 -	
Sept.		13895	15, —	
Oct.		4823	15-	
Nov.		V8115	13 - 55 15, - 15- 15	
Dec.		15244	15	
Jan.	1916	7891	15	
Feb.	2	11202	15	The second secon
March		MISOHO	10	
			Bulleton St.	

MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12. 50m.—6-16. H. Q. 1772-39-819.

OVERSEAS CONTINGENTS

To Whom Mus. Hus. Caruphus By Whom Assigned Carupbuls. Un Address 14 Newlock Dever H- Showas Out

Regtl. No. 400101

Ple-Rank

14 Dattalion Corps

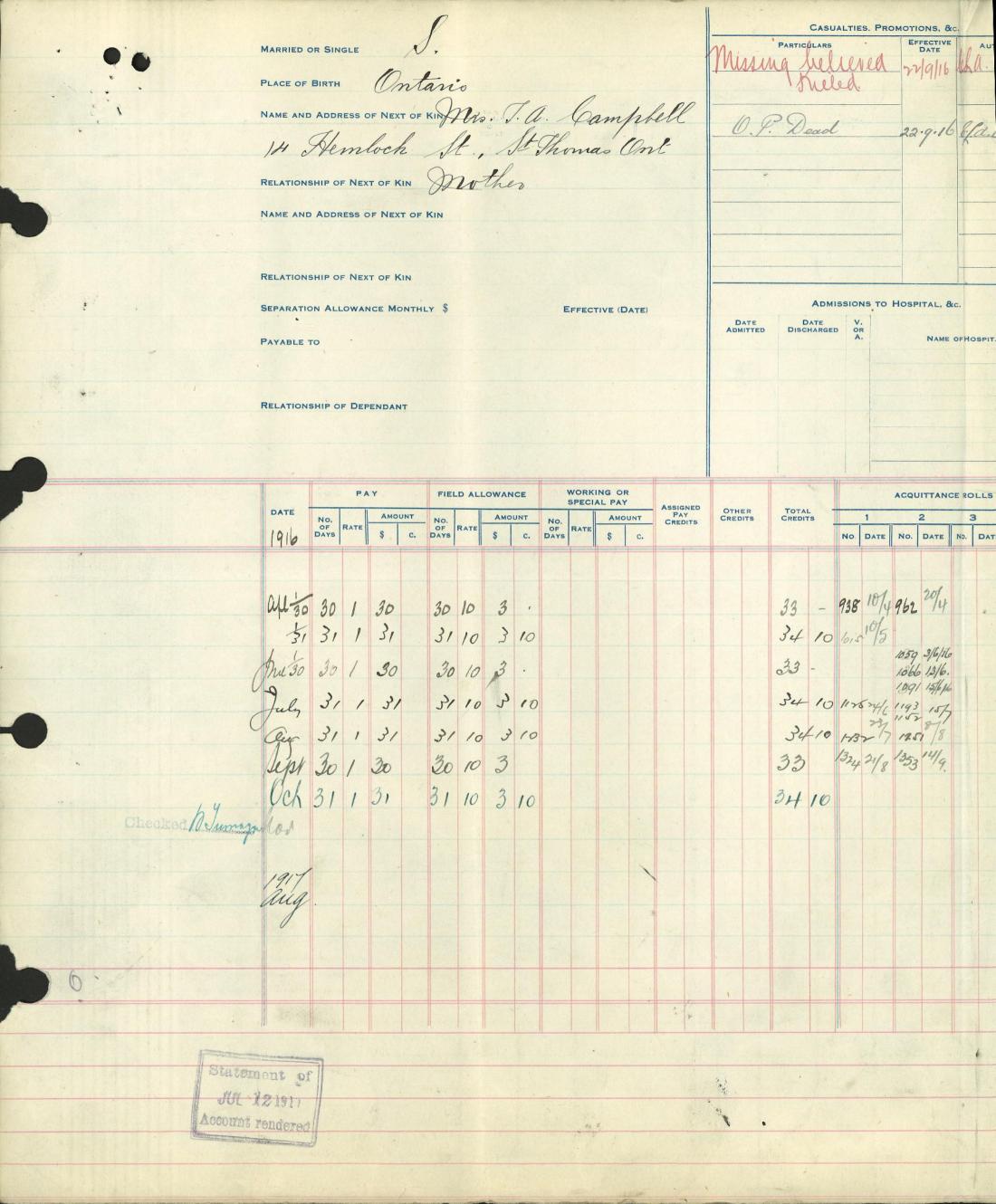
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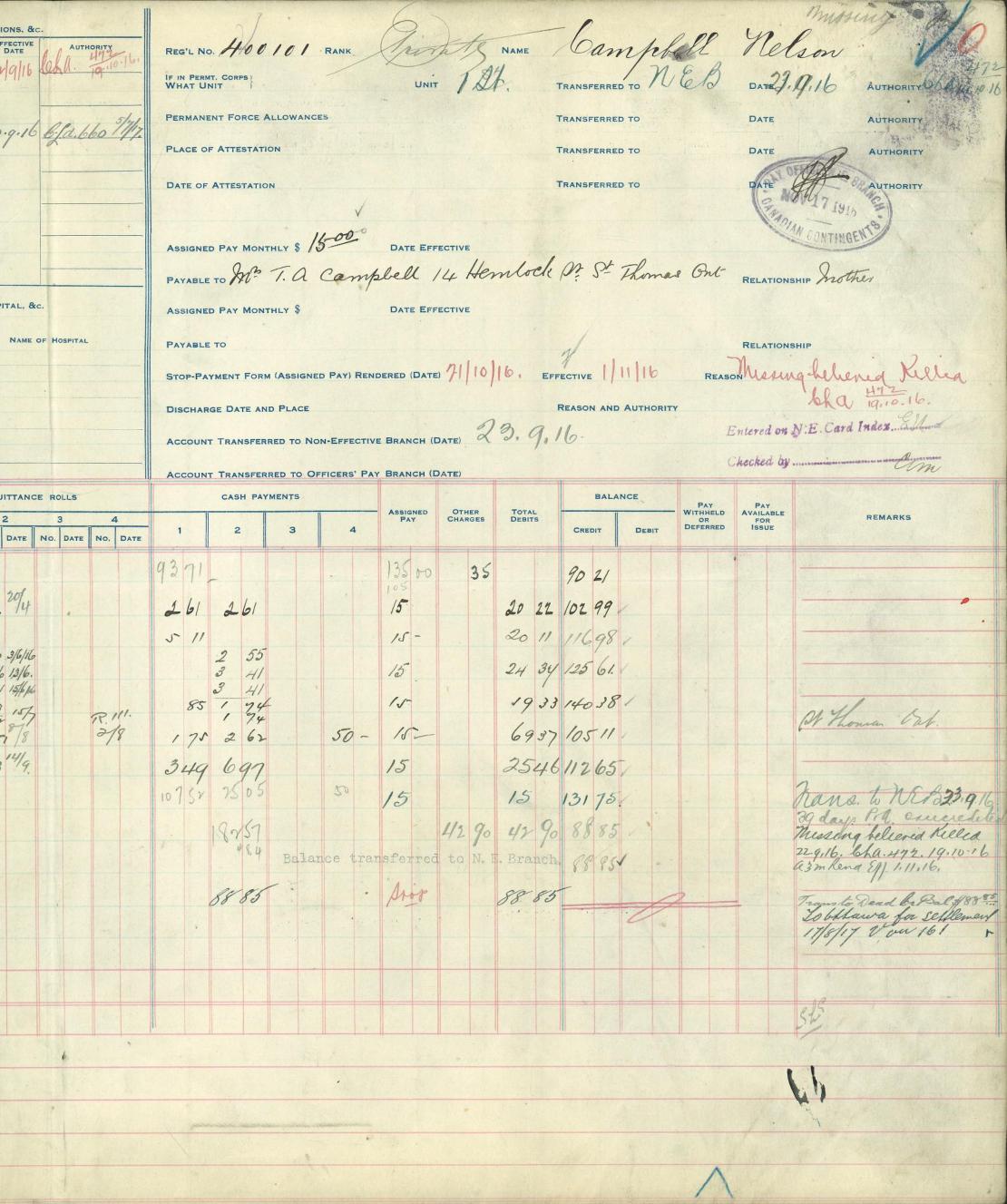
Deliedule 156, 3.8.16 PAYMENTS

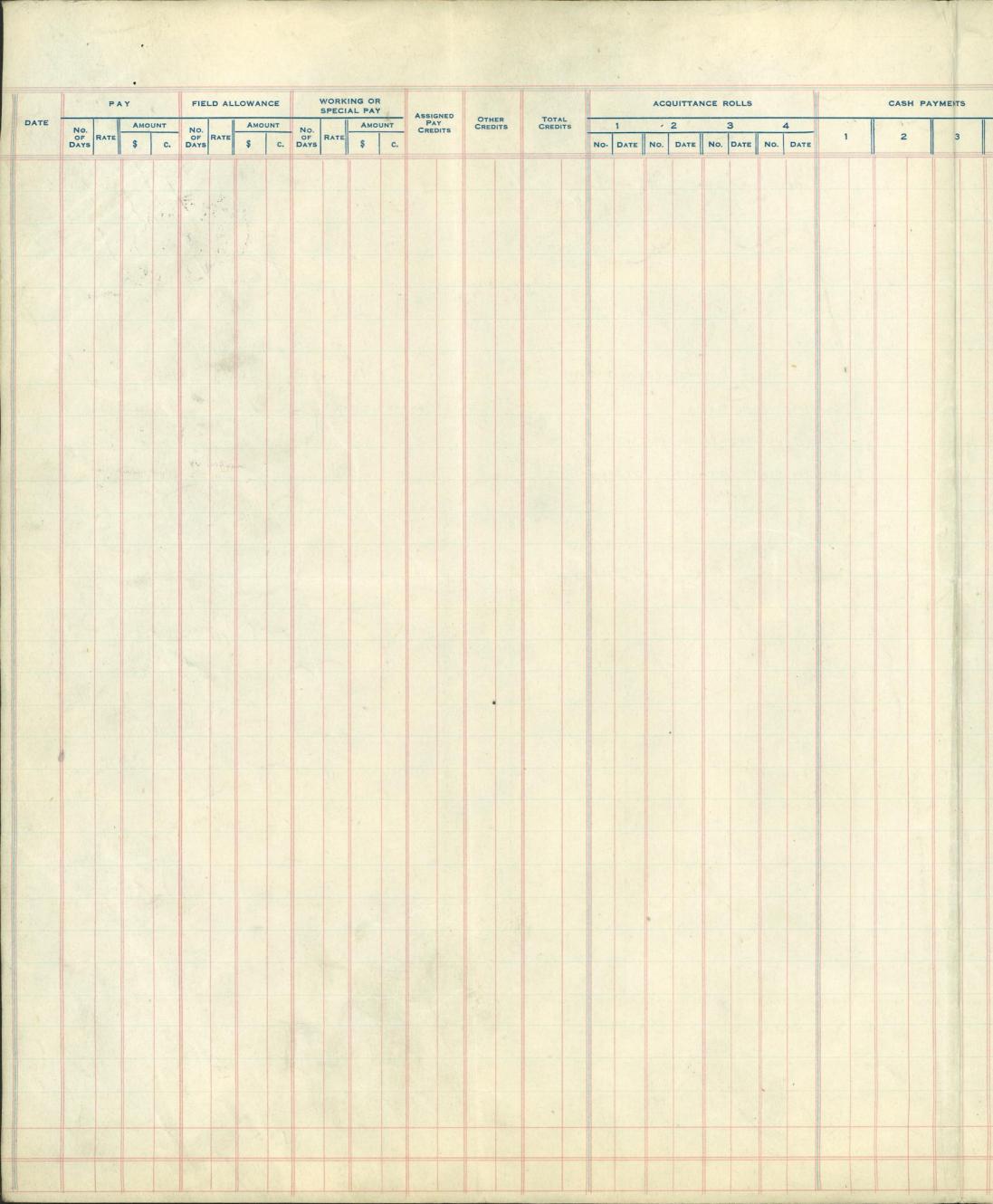
Fluence 136,			2.8.16					
Month	. Year	Cheque No.	Amt.	REMARKS				
Aug.	1914							
Sept.								
Oct.								
Nov.				(501)				
Dec.				67				
Jan.	1915							
Feb.				(000)				
March								
April								
May								
June								
July								
Aug.	19167	14965	000					
Sept.								
Oct.								
Nov.								
Dec.								
Jan.	1916							
Feb.								
March								

400101 Rank Name CAMPBELL Nelson Reg'l No. If in perm. Corps, What Unit? Married or Single Single Unit Ont. St Thomas 13th Jan 1915 Place and Date of Enlistment Place of Birth Mrs T.A. Campbell 23 Woodworth Ave St Thomas Ont Name and Address, Next-of-Kin Relationship Assigned Pay Monthly \$ 1500 Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Reason 1 PAY Field Allowance Other Total Cash Other Remarks, Assigned Total Balance Credits Credits Payments pay Charges Debits Casualties, etc. Rate Amount Rate Amount No. Date 46 10 460 5060 2560 15 10 2587 Kchange 53 94 6 63 Trans 6 1 st Batt 34 10 206 3 10 38 94 15 - 13-- 22 20 59 30 35 224 as 5169 \$188 W3 90 to 34 10 675 28 95 50 82 31 90 20 24 46 34 3410 20 23 90 21 hecked Whensyng JULI 12 1917 Carried forward to Large Ledger

PAY Field Allowance Voncher Date Other Tetal Assigned Remarks, No. Date Payments Cash Other Total No. of Rate Days No. of Days Balance Casualties, etc. Credits Credits pay Charges Debits To Rate Amount From Amount







AYMENTS BALANCE PAY
WITHHELD
OR
DEFERRED
PAY
AVAILABLE
FOR
ISSUE ASSIGNED PAY OTHER CHARGES TOTAL DEBITS REMARKS 4 3 CREDIT DEBIT