Mac Leon REGIMENTAL DOCUMENTS

6pl. NAME CAMPBELL. EWEN. ~~MALCOLM~~ REGT. NO. 1048813 UNIT 242nd Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		M		03685	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192.					
1	MISC.					1
8	Cleared					
1	A & P					14-19
1	Copy Marriage Cert					14-19
1	S.D. 4337					1 19
1	Pr. B.H.					
1	pay card					

W. 2589

THE IRISH FUSILIERS OF CANADA
ORDERLY ROOM
NO. 4707
DATE

242nd. BATTALION C. E. F. ORIGINAL

242nd Battalion C.E.F.

ATTESTATION PAPER.

No. 1048813

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Campbell
1a. What are your Christian names?	Ewen Maclean
1b. What is your present address?	1733- 5th Ave .W. Vancouver B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Compton County. Quebec.
3. What is the name of your next-of kin?	Christie Morison Campbell.
4. What is the address of your next-of-kin?	1733- 5th.Ave.W. Vancouver B.C.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	August 19th 1868.
6. What is your Trade or Calling?	Carpenter and stone quarryman
7. Are you married?	Yes
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? If so, state particulars of former Service.	58th Infantry 15 years
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, ~~Ewen Nelson~~ Maclean 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.

Ewen M Campbell (Signature of Recruit)

Date 19th September 1916. Arthur Clapson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ~~Ewen Nelson~~ Maclean 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.

Ewen M Campbell (Signature of Recruit)

Date 19th September 1916. Arthur Clapson (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 Vancouver B.C. this 19th day of September 191 .

C Hill Tout (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Ewen Maclean Campbell on Enlistment.

Apparent Age 40 years ..... 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. 10 ins.

Chest measurement:
- Girth when fully expanded ..... 39 ins.
- Range of expansion ..... 4 ins.

Complexion Fair

Eyes Blue

Hair Iron grey

Religious denominations:
- Church of England .....
- Presbyterian Yes
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other denominations ..... (Denomination to be stated.)

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 19th September 191 6

Place Vancouver B.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.

Ewen M. 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 of Officer)

242nd. Can. Forestry Battalion, C. E. F.

Date 19. 9. 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

DISTRICT HQ. D.O.D. XI
APR 7 1919
DISCHARGE SECTION

This is to Certify that No. 1048813 (Rank) Corporal

Name (in full) Ewen Maclean Campbell enlisted in

the 72nd Battn

CANADIAN EXPEDITIONARY FORCE at Vancouver on the 19

day of September 1916

HE served in France with the B.C.R.

and is now discharged from the service by reason of DEMOBILIZATION

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

Age	50	Marks or Scars	
Height	5' 10"		
Complexion	Fair		1 scar left side forehead
Eyes	Blue		
Hair	Grey		

E M Campbell
Signature of Soldier

H. B. Andrews
Issuing Officer

Capt.
Rank
for O. C. District Depot, No

Appointment

Date of Discharge 7-4-19

Signed at Vancouver this 7 day of April 1919

in Military District No. 11

File Reference No. DD-10079-6

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

WAR SERVICE BADGE CLASS " A "
No. 238414 ISSUED

Specialist's report.

Station.Vancouver,Date 1st April,1919.

Reg. No. 1048813...Name..Campbell, E.McLean...Rank..Cpl.

Unit. C.F.C.

Pathological conditions present:

(1). Both M.T. are intact and normal.
Rinne + in both sides.
Bone and air conduction normal.
C.V. Right 20 ft. Left 20 ft.

(2). Right vision 6/8 + Left vision 6/8 +
Eyes are negative except for slight conjunctivitis.

Estimated percentage of disability.No disability.
Is this disability due to service?
If not due to service has it been aggravated by service?
If "yes" give percentage due to such aggravation.
Will further treatment be of benefit?
Probable duration of disability.
Recommendation.

(sgd).W.E.Ainley,Capt.
Signature and rank of specialist.

Certified to be correct copy.
W. Weatherhead
. . . . . .Capt.CAMC.
Pres.Med.Bd.Cas.Coy.,D.D.NO XI.

Wif[redacted] Mrs. E.M.Campbell, 1733 5th Ave. W.Vancouver,B.C. 100 79.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Pos 2

NoXLCC

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 1048813 Rank Cpl Surname Campbell
(Give name in full)
Ewen McLean

Unit or Corps C.E.C. Birthplace Quebec

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

1. GENERAL DESCRIPTION:

Physique good Weight 162 lbs. Height 5 ft 10 in. Colour of Eyes blue

Nutrition good

Pulse 70

Condition of arteries good

Vision Rt. 6/8 Left 6/8

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
small mole between eyebrows
scar left side forehead
cut in 1890.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System yes

Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza July 1918. No after effects. Dysentery Sept 1918. In hospital 4 months. fully recovered.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at N. Westminster (Canada)

Date ....2-4-19..... Signed W. F. Mackay ..M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature E. M. Campbell

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER.]

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

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps Can. For. Corps

No. 1048813 Rank and Name Cpl. E. M. Campbell Age 54 Service

Military Hospital Brighton

Disease Dysentry Date of admission 19/9. Date of discharge Result

Dates of Observation

Days of Disease: 19. 20. 21 22 23 24 25 26 27 28 29 30 1Oct 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Temperature, Fahrenheit — Time A.M. P.M.

Pulse per Minute: 72 64 64 76 78 90

Respirations per Minute

Motions per 24 Hours: 2 0 1 1 1 2 0 1 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 0 0 1 0 0 1 0 1 0 1 0 1 1 1 0 1 0 1 1 1 0 0 1 0 1 0 1 0 1 0 0 0 1 0 1 0 1 0 1

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (**E. 735**)

Signature ______ In charge of case.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name _____ Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	20	21	22	23	24	25	26	27	28	29	30
Days of Disease											
Temperature, Fahrenheit — Time A.M.P.M.											
107°											
106°											
105°											
104°											
103°											
102°											
101°											
100°											
99°											
98°											
97°											
Pulse per Minute											
Respirations per Minute											
Motions per 24 Hours	0	0	0	0	0	0	0	0	0	0	0

Wt. W 3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by John Rissen, Ltd.—82.

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

SEP 12 1918

Extract from Admission and Discharge Book of 7 Can Gen. **Hospital at** Etaples. **Date**

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of: Age last birthday.	Service	Service in the command.	DATES. Admitted into Hospital.	Transferred.	Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
1425	Can. For Corps.	20	1048813	Cpl. Campbell. E.M.	54	2	20/12	11 / 9 / 18	12 / 9 / 18	Pres	Gastro Enteritis	24 Gen Hosp

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

REGISTRAR'S OFFICE,
NO. 7 CANADIAN
GENERAL HOSPITAL.
12 SEP. 1918

Susp. Dysentery:—

NO. 1425.

Medical Officer in Charge.

CAPT. REGISTRAR
FOR OC 7 CAN GEN. HOSP

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 242nd BATTALION C. E. F.

Regimental No. 1048813 Rank Pte C. E. F. Name Campbell Owen T. MacLean

Enlisted (a) 19.9.16 Terms of Service (a) Dep W Service reckons from (a) 19.9.16

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) Carpenter stone quarryman

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				
		EMBARKED AT	Halifax	H.M.T. Mauretania	23.11.16.
		DISEMBARKED AT	Liverpool	30.11.16.	
1.12.16	242nd Bn	Appt. A/Lance Corpl	Bramshott	30.11.16	Part II Orders. 112
1.1.17	Ob. 242nd	Attached C for service op.	Witley	1.1.17	" 2 " 1
					Fred Morse Capt. Adjutant 242nd Battalion C. E. F.
		Disembarked	Havre	2.1.17	L.R. 7244
4/2/17	20th Coy	Attached 19th Coy	C.F.C.	31.1.17	B213. Pt. 2. order #5 23/2/17
4/3/17	19th Coy.	Ceases to be attached to 19th Co.	C.F.C.	4.3.17	B213. Pt. 2. Ord #9. 13-3-17
2/12/17.	20 Coy.	Appointed A/Cpl. w		25-11-17.	B213 Pt 2 Ord 48.
10-3-18.	20 Coy.	Granted 15 days leave to U.K.		7-3-18.	B213 P/15
31.3.18.	"	Rejoined from leave.	Fld.	27.3.18.	"
7/4/18	a 94 Class.	only age (53) B2.	Fwd	7/4/18	R.R. 456

Pt. 2 N° 25

CERTIFIED CORRECT. JAN. 1917 G.W.S. LTD.

(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				
27-4-18.	20 bay.	Confirmed Confaud.	Fld.	23.4.18.	B213. P.24.
11-9-18.	b.G.B.D.	T.O.S. for Board.	b.G.B.D.	10.9.18.	NR. 1286.
12-9-18.	b.G.B.D.	B.2T.B. to 7 ban Gen Hosp.		12.9.18.	W3034 B.E.2727.
12-9-18.	7 ban Gen.	Emp. Dysentery to 24 Gen Hosp		12-9-18.	W.3034 H.9467.
12-9-18.	24 Gen H.	Susp. Dysentery. adm 24 Gen H.		12-9-18.	W3034 K1.
11-9-18.	7 ban Gen.	Gastro Enteritis adm 7 Gen H.		11-9-18.	W.3034 K.858
19-9-18.	24 Gen H.	To England.		19-9-18.	K.858. W.3034
19-9-18.	O.C. A.T. New Haven.	Sick invalided to England and posted to C.F.C. Depot. Sunningdale.		19-9-18.	W.3083/6035. Part II Orders. 50 of. 27-9-18.

Ed. Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

28.9.18 B.D.C.F.C. T.O.S. from 20 Co. C.F.C. on adm to Hosp in England Sdale 14.9.18 Pt II 232.

Lieut.
for MAJOR
1/c Records, C.F.C.

13-2-19 B.D.C.F.C. S.O.S. BASE DEPOT C.F.C. SUNNINGDALE 13-2-19 Pt. I D.O. 44
Trans to M Div
on posting to C.A.M.C.

Lt. for O.C. S.B.C.F.C.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent. &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

1048813 Pte Campbell Ewen McLean

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
25/2/19			Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No._____. Ceases to be attached C.C.C, Kinmel Park on embarking for Canada, Part II Order No. 48 Commanding_____Wing, Kinmel Park Camp.			
			25-2-19 EMBARKED LIVERPOOL			
13-3-19	OVERSEAS		T.O.S. DISTRICT DEPOT XI HASTINGS PARK VANCOUVER, B.C. 25-2-19 D.O. Pr. II 72/19/1			
	DISCHARGED		DEMOBILIZATION	VANCOUVER, B.C. 7/4/19 D.O. 98/239 M. Bell Capt. for O.C. District Depot., XI		

Nothing to be written in this margin.

O.P.

C.A.D.C. 1009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

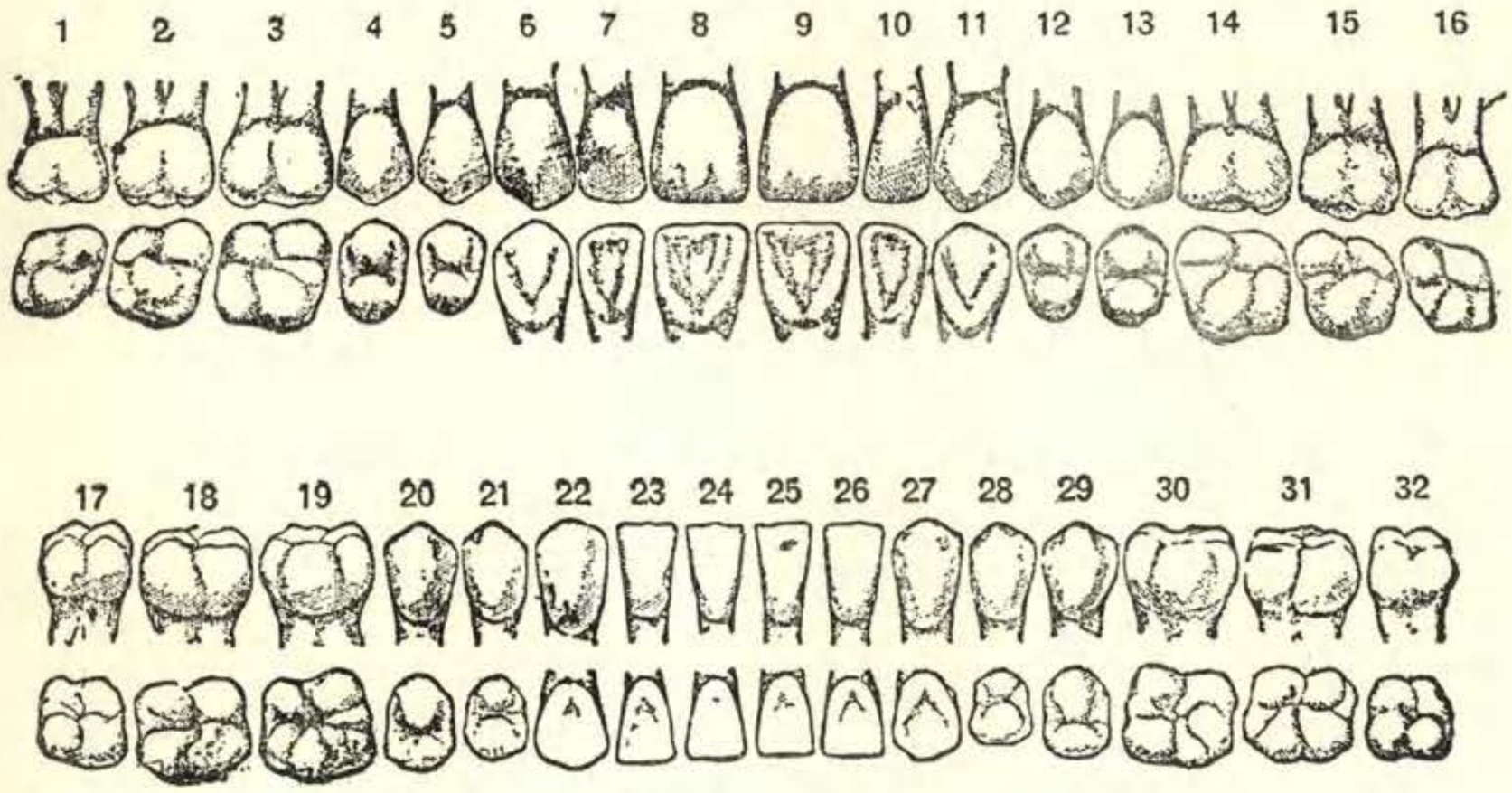
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) CAMPBELL EM

REGIMENT 6 F 6 RANK Cpl. No. 1048813

Date of Examination in England 28-1-19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2.
2. EXTRACTIONS none
3. CROWNS none
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   none

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England yes
- (c) In France

Signature of Dental Officer R Jameson Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

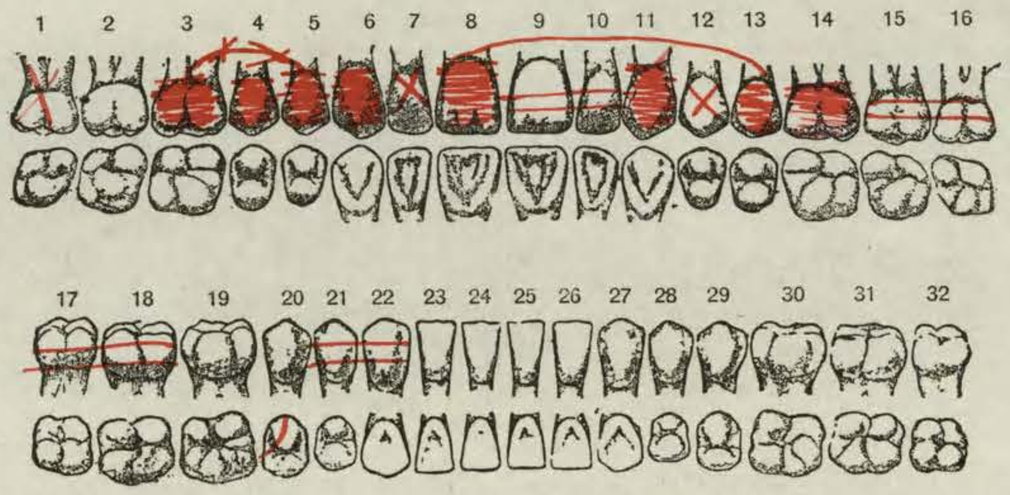
District: 11

Name of Soldier: Campbell

Rank: Gr.

Regiment: Queen's M.C. Loan

No. 104282



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Prophylaxis	Operator	Military District	Remarks	
Condition on first Examination	1919.	2.	1/20								11 1.7.9 10.12.15. 16.17.18. 21.22						3 5 5-6. 8.11.13. 14.		1/8-13.		Lieut W. Elder 11		Cavities	
																							Extractions	Work required

M.F.B. 150M-1 1772-39-936

MEDICAL HISTORY SHEET

DUPLICATE

Surname Campbell *Christian Name* Ewen Maclean

Examined { on 19th day of Sept. 1916 / at Vancouver B.C.

Birthplace { City or Town Compton County / County Quebec

Apparent age 48 years

Trade or occupation Carpenter and stone quarryman

Height 5 feet 10 Inches

Weight 165 lbs.

Chest measurement { Minimum 35 inches / Maximum expansion 4 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last 1905

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Vision 20/30

Approved by H. E. Kigg Lieut. Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
2/11/16		J. H. Goodchild Captain C	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
		TYPHOID + PARATYPHOID VACCINE	
5/10/16		M. J. M. Capt	M.O.
18/10/16		J. H. Goodchild Captain C	M.O.
25/10/16		J. H. Goodchild Captain C	M.O.

Enlisted on 19th *day of* September *1916 at* Vancouver B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	242nd Batt			
Transferred to		1048813 ✓		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	3/10/16.		fit for duty

M B Hebert *Capt., C. A. M. C.*
M. O. 242nd BTTN.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname *Campbell* Christian Name *Ewan Mackian*

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
MONTREAL											

FORM OF WILL

I, Ewen MacLean Campbell. (Name in full)

Regimental Number 1048813 serving in 242 Battalion.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I ~~devise~~ bequeath all my real estate unto

My Wife, and children.
#1733 - 5th Avenue, West.
Vanconver, B.C. Canada.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My Wife and children.
#1733 - 5th Avenue West,
Vancouver, B.C. Canada.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 4th day of October A.D. 191 6

Ewen MacLean Campbell. Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy in fact everything except real estate.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Eug. Bamapa, Capt.

Address of Witness 2704 Hutchison St., Montreal.

Occupation of Witness Merchant.

Signature of Second Witness J.D. Laverque.

Address of Witness 48 Daly, Ottawa, Ont.

Occupation of Witness Civil Servant.

I hereby certify that this is a true copy of this original document.
Director Military Records
NOV 28 1919

M. F. W. 82.
300M.-12-16.
1772-39-983.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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.

---

(1) Name of Overseas Unit which Soldier joins B-C Co. 242 Forestry Batt.

(2) Regimental Number 1048813

(3) Full Name of Soldier Campbell. Ewen McLean

(4) Place of Birth County of Compton. Quebec

(5) Are you married, or not? yes

(6) If married, state,

(a) Full name of your wife Christie Morison Campbell

1733

(b) Present Postal Address 1733 - 5th Ave W. Vancouver B.C.

(7) Are you a widower? ——

(8) Have you any children? Yes

If so, give number of boys and girls 2 boys 1 Girl

Also their names and ages Murdo Ewen Campbell age 6½ years

Donald Kenneth " " 5 "

Jean Isabel " 3 "

M.F.W. 67
300M.—5-16.
1772-39-954

SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow

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.

Yes

(15) Are you insured? Yes

If so, in what Company? Prudential Ins of N. America

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.

J. McCaughey Major

Officer Commanding.

Date Oct 17 1916

242nd. BATTALION C. E. F.

Station and Date.	
Princess Patricia Canadian Red Cross Hospital, ~~Cooden Camp, Bexhill,~~	
1-11-18	Dear. To duty J. MacKenzie Capt.

Forms
I. 1237
12

Ward 35
Floor R 2.

Res

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
	1048813	Cpl	Campbell	Owen MacLean
Year	Unit.		Age.	Service.
1918	Can. Forest Corps (20)		54	24/12.

Station and Date.

Disease Dysentery (Flexner)

Kitchener

Military H.

Brighton

Admitted 19/9/18.

Overseas 21/12

Civil Occupation Carpenter & Builder

Next of Kin Wife Mrs. Campbell, 1433, 5th Avenue W.

Vancouver B.C.

Wounded

Reported Sick 10/9/18

History

Service in Can Nil

Date of Onset 8/9/18

Place of Infection Alencon.

Original Symptoms. Abd pains, Nausea, 6 Stools.

Blood 3 days

Present conditions Bowels loose 3 Stools.

Examination Nil

Other conditions Nil

Field Card notes

Gram hoer, Blood & Mucus

Three tests neg

L. R. McLugo
Capt

C.C.H.

N E H Chipman
Capt

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

P.T.O.

R—122
8,401—50,000—21-10-16.

A.G.R. Rank a/L Cpl. Name CAMPBELL, Ewen Maclean Reg'l No. 1048813

Unit 242nd Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Vancouver B.C., 19th Septr. 191 Place of Birth Compton Co. Quebec.

Name and Address, Next-of-Kin Christie Morison Campbell,

1733 5th Ave., W., Vancouver B.C. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

M.T. 16-2-21 R.R.

A/E. R.B. No. 18620
File R.L.
Directory O.E.G.R.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	C	Arrived In England		30*11*16	S.S. Mauretania
1-12-16	242nd Bn	Appt. a/L. Cpl.	B'shot	do	Pt. II 00 112
1-1-17	do	S.O.S. on proceed. to France	Witley	1-1-17	" " 1.
31.1.17.	20, C.F.C.	DISEMBARKED.	FIELD	2, 1, 17	Pt.II.O. 1.
23.2.17	" "	Attchd to 19th Coy C F C	"	31.1.17	" " 5.
23.2.17	19th Coy. C.F.C.	Attchd. from 20th Coy. C.F.C.	"	31.1.17.	" " 7.
13.12.17	20th Coy C.F.C.	Appt'd a/Cpl. Paid.	a/Cpl. "	25.11.17	" 48.
7.5.18	—"—	Confirmed Corpl	a/Cpl "	23.4.18	" 24. (B.D.C.F.C. 28/6
27.9.18	—"—	Sick, trans to C.F.C. B.D.	Cpl "	19.9.18	" 30 (Pt. 2 32 4 28.9.18
13.2.18	B.D.C.F.C.	S.O.S. to C.C. Rhyl. M.D. 11	" Sdale	13.2.19	P.II.O. 44. (Pt. 0 49 4 26.2.19 WINDOW TOS

A.F.B. 103 CHECKED
W.B. 9 - JAN 1917

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.				
15-2-19	" M.D.C.W.	T.O.S. pend'grt to Con	Cpl Riley	14-2-19	P.C. II 0 40
26.2.19	— " —	S.O.R. to Canada	"	24/2/19	" 49.

19-9-16

227

L. L. Job 4503.—M[illegible]D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Christie Morison Campbell

Address 1733 — 5th. Ave W.
Vancouver
B. C.

Relation to Soldier wife, child or mother } "Wife"

Name of Soldier Campbell, Ewen Maclean

Regtl. No. 1048813

Rank Pte.

Corps 242nd. Forestry Battn

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 5 ACCOUNT

19-9-16.

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—6-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Christie M. Campbell "Wife" Name of Soldier Campbell, C. Maclean Pte.

PAYMENTS.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.		L 21709	28		28
Nov.		Q23784	20		20
Dec.		W27666	20		20
Jan.	1917	Q28120	20		20
Feb.		231408	20		20
March		Q 34705	20		20
April		R531	20		20
May		Q3853	20	168	20
June		S.72445	20		20
July		R11773	20		20
Aug.		Y12738	20		
Sept.		T16858.	20		
Oct.		B23980	20		T
Nov.		D25669	20		B
Dec.		B27295	20		B 308/2
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs C. Campbell
Address 1733 - 5th Ave. W.
Vancouver
B.C.

Rate 20.00 Dec. 1/16

By Whom Assigned Campbell E. McL
Regtl. No. 1048813
Rank Pte
Corps 242 Batt

Cable 1316 - 5/1/17 Hold 1/1/17

PAYMENTS

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

CONSOLIDATED ACCOUNT 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs C. Campbell

L. L. Job 4503. Req. 6832.

PAYMENTS.

Name of Soldier Campbell. E. McL. Pte 1048813 242 Batt

20.00 Dec. 1/16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan. 6	1917	V37310	40	40 Jan. to adj' Sp. Reg. 13-1-17 L.
Feb.		a 44070	20	20 future
March		C49980	20	20-L
April		P... 613	20	20 W.
May		X 6926	20	
June		J.13833.	20	20
July		B22006	20	B.
Aug.		Y 27506	20	W
Sept.		F38797	20	B
Oct.		J.46939	20	
Nov.		J 54609	20	
Dec.		H51415	20	260/W
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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

19-9-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

Date of Assignment

1116 1 Dec 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~ 20/12/17	30 1-9-18	

R.C.3257 R.C.2753
MO. 49619

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1048813

Rank Pte. Promoted Reverted Discharge

Soldier's Name E. Mac L. Campbell.

Battalion 242 Battn.

Beneficiary E. Morison Campbell

Relationship Wife

Address

M.F.W 2134 - 2-8-18
Ret'd OK. 25/11/8.

PARTICULARS OF ASSIGNMENT ✓

Name Mrs E. Campbell.

Address 1733-5 Ave W. Vancouver B.C.

Change of Address

1

2

3

4

2713 E 6

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31/17		208	360	568		
1918 Jany	P 66865	30	20	50		B
Feb	D 90118	25	20	45		
Mar	A 108278	25	20	45	✓	✓
Apr	A 5360	25	20	45		G ✓
May	J 17152	25	20	45		✓
June	E 19140	25	20	45		✓
July	I 28233	25	20	45		✓
Aug	E 31684	25	20	45		✓
Sep	H 46051	25	20	45		✓
Oct	D 48489	25	20	45		✓
NOV.	B 61093	25	20	45		✓
Dec	D 63901	45	20	65		✓
JAN 1919	J 69168	30	20	50		✓
Feb	J 79441	30	20	50		✓
MAR	F 91038	30	20	50		✓
		723	560	1283		

W.B.

A/c Closed

Ret'd per

Date 1/3/19 M.F.W.187 10/3/19

Clerk

M.O. 1/

M Rol 4 73999 - false D order

AUDITED

CANADIAN
ASSIGNED PAY AUDITED
Cpl. O.K. to 28-2-19
AUDIT CLERK
DATE 28-5-19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22520—M. & D. 1493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22230—M. & D. 7493.

649-C-31638

SURNAME. Campbell	11 CARD NO.
CHRISTIAN NAMES Owen Maclean.	S.O.S. Des. 7/4/19 Demob FOLL. D.O.S. 8/4/19 #31200
REGL. No. 1048813 RANK Pte.	
UNIT 242nd.	Bn.
FORMER CORPS 58th. Inf. 15 Yrs.	

NEXT OF KIN.

NAMES IN FULL Campbell, Mrs. C. M.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS 1733 - 5th Ave, W.

Vancouver, B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Co. of Compton DATE Aug. 19th/1868.

PLACE OF ATTESTATION Vancouver, B.C. DATE Sept. 19th/1916.

R/C 5/3/19 278/46 pte

From Halifax per S.S. Mauretania 23/11/16.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Carpenter RELIGION Presbyterian.

Stone Quarryman.

DESCRIPTION.

APPARENT AGE 48. YEARS MONTHS

HEIGHT 5, FEET 10. INCHES

CHEST MEASUREMENT 39. INCHES EXPANSION 4. INCHES

COMPLEXION Fair. EYES Blue. HAIR Iron Grey.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Vancouver B.C. DATE Sept. 19th 1916

Present Address 1733-5th Ave. St.,
Vancouver, B.C.

Form DMS 1401.

T 3955

A. & D. CARD

Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill, HOSPITAL.

AT B 11

Regl A. & D. No. 1048813 PL. OF ACTION Normandy. Near Alencon.

RANK Lpl REG. NO. UNIT Can Forces Engr 20' SICK OR WOUNDED

NAME Campbell. E. M. AGE 54. RELIGION Presb.

PLACE IN HOSPITAL Div II

DIAGNOSIS Dysentery (Flexner).

ADMITTED 1-11-18 FROM Kitchener Hp. Brighton

DISCHARGED 15-1-19 TO C.P.C.R.D. Summingdale

TRANSFERRED

SERVICE AT HOME 25/12 IN FIELD 20½/12

RESULTS

DISCHARGED TO DUTY

Capt B 11.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Carpenter Builder.

No. 1048813 RANK Pte NAME Campbell. E. M.

T. O. S. 19.9.16. UNIT 242nd Battalion C E F

A 52 27.9.16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 19	1916 Sept 30	X		
Oct				
Nov			appt Lce cpl 1-11-16	20 90 Nov paylist

UNIT SAILED
NOV 23 1916

E-M-H.

Number 104 8813 Rank Capl

Surname CAMPBELL

Christian Name Ewen MacLean

Units C. F. C. Theatre of War France

Date of Service 2/1/17

Remarks Widow - Mrs C. M. Campbell 1733- 5th ave W.

Latest Address ~~1733 - 5th ave~~ W Vancouver BC

~~Vancouver~~

B.C.

Roll No. Page 21659

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

DESP. JUN 26 1924
REGN. NO. 3-461

868—D.P.—40M-1-12-19.

NAME Campbell. E. M. REGT. No. 184881 3

RANK AND UNIT Pte 20 Bn.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B313	Kitchener Brighton	19-9-18	Susp Dysentery

S.O.S. 7-4-19. Demob.
M.D#11.

H. Q. 649-C-31638.

20th Coy. C.F.C.

CAMPBELL, Cpl. E. M. #1048813, form 242nd Bn.

Med & D (Widow) Mrs. C. M. Campbell,
1733-5th Avenue, W.,
Vancouver, B. C.

P & S (Widow) Address as above.

Mem Cross (Widow) Address as above.

Not Eligible for 14-15 Star
E.. .. - V.M
E.. - .. B.W.M.

48754

B - R.R.

W 4616 E FEB 23 1921

1090

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A316	24 Gen. Etaples	12-9-18	Suspd Dysentery
B349	P.P.C.L.I. Bethell	2-11-18	" " "
B403	Discharged	15-1-19	" " "

REGT'L. No. 1048813

NAME Campbell E. McL.

H. Q. FILE No 649

RANK AND CORPS Cpl. 20 Bn

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

*Name Campbell E M Rank Pte Regtl. No 104 8813

Original unit 442 Present unit C.F.C. M. or S. Age 50 Religion Pres Fyle Depot 100789 Ref. H.Q.

Port, ship, and date of arrival Halifax Megantic 5.3.19

Next of kin Mrs. Christie McCampbell - 1733 5th Av W Vancouver

Address on leave

Address on discharge as above

Transportation issued Yes No Date Character on discharge

Previous occupation Carpenter Date and place of enlistment Vancouver 19 9/16

Diagnosis Tb Date of Medical Boards 2/4/19

DISCHARGED 7/4/19 D.O. 98/22d

Date.	Remarks	Pt. 2 Order No.
13.2.19	T.D.S. New Orleans 25 2/19 Posted to Can. Gov. 11 3/19 Leave 25 3/19	72-1a
	Discharge Section 7/4/19	98/22d
	WAR SERVICE BADGE CLASS "A" No. 238414 ISSUED	

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

(over)

Date.	Remarks.	Pt. Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
CAMPBELL	E.McL.	1048813

Rank ~~Pte.~~ Forr.20 Unit
Cpl.

Cas. List.	
	24 Gen Etaples. 12-9-18.
18-9-18.A316.2	Susp.Dysentery. R
24.9.18 B313	Kitchener Mil. Brighton 19-9-18
7.11.18 B349	Princess Pats Bexhill 2.11.18
21.1.19 B405	Dis. 15.1.19

A.M.D. 2 Dept.

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

Report No. 7

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } 1048813 Cpl. Campbell Age 54 Corps Canadian For Corps

Disease Dysentery Hospital Kirk

To Officer i/c Laboratory. Ward K 2. 21

Please carry out an examination of the accompanying specimen of Faeces

with special regard to

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 20/9/18 S K McGregor Capt
O. i/c K Ward.

LABORATORY REPORT.

7284 1.10.18 Protozoologically negative

BACTERIOLOGICALLY NEGATIVE

R. A. Beck
14-10-18

7779 13.10.18 Bacteriologically negative
Protozoologically negative

J Morison

Protozoologically negative

BACTERIOLOGICALLY NEGATIVE

R. A. Beck

8214 22-10-18

Test Complete

J R Morison
Capt. R.A.M.C.
O. i/c. Laboratory

Date of Examination

O. i/c Laboratory.

(S.O. 1452) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23
Squadron / Battery / Company Conduct Sheet,	" B. 263a	"	W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

WAR SERVICE BADGE CLASS "A"
No. 238414 ISSUED

Proceedings on Discharge.

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

M

H

No.	107 8813
Rank	Corporal
Surname	Campbell
Christian name	Owen Maclean
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	7 H 2 Bn
Date of discharge	7-4-19
Place of discharge	Vancouver B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	50 years — months.	Scar left side forehead
Height	5 feet 10 inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Grey	
Trade	Carpenter	
Intended place of residence (To be given as fully as practicable.)	1733 - 5th Ave W Vancouver B.C.	

2. The above-named man is discharged in consequence of under RO 1420(c) 12 4 19

DEMOBILIZATION

Authority for discharge under R.O. 1420 (c) 12-12-18

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R. OR~~ B. P. C. ON 15/4/19

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

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

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

(Place)..... E McCampbell ..... *(Signature of Soldier.)*

(Date)..... A J Hayles ..... *(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).....

(Date)..... *(Signature)* H H Andrews Capt. for O. C. District Depot, M.D.

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.)

Nil

E M Campbell

Statement of the Soldier

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

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

Nil

Ewen MacLean Campbell
Signature of Soldier examined.

Instructions to Medical Officers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENTRIES OF RECATEGORIZATION

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

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

Reserved for M.H.C.

Regt. No. 1088813 Rank CORPL. Surname CAMPBELL Christian Name EWEN McCLEAN

Unit or Corps—(*a*) Overseas from United Kingdom: 20C. E.F.C. (*b*) in United Kingdom BC. RES. DEPOT

Born at—Town WINSLOW County or Province QUEBEC Country CANADA

Date of Birth—Day 19 Month AUGUST Year 1884 Age 54 yrs. 4 months.

Joined at VANCOVER B.C. Date 19. 9. 16.

Former trade or occupation CARPENTER.

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

SCAR. VACCINATION. THREE LEFT ARM.

Height—feet 5 inches 10 Colour of eyes GREY

Signature of Soldier (*for identification purposes*) Ewen MacLean Campbell

Medical Report

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

1. DISABILITY.

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

Disabilities Group (*a*): GENERAL DEBILITY.

Disabilities Group (*b*): NA.

Disabilities Group (*c*): NA.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	ACTIVE SERVICE CONDITION.		19. 9. 16 to 21. 12. 18.
(*ii.*) As to Group (*b*) above.	NA	NA	NA
(*iii.*) As to Group (*c*) above.	NA.	NA.	NA

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

(*i.*) As to Group (*a*) above ? NO. If yes, has Active Service aggravated it ? NA

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

(*iii.*) As to Group (*c*) above ? NA If yes, has Active Service aggravated it ? NA

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? YES

(*ii.*) As to Group (*b*) above ? NA

(*iii.*) As to Group (*c*) above ? NA

PART I. (continued).

5. MEDICAL HISTORY.

Service UK. 4/12. France 20/12. Total 24/12.
Kitchener M. H. Brighton 19.9.18. – 1.11.18. Dysentery (Chronic) Improved. Treat. completed. neg. Transferred. P.P.C.L.C.H. 1.11.18. cured.
In France. No 7. C. G. H. Dieppe - Transfer H. G. H. 12.9.18 to 19.9.8. Dysentery (Chronic) evacuated to Kitchener M. H. Brighton. (see above)

6. PRESENT CONDITION.

Subjective: Does not complain of dysentery. Has not had any symptom for two months. Feels good. Eats and sleeps well. Complains of weakness unable to march and carry packs. Has lost some wt since joining army.

Objective: General condition fair looks ~~[illegible]~~ older than age state 54 years, not Robust. not active, Arteries some arterial sclerosis. B.P. apparently high. Heart normal. no murmurs. Lungs normal. Other systems normal.

7. OPERATION. (i.) Was one performed? N.O. (ii.) If so, state what. N A

(iii.) Was one advised and declined? N A

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

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

(ii.) If so, describe. N A

9. DO YOU RECOMMEND:—

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

(b) Invalid to Canada? N.O.

(c) Discharge from the Service as permanently unfit? N.O.

Date of Report 21/12/18 191...

Station Cookham

Signed [signature] Officer in medical charge of case

I have satisfied myself of the general accuracy of the above Report, and concur therein *except T. L. D. Bedell H.M. {Officer i/c Hospital / ~~S.M.O. Brigade~~} Strike out one of these

Dated at Cookham Station, on 26/12/18 191.....

*Delete if inapplicable.

PART II.

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

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

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

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

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not refused

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

18. REMARKS:—
Quote A.G. telegram 9083 of 11-11-18.

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B II not plus
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 27.12.18.

Station P.P.C.L.C.H. Cookham

Signatures of the Board: W. Phillips Lieut Colonel President. [signature]

Approved [signature], Capt. for A.D.M.S. Captain, C.A.M.C.

Dated at for A.D.M.S., Canadians, London Area. Station

A.D.M.S. CANADIANS JAN 7 1919 SEAFORD, SUSSEX

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. FEB 3 1919 191 43 BERNERS ST. LONDON, W.1

P. 559

Married or Single: M.

Place of Birth: Compton Co. Que.

Name and Address of Next of Kin: Mrs E. M. Campbell. 1737-5th Ave W, Vancouver, B.C.

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appt. Act/cpl with pay	25-11-17	B.O. 48 13-12-17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 1048813 Rank ~~Private~~ Corpl Name Campbell, Ewen Maclean

If in Perm. Corps What Unit: Unit 7 Drg Bn Transferred to C.F.B. France Date 26-2-17 Authority

Permanent Force Allowances. Transferred to Date Authority

Place of Attestation Vancouver, B.C. Transferred to Date Authority

Date of Attestation Sept. 19/1916 Transferred to Date Authority

Assigned Pay Monthly $20.00 Date Effective Dec. 1/1916

Payable to Mrs E. M. Campbell, 1737-5th Ave W, Vancouver, B.C. Relationship Wife

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C9

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															33 00																33 00				Bal. from Canada
Dec	31	1.05 7.00	32	3.10 55	31	10	3	10							35 65	44	17/12	57	31/12					29 20	4 86			20 00		54 06	14 59			
1917 Jan	31	1.10/65	35	65											35 65 10 2 30													20 -		20 -	30 24			
Feb.	28	1.10/65	32	20											32 20	86	2/2	62	22/1					2 61	2 62			20 00		25 23	37 21			
																		249	23/3						3 49									
Mch	31		35	65											35 65	142	19/2	196	6/3					3 49	3 49			20		30 47	42 39			
Apr.	30	1.05/10	34	50											34 50			31	6/4						3 49			20		23 49	53 40			
May			35	65											35 65	124	23/4							3 49				20		23 49	65 56			
June	30		23	-											23 -													20 -		20 -	68 56			5/8 C.F.C. France 21/6/17
"	10		11	50											11 50																80 06			
July	31	1.05/10	35	65											35 65	452	7/6											20		20 -	95 41			
																715	7/6							3 57										
Aug.	31		35	65											35 65	319	21/6							3 57				20		34 28	97 08			
																630	22/6							3 57										
Sept	30	-	34	50											34 50	1066	18/8							3 57				20		23 57	105 01			~~Q140~~

515

1048813 ~~a/L/Cpl~~ Corpl Campbell E. M. A. Pay $20.00 Canada.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DEFERRED PAY																			
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
1917				~~106 01~~														106 01																	
Oct	L/Cpl.			35 65		Canadian A. Pay											20																		
						A.R 821 20 Cy CFC 21-7-17								3 57																					
						" 639 do 7-7-17								3 57																					
						~~" 639 do 7-7-17~~								~~3 57~~																					
						" 1230 20 Cy CFC 4-9-17								3 57																					
				35 65		" 961 " " 4-8-17								3 57				109 38																	
														14 28			20																		
Nov.	L/Cpl Pay			34 50		Can. A. Pay.											20																		
						A.R. 1368 20 bo. 21-9-17								3 57																					
						" 1485 " 6-10-17								3 57																					
Dec.	L/Cpl Pay			35 65		Can A Pay											20																		
						A.R. 1572 20-10-17 20 bo.								3 57																					
						" 1611 3-11-17 "								3 57																					
						" 1662 17-11-17 "								12 49				112 76																	
				70 15										26 75			40																		
1918 Jan.	Corpl's Pay			37 20		Can A Pay											20																		
"	Upon credited 37 days @ .5¢ from 25-11-17 to 31-12-17.			1 85		AR 1732 20 Bo CFC 7-12-17								3 57																					
						AR 1873 - - - 18-1-17								4 46				123 48																	
				39 05										8 03			20																		
Feby	C Pay			33 60		Can A Pay											20 00																		
						AR 1965 20 Bo CFC 5-1-18								4 46																					
						AR 2087 CFC Bo 20 Cy 21-1-18								4 46																					
						AR 2305 - - - 20 Cy. 5-2-18								4 46				131 00																	
				33 60										13 38			20																		
Mch	C. Pay			37 20		Can A Pay											20																		
						AR 2520 20-2-18 6 31 6								4 46																					
						" 2761 7-3-18 " 1 0 2								4 46																					
						" 1030 6-3-18 " "								97 33				314 95																	
				37 20										106 25			20																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-12-16		EFFECTIVE DATE:-	
AMOUNT:- $20.00		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. E. M. Campbell (Wife)
1733 - 5th Ave. W.
Vancouver B.C.
Stopped eff. 1-3-19.

NAME:- CAMPBELL Ewen McL.

NUMBER:- 1048813

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O. 48 13.12.17	25.11.17	a/Cpl (Confirmed)
~~D.O. 34 7.5.18 Sub 4~~	~~23-4-18~~	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 242 Bn.

DATE ACCOUNT FIRST OPENED:- 1-12-16

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

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
~~11-1-19~~	~~May~~	~~Canadian~~	~~48 60~~				
~~6-2-19~~	~~7577~~	~~Base Depr.~~	~~9 73~~				
			58 40				
				a/c Agreed as at 31-10-18			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
D.O. 48 13.12.17 20 Cy. CFC	1 10	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis. to Canada 28/2/19. Auth. AR. 2750. 4/3/19. Struck off strength D.A.G. MD 11

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mch	Bal. Fwd								34 95	Nil	
Apl	Cpl Pay	36		Can. a Pay				20			
				AR 6 6-4-18 Dist. C.F.C. France	4 46						
				" 187 20-4-18 " "	4 46				42 03		
		36			8 92			20			
May	" "	37 20		Can a Pay				20			
				AR 384 7/5/18 " "	4 46						
				" 592 22-5-18 " "	4 46				50 31		
		37 20			8 92			20			
June	" "	36		Can a Pay				20			
				AR 822 7/6/18 " "	4 46						
				" 968 22/6/18 " "	4 46				57 39		
		36			8 92			20			
July	" "	37 20		C a Pay				20			
				AR 1164 6/7/18 " "	4 46						
				" 1902 19-7-18 " "	4 46				65 67		
		37 20			8 92			20			
Aug.	" "	37 20		C a Pay				20			
				" 1575 6-8-18 " "	4 46						
				" 1844 22-8-18 " "	4 46				73 95		
		37 20			8 92			20			
Sep	Cpls Pay	36		Cap				20			
				" 2096 - 6/9/18 " "	4 46				85 49		
		36			4 46			20			
Oct.	Cpls Pay	37 20		Cap				20	102 69		
		37 20			—			20			
Nov	"	36		Cap				20			
Dec	"	37 20		AR. 11007 - 5/11/18 - P.P.C.R. + P. Rushill	9 73						
Jan	"	37 20		" 14487 - 3/12/18 - — " —	9 73						
				Cap				20			
				Cap				20	133 63		
		110 40			19 46			60	133 63		

P.T.O.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									133 63		
Feb.	S.7. 15/1/19 - 25/1/19. DO. 18 - 18/1/19 - B.O. (28924)	7 30		Can. a/c.				20 -			
	6pls. B.	33 60		a/c. B. 7577 - 6/2/19 - B.D.	9 73						
				" 4107 - 14/1/19 - "	48 67				96 13		
		40 90			58 40			20			
				S.O.S. to Can. 25/2/19. MD. 11 S.L. 22							

CANADIAN
ASSIGNED PAY AUDITED
O K Roy Harris
AUDIT CLERK
DATE 28-5-19

A 3 M. FORM REN'B EFFEC. 1/3/19.
DISCHARGED TO Canada DATE 28/2/19.
PAY BOOK VERIFIED 8-7-19.
Gr. BAL. $96 13/xx 8-7-19.
AUTHY. L.X.L. No. 2150, 6/2/19. S'dale to S'dale
M.D. 11.

COMPILED BY Stainsford
CHECKED BY

Megantic 5-3-19

AUDITOR 2111 | PAYMASTER

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

M. OR S. M | REGT. No. 1048813 | RANK Cpl. | NAME (IN FULL) CAMPELL, E. McL.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE 1-4-19

TO WHOM PAID Same as A.R. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
English L.R.C. adj.		28.2.19
L. of Pay & H. Hosp. Sick	1/8/19	W.O. 153
SOS	4-4-19	D.O. 98

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE To be continued by new Unit from 1-4-19

PAYABLE TO Mrs E. Campbell | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS Wife's Address

ADDRESS 1733 5th Avenue W. Vancouver, B.C. | Same as Wife's

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Vanct | DATE 4-4-19 | REASON Demob | AUTHORITY D.O. 98 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							96	13	96	13																									96	13	
28.2.19		1.20							96	13	Boat		Boat				50	-	5	-			March 20	-							75	-			21	13	WF
Apl. 7	4	1.20	8	40	1.20 35	-	21	13	82	43							43	62					5238 4.54 4	-			2.11				82	43	-	-	-	-	Shathaya 26/3
Mch	31	-	34	20	4	-			34	20	5238 4.53						34	20													34	20	-	-	-	-	KW
153 days			350	-	150	-	500	-															40	-	30	-					100	-	280	-	120	-	
											May 31.		179 + 78										70	-	30	-					100	-	210	-	90		
											June 7		801559										70		30		3rd				100		140		60		
											July 7		820157										70	-	30	-					100	-	70	-	30	-	
											Aug 7		836356										70		30		7				100						
							500																								500						

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

WAR GRATUITY

1 yr 8 d.a. 2 years

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.