

12 M. D. 1st Depot Battalion Sask Regiment

Regtl. No. 3355525

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

10

(Class one)

Original

1. Surname *Campbell*

2. Christian name *Douglas, John*

3. Present address *Regina, Sask.*

4. Military Service Act letter and number *Defaulter, apprehended, 17th July 1918*
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth *21st May 1893*

6. Place of birth *Hazelland, Que*
(town, township or county and country)

7. Married, widower or single *Single*

8. Religion *Presbyterian*

9. Trade or calling *Farmer*

10. Name of next-of-kin *Hugh Riddell*

11. Relationship of next-of-kin *Uncle*

12. Address of next-of-kin *Hazelland, P.O. County Argentele, Que*

13. Whether at present a member of the Active Militia *No*

14. Particulars of previous military or naval service, if any *Nil.*

15. Medical Examination under Military Service Act :-
(a) Place *Regina* (b) Date *July 17/18* (c) Category *A2.*

DECLARATION OF RECRUIT

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

Douglas John Campbell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age *25* yrs. mths.

Height *5* ft. *7 1/2* ins.

Chest measurement } fully expanded *34* ins.
range of expansion *34* ins.

Complexion *Fair* *2*

Eyes *Blue*

Hair *Red*

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

O. C. *[Signature]* Depot Bt'n. Regt.

Place *Regina Sask.* Date *Nov. 11 - 1917*

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....
whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, **Douglas John Campbell.**

Regimental number **3355525** Rank **Pte.** serving in the

1st. Depot Bn. Sask. Regt. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint **Hugh Riddell.**

whose address is **Hazelland, P.O., County Argentele, Que.**

to be the executor of this my last will.

I devise all my Real estate unto My Uncle

Hugh Riddell,

Hazelland, P.O., Co. Argentele, Que.

absolutely, and my personal estate I bequeath to

General gift I give to ~~myself~~

whose address is **Same as above.**

all ~~my property not disposed of above~~

Date Dated at **Regina, Sask.** this **July 17th 1918** 191**8**.

Signature **Douglas John Campbell.**
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1ST WITNESS

2ND WITNESS

Witnesses Signature **J.D. Campbell**

Signature **E. D. Hughes.**

Address **1st. Depot Battn. Sask. Regt**

Address **1st. Depot Battn. Sask Regt.**

Occupation **Soldier.**

Occupation **Soldier.**

I hereby certify that this document is a true copy of a original document now in possession of this office.
Ch. Macdonald - C.M.S.
Director Military Estates
JUN 20 1919

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Campbell Christian name Douglas John
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule #6. Defauter
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Regina, Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17 day of July 1918 by the undersigned medical board sitting at Regina

5. Age as stated 25 Years 1 Months. *6. Apparent age 25 Years _____ Months

7. Height 5 Feet 7 1/2 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34 Ins. 10. Complexion Fair { Eyes Blue Hair Red

11. Physical development Fair { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

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

A. L. Anthony President. _____ Member.

V.R. 20 J 20
H. Normal.

Signature of Man Douglas John Campbell

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18/7/18	-	<u>W. M. Cook capt</u> M.O.	18/7/18	+	<u>R. D. ...</u> M.O.
25/7/18	+	<u>R. D. ...</u> M.O.	25/7/18	+	<u>W. M. Cook capt</u> M.O.
		<u>M.O.</u>	18/18	+	<u>R. D. ...</u> M.O.

Joined 17 day of July 1918 at Regina

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Regt</u>	<u>3355525</u>		
Transferred to	<u>Batt</u>			<u>11/11/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

DENTAL HISTORY SHEET

M. F. B. 465
100m.-7-16.
1772-39-950

CANADIAN ARMY DENTAL CORPS DIVISION **12**

NAME OF SOLDIER **Campbell D. J.**

REGIMENT **1st D.B.S.R.** RANK **Pte** No. **3355525**

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	CROWNS	Cleaned	As 2' 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1918 <i>Aug 16</i> <i>16</i>						4 4.5 12.39 23.13 14										<i>608/77889 1012.30</i> <i>Ex 4/2.3.13.14</i>



CANADIAN CONTINENTAL EXPEDITIONARY FORCE

14th PAY CERTIFICATE

No. 14th Pay Certificate
 Name: [Faded]
 Rank: [Faded]

Rank: [Faded]
 Name: [Faded]
 Service No.: [Faded]

For the month of [Faded] 191[?]

Payable to [Faded]

[Faded]

[Faded]

[Faded]

[Faded]

[Faded]

[Faded]

[Faded]

[Faded]

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[Faded]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D. 12
NO. 11

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. **3355525** Rank **Pta.** Name **Campbell, D.J.**
 Corps **FIRST SASK. DEPOT BATT. C.E.F. REGINA SASK.** who was **S.O.S. Deceased.**
 On **23rd of January**, 191**9**, to **Jan. 1st**, 191**9**, to **Jan. 31st**, 191**9**, the inclusive date of transfer or discharge.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **Jan. 1st**, 191**9** to **Jan. 31st**, 191**9**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	13	10
Advances by Cheques			Regt'l. Pay 31 days at \$ 1 c.	31	
Assigned Pay and Sep'n Allee. No.			Field Allow. 31 days at \$ 10	3	10
Harvest Leave, W.O.P. 22 days	24	20	Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)	23		Bal. Dr. (to be deducted by new unit)		
Total	47	20	Total	47	20

*Give particulars.

A monthly stoppage of \$ **Nil** (†) has (‡) been paid on account of Assigned Pay for the month of **1919** and Sep'n Allee. for month of **1919** (to) Assignee **1919**
 (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.

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

REMARKS:—

- State (1) date of enlistment **17-7-18**
- (2) if married and if a Separation Allowance Card has been submitted **No.**
- (3) cause of discharge **Deceased.** authority **D.O.-44.**
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit
 Date **Feb. 15, 1919.**
 Place **Regina, Sask.**
[Signature]
Lt. Paymaster, First Sask. Depot Batt. C.E.F.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

This man died whilst on Harvest Leave W.O.P. and in accordance with Order in Council in connection with readjustment of accounts of dead men, pay and allowance have been credited to the end of the month but no payment has been made as the man was on harvest leave at the time of decease.

M. F. W. 44.
 H.Q. 1272-39-908.
 100M-9-18. D.P. 874.

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				

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

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

339m.—5-16

H. Q. 1772-39-940.

Casualty Form—Active Service.

*am x
8-1-21
all*

1st Depot Bn Sask. Regt.

Unit, Regiment or Corps

Regimental No. *3355525*

Rank

pte

Name

Campbell Douglas, John

Enlisted (a) *11-11-17*

Terms of Service (a)

6-6-18

Service reckons from (a)

11-7-1918

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

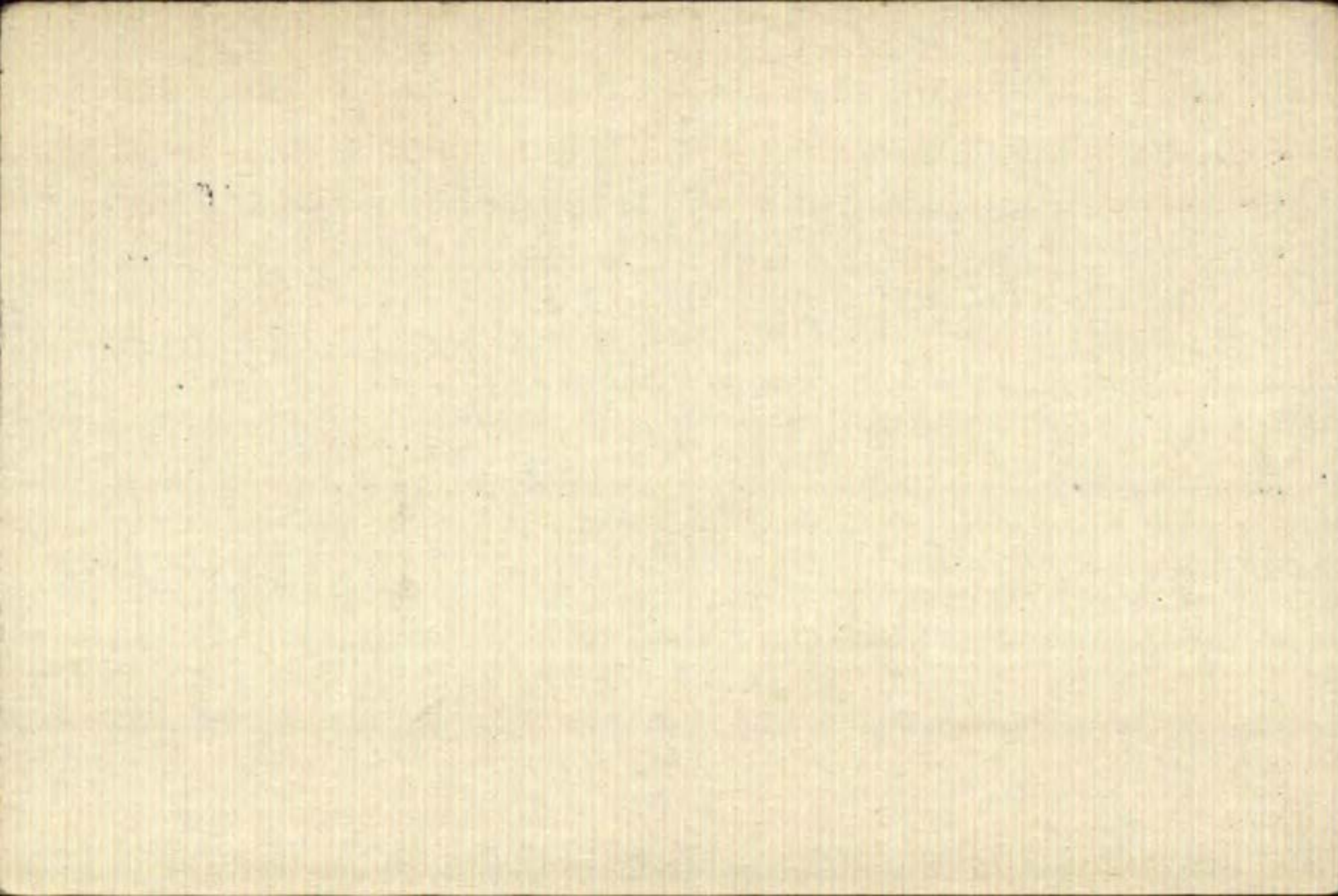
Qualification (b)

mil. nil. Civil Farmer

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				
<i>July 23/19</i>		<i>Discharged Having Died</i>	<i>Regina Sask</i>	<i>28-1-19</i>	<i>B.O. 44</i>
		<i>E. M. Williams</i>			
		<i>Capt. & Adj. 1st Depot Batt. Sask. Regt.</i>			

(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.



23
1
19

H. Q. ✓

M. D. No. 12

Surname *Campbell*

T. O. S. *July 17th* 19 *18*

Christian names *Douglas John*

D. O. Pt. II *199* of *18-7-18*

Regtl. No. *3355525*

Rank *Pte.*

S. O. S. *dis. 23/1/19 19*

Unit *Sask. Regt. 1st Depo. Bn.*

Reason *Deceased*

Auth. *A.O. 44 '3/2/19 #12*

Next of kin *Riddell Hugh*

Relationship *Uncle*

Address *Hazel Land. Argente Co*

Also notify:

P.Q.

BORN—Place *Canada Hazel Land. P.Q.*

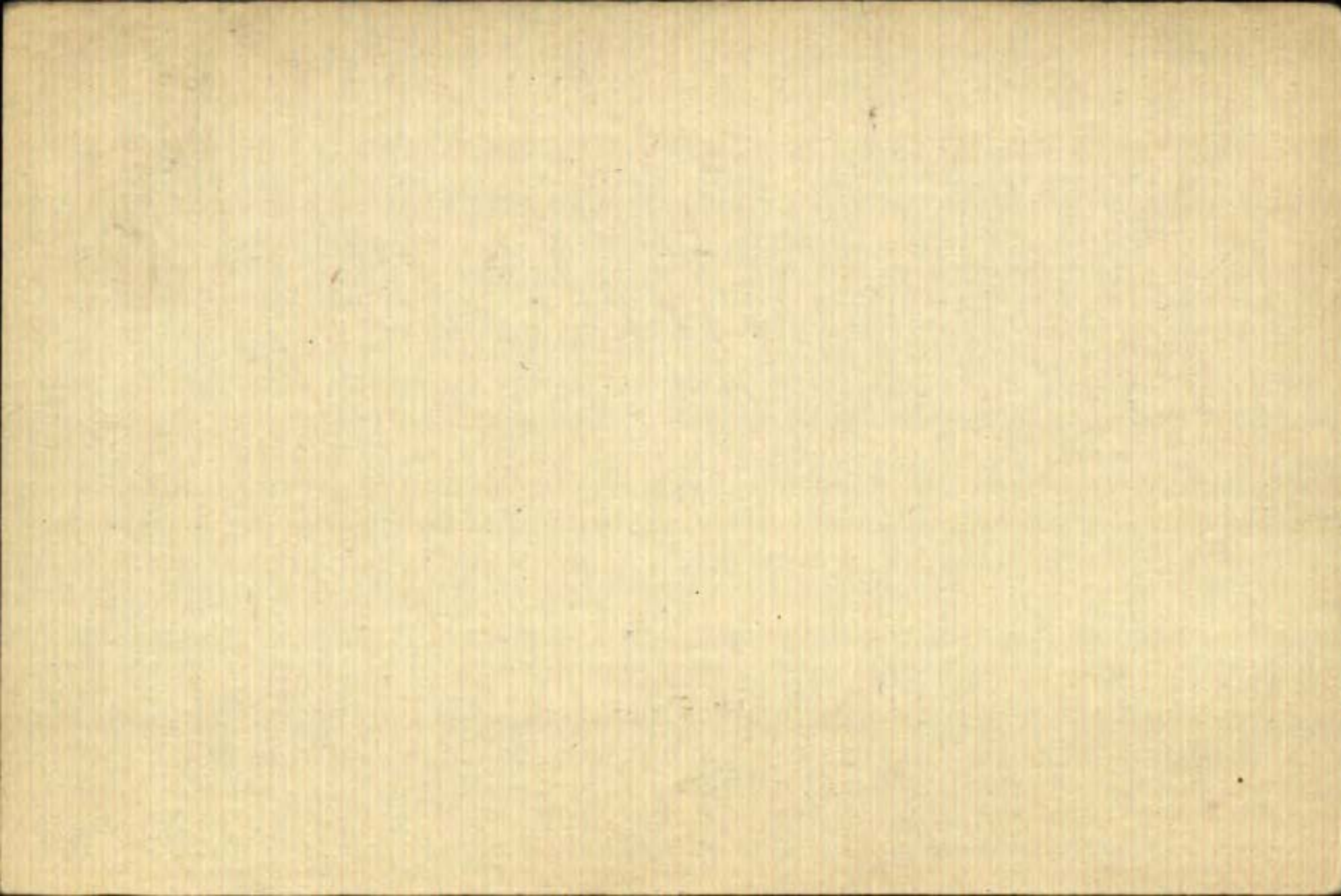
Date *May. 21st* 1893

ATTESTED—Place *Regina Sask.*

Date *Nov. 11th* 1917

O/S

R/C



H.Q. 649-C-28923.

Campbell, Pte. D.J., #3355525, 1st D.B.S.R.

M. & D. (Uncle) Hugh Riddell,
Hazel Land P.O., P.Q.

P. & S. " Ditto.
Mem. C. Nil.

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MAY 4 - 1921

Scroll Desp. 1921 Regn. No. 41306

Plague Desp. SEP 12 1921 Rem. No. 6678

Canada Only

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List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44	(a) Proceedings on Discharge	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

nil

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

This space to be for numbers.



Proceedings on Discharge.

13-C-392
Military District No. 14
FEB 24

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

No.	3355555
Rank	Private
Surname	Campbell
Christian name	Douglas James
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st Depot Battalion Sask Regt
Date of discharge	July 23/1919
Place of discharge	Regina Sask
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... ²⁵years..... ⁵months.	Descriptive marks <i>ml</i>
Height..... ⁵feet..... ^{7 1/2}inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Red</i>	
Trade <i>Farmer</i>	
Intended place of residence	<i>Regina Sask</i>
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<i>Having Died</i>	
Authority for discharge..... <i>BO. 44</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<i>Farmer</i>	

M. F. B. 218.
200M.—5-18.
H. O. 1772-39-113.

(OVER)

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

nil

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

6. Medals and Decorations:

nil

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

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

(Place) *Regina Sask* *E. M. Williams* *Capt. R. Regt.*
(Date) *July 23/1919* *1st Depot Batt. Sask. Regt.*
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Regina Sask* (Signature of Soldier.)
(Date) *July 23/1919* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) *Regina Sask*
(Date) *July 23/1919*
(Signature) *Ben Wilson* *Major*
Comm'dy. 1st Depot Batt. Sask. Regt.

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.)

List of Discharge Documents

nil