D132766
CAMPBELL
MALCOLM

5-7-44

MJA

AWARDS—CANADIAN ARMY (ACTIVE) M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-23713

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CAMPBELL, Malcolm	D.132766	Pte.	R.H.R. of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star ~~France & Germany Star~~ War Medal C.V.S.M. & Clasp	6766 24/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BRK

DATE DESP (1)

REGN. NO 130

(1) MEDALS

PERSON ENTITLED TO Mrs. Edna RIDDELL, (Sister)

ADDRESS: 3529 Lacombe Ave., Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW Single.

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased. (MFM--5)

(3)

ADDRESS:

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D 132766

Surname (Capitals) CAMPBELL

Christian Names in full MALCOLM

M. 1 (Part I) Revised 1-10-42
(5040-2 & 5232)
1672

RVICE BOOK

Book M. 1 (Part II)
tive service.)

er than those on page 24
I. 1, connected with the
n of Will) is to be made
the Officer Commanding
pany to which the man

ries will be initialled by

—

O SOLDIER

y responsible for the safe

is book on your person
rvice.

k whenever called upon to
authority, viz.: Officer,
tary Policeman.

ke any entry in this book
of Will on page 24; see
and disobedience of this
offence.

any entry is lacking or
book, you will report the
ry superior.

retain this book after dis-
ices, but should you lose
ot be replaced.

of
har

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-132766

Surname (in capitals) CAMPBELL

Christian Names (in full) MALCOLM

Date of Birth 25 JAN 18

Place of Birth Montreal, Que., Canada

Citizenship Canadian

Trade on Enlistment Driver

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion Presbyterian

Enlisted at Montreal South, Que.

Date 28 Jan 43

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. Nil.

Signature of Soldier M Malcolm Campbell

Signature of Officer [illegible] Que

Place Montreal South, Que Date 29 Jan 43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother		
3rd	*Brothers and Sisters (FRIEND)	Mrs Edna Riddell	28 Jan 43
4th	Other Relations (stating relationship)	Mr Leonard Elder	

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

3529 Lacombe, Ave, Montreal, Que.

5904 Bamantyne Ave., Que Canada

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
28 Jan 43	GNR		HDD - 2H	Guy Sim Capt

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed Basic Training
6 wks Basic Tig completed SCRU
4 Mar 44 [illegible] Carter LT

Qualified in addition as under:—

Completed adv. training in accordance with standard syllabus at A-12.

Inf. (R.)

Completed T.O.E.T.s 56 & RU Jan 44 F.W. Doyle Lieut

Date 9/10/43 D Anyon Capt

Commanding O/C "E" Company

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
3" Mortar Personnel Q III	15-10-43	X [signature]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	II	Rifle		[signature] Capt
1943	II	L.M.G.		
1944	II	RIFLE	1- 5	[signature]
1944	II	L.M.G.	1- 3	
1944	Passed	GRENADE	36 & 69	
1944	"	2" MORTAR	15 - 1HE.	
1944	"	S.M.C.	15A- 10R	

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade 7	Verdun Que		C. I. Hardy Lieut

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
5 Nov 43	4 Dec 43	Mortar Pl	C. F. Hardy Lieut

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
26 Jan 43	A	MFM-2		A Acker, Capt

Y.O.B.	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam.:

Frame No. (or measurements): Date of Issue:

Signature of M.O. ....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam.:

Frame No. (or measurements): Date of Issue:

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
27-10-43	✓		5 F . Pro	J. E. Hobbard Capt.
23 DEC 43	✓		NIL	Geo. E. Decker Capt
14/3/44	✓		1 Pr.	H R Brown Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	29 Jan 43	S. Uber, Capt
	26 Feb 43	S. Uber, Capt
13	19 Mar 43	S. Uber, Capt
Typhus 1 cc	FEB 2 1944	[illegible]
TABT 1/2 cc	FEB 2 1944	[illegible]
Typhus 1 cc	5-2-44	[illegible]
" 1 cc	17 Feb 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
29 Jan 43	S. Uber, Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray 168744	26 Jan 43	S. Uber, Capt
Fingerprinted	22 Dec 43	[illegible]
"M" TEST (REV.) COMP.		R. R. Robertson
"M" CARD COMPLETE	24/12/43	— Capt
D. M. EXP.	WR	
RESP. CHK.	5-2-44	WR Prudhoe
Exp CAP.	7-2-44	
MBM 1 PT III	4 Mar 44	R. J. Lukin [illegible]

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always carefully inserted in the Form on pages 4 and 5 of t Book, but the Soldier must understand that the ent made there have no legal effect in respect to the disposit of his estate in the event of his death and therefore not relieve him from the necessity of making a W Unless a Soldier duly makes a Will, his estate is de with in the same manner as that of any other per who dies without leaving a Will, and not only may relative or person desired or intended to be benefi receive little or no share of the estate but the distribut thereof is delayed until such of the next-of-kin as may legally entitled can be located. Therefore, though estate may consist of no assets other than the amount pay and allowances at credit and the belongings he on his person or in camp, it is urgent that he make a V which, when completed, is left with his Command Officer for transmission to the Record Office for s custody and in the event of his death is forwarded firs to the Estates Branch, Department of National Defer Ottawa, for administration and distribution of Service estate, and secondly, if other assets (includ real estate) make it necessary, to the Executor named the Will.

2. The Soldier's Will should **preferably** be made on the Will Form,—M.F.M. 10 (English) or M.F.M. (French)—provided for that purpose and on which also printed a number of helpful instructions. Th forms are obtained through the Commanding Offi of each Unit. A separate sheet of paper **may** be u but in such case the general form of the Will as shown the Form M.F.M. 10 or 10a should be carefully follow The Soldier will date the Will and at the bottom sign his name in the presence of two witnesses who the same time in the presence of each other and of Soldier will also sign their respective names. If Soldier cannot write, he will make his mark in the pla

Date Certificate or Will extracted 23/12/73

Signature of Officer [illegible]

To whom sent MDT

Unit or Dept. OA

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

Received..... Checked..... rd..... Observations.....

Cat A

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit ~~R.C.A.~~ / ~~C.A.~~ / INF. (R) Regimental Number D-132766

N.T.

01
PTE

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGERPRINTED
PHOTOGRAPHED

1. Surname ~~MACK~~ CAMPBELL
2. Christian Names MALCOLM
3. Present address 5904 Bannantyne Ave., Verdun, Que., Canada.
4. Date of birth 25 January 1918
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Presbyterian
8. Trade or Calling Chauffeur
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Edna Riddell
11. Relationship Sister
12. Address of next of kin 3529 Lacombe Ave., Montreal, Que., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
    (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

C. A. A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Malcolm CAMPBELL, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 28-1-43 Malcolm Campbell (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Malcolm CAMPBELL do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness (Name) (Rank) Malcolm Campbell (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

The above questions and answers 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 MONTREAL SOUTH this 28 day of January 19 43

Samuel (Signature of Magistrate, Justice or Attesting Officer.)

Lt. Rdm (Officer or Rank and Unit or appointment.)

Special Recruiting Officer

M.F.M. 1 ISSUED

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

5505

Record of Service of CAMPBELL (Surname) MALCOLM (Christian Names) Regimental Number D-132766

Qualifications

Military nil

Business or Professional nil

Trade or Civil DRIVER

Technical NIL

Languages English

Educational Qualifications

High School or Collegiate: nil (years completed) — Graduation or Matriculation: nil (specify)

*College nil

*University nil

7 yrs. publ. school

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 29-1-43 DRO TOS NO 4 DISTRICT DEPOT CA	GNR	28-1-43	4DD	MTL STH.	4DD PTII 24	29-1-43
SOS on trans to C.A.(B)T.C. No.41 Huntingdon	"	12Feb43	"	" "	" " 36	12Feb43
TOS ON TRANSFER FROM 4 DD		PTE	13.2.43	TC-41 HTINGDON,	PT II - 37 A	3-2-43
25-4-43 TC 41 Allocated to Infantry (R) Authority M.8-1-80 (A.PSR) dated 21 April 43.	"	23-4-43	TC 41	"	TC41 " 96A	23-4-43
29-4-43 " S.O.S. on trans. to C.I.T.C. A-12, Farnham, Que.	"	29-4-43	"	"	" " 101A	29-4-43
T.O.S. on strenght on temp. att. from T.C. 41 Huntingdon Ont.	"	3044-43	A-12	Farnham	A-99	30-4-43.
Admit to Ste. Anne's Mil Hosp. Ste Anne de Bellevue	"	27-5-43	"	"	A-128	3-6-43
Disc.from Ste Anne's Mil Hosp., Ste Anne de Bellevue, Que	"	16-6-43	"	"	A-142	19-6-43
Having been medically boarded is re-categorized "A"	"	9-8-43	"	"	A-187	11-8-43
Spec leave from 22-10-43 to 26-10-43 incl with 50¢ per diem ration allowance	"	22-10-43	"	"	A-249	22-10-43
Granted daily rates of pay of $1.50	"	9-10-43	"	"	A-252	26-10-43
S.O.S. to No.1, Training Brigade, Debert, N.S.	"	3-11-43	"	"	A-260	4-11-43

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CAM-BELL MALCOLM Place MONTREAL QUE Date of Medical Examination JAN 26 1943

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble no
g. Rupture Rt
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Fits no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no
r. Are you now or have you in the past received disability pension or compensation? If so, give details no

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Is willing to have radical operation

Malcolm Campbell
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac left
2. Height 5 feet 10 inches. 3. Weight 151 pounds.
4. Complexion Fair Eyes Blue Hair Fair
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 39 inches. Range of expansion 3½ inches.
7. Vision, right 20/20 left 20/20
   With Glasses— right left
8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth Good Reflexes N.
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis -N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
    Color vision Ish h r a (CN) Ears, nose, throat neg. Dr.H. Michaud
    Sibilant rales left lung- recent cold. No hernia found
13. Chest X-Ray N No. 16844 Laboratory at which taken D.P.N.H. MONTREAL QUE

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category "A"

Special remarks when category lower than A

H. Aubry Major rank (President) — J.E. Bourgeau M.D. rank (Member) — G. Garon M.D. rank (Member)

Date JAN 26 1943

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JAN 29 '43	TAB. T.I.C.C. Pulheems		
JAN 29 '43	VACCINATION 2a B 22 Lt. Adjt. Capt.	27-10-43	YOB P U L H E M S: 18 1 1 1 1 1 1 1 Lt. Adjt. Capt.
FEB 26 '43	3 Lt. Adjt. Capt.		
MAR 19 '43			
18-5-43	Reboarded Cat "B" (22) } Lt. Adjt. Capt.		
3-8-43	Reboarded Cat "A" (22) }		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-132766 Rank GNR Surname CAMPBELL Christian Name MALCOLM

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.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
A-12 C.I.T.C.	30-4-43	27	5	43	16	6	43	Rt. Inguinal hernia	20	St.Annes Mil Hosp. (Discharged)	

For additional entries use M.F.M. 1 and 2 (b)

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
24	29-1-43	TOS DD4 and posted to "B2 Wing w.e.f. 29-1-43	
36	12-2-43	TOS-DD SOS on trans to #4 7 Valleyfield. Que. wef 12-2-43	
36	12-2-43	SOS on trans to #41 Huntingdon wef 12-2-43	
37A	13.2.43	TOS TC 41 wef 13.2.43	

P. & A. LED. AGREES APR 9 1943

101A	29.4.43	SOS on trans to Inf (R) A-12 Farnham wef 29.4.43	
99	30-4-43	TOS A-12 Farnham wef 30-4-43	
122	27-5-43	Having been med'l boarded is re'd "D".	
~~124~~	~~29-5-43~~	~~AWL wef 2200 hrs 27-5-43~~ Cancelled by A1288/3-6-43	
128	3-6-43	Admitted to St Anne's MH wef 27-5-43	
142	19-6-43	Discharged from St Anne's MH wef 16-6-43	
145	23-6-43	Granted rates of pay of $1.40 wef 28-5-43	
147	25-6-43	Granted convalescent leave from 18-6-43 to 15-7-43 inc and r.a. of $1.25 per d.	
187	11-8-43	Having been med'l boarded is rec'd "A".	

P. & A. LED. AGREES AUG 23 1943

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1562

NO. D-132766 RANK Gnr NAME CAMPBELL Malcolm

~~MARRIED~~ ~~WIDOWER~~ *SINGLE

PLACE OF ENLISTMENT Montreal South, Que. DATE 28-1-43

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
					1.30		
145	23-6-43				1.40		28-5-43
252	26-10-43				1.50	9 Oct 43.	

ASSIGNMENTS

(NEXT OF KIN) ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs Merelle Riddell			
3529 Lacombe Ave.			
Montreal Quebec.	1-6-43	20.00	
5th Victory Loan Bond	1-11-43	8 40	
(Vol). (Sister).			

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED Yes

P A

Inf (R)

BOARD COMPLETE 44

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.A. FIELD
Arm or Corps

Trade (if Tradesman or Trade Trainee)

DRIVER I/C
Work in Arm (if Non-Tradesman)

I. D/32766 Pte CAMPBELL Malcolm A 25 A
Regt. No. Rank Name (surname first) A or R Age Med. Cat.

English Central Recruiting Station 29 Jan 43
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

M.D. 4 27 Jan 43 L.Breton, Capt
Place Tested Date Tested By Whom

130 III Subtests 15 14 12 23 22 8 15 21 Subtotals 41 45 44 (E)
Total Group 1 2 3 4 5 6 7 8 1–3 4–5 6–8 English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
18	/	/	7	/	/	/	/

III. Educational Background

7th grade.

IV. Occupational Background

Farming.
Truck driver 6 months.

V. Military Background

None.
T.O.S. D.D. 4 28 Jan 43

VI. Other Personal History and Appraisal

Single.
Good health.
Category "A".
Average intelligence.
Good stability.
Good appearance.

VII. Recommendations

R.C.A. FIELD DRIVER I/C NON TRADESMAN.

(Signed) L.Breton, Capt.
Army Examiner

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

Y1

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-132766 Pte. CAMPBELL, Malcolm - 29/1/43, 1st Interview.

Enlisted 26/1/43. T.O.S. T.C.41, 12/2/43.
No sickness since coming to this Camp.
No training difficulties.
Would like to go to 79th A/A. Bty.

C.A.(B)T.C.41,
Huntingdon,Que.
11/3/43.

(W.Sykes) Capt.-Army Examiner.

D-132766 Pte. CAMPBELL, Malcolm - 1st interview. 29/1/43

Enlisted 26/1/43 T.O.S. T.C. 41, 12/2/43.
Re-allocated to infantry.
AUTHORITY: H.Q. letter M.8-1-80 A(PSR) dated 21st April 1943.
N.D.H.Q. Org. 514
C.A.(B)T.C. No. 41,
Huntingdon, Que. 23/4/43

(W.Sykes),Capt. A.E.

INFORMATION:

This man has completed his Infantry advanced training at A-12 Farnham P.Q. and has qualified.

(M. LeBel) Capt.,
Army Examiner,
CITC A-12

29 Oct 43

M.F.M. 196 PULHEMS PROFILE AND APPARENT ADAPTABILITY
SUITABLE FOR O/S AS INF. DEBERT N.S. 1-11-43

CAPT. A.E.

4 C I R U 13 Mar. 44

Regimental No. D-132766 Rank Pte Sheet No.

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name Campbell, Malcolm

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T. O. S. TRG. BDE. GP.	Pte	NOV 4 1943	B.G.	Debert, N.S.	6	NOV 9 1943
SOS TO SERIAL 599	,,	14.12.43	,,	,,	36	14.12.43
S.O.S. C.A.(A.F.) CANADA ON						
EMBARKATION ON 14 Dec 43						
T.O.S. C.A.(A.F.) OVERSEAS ON						
TRANSFER ON 15 Dec 43						
AND DISEMBARKED ON 21 Dec 43						
T.O.S. — 5 C.I.R.U.	Pte	22 Dec 43	5 CIRU	UK.	250	24 Dec 43
(cqs) SOS SOS to Bkr W.	Pte	13 Mar 44	5 CIRU	UK	54	13 Mar 44
(cqs) TOS TOS from 5 CIRU	Pte	14 Mar 44	Bkr W	UK	15	17 Mar 44
M112 S.O.S. SOS to X4 list (1 RHC)	Pte	23 April 44	1 BN. BW	U.K.	22	29 April 44
M110 T.O.S. Posted from X-10 L. to X4 L. (10 Bn) Ceases/Ath to H Q 3 Can Div	Pte	1 Jun 44	1 Bn B.W/X-L	CMF	19	13 Jun 44
C86 SOS SOS to X4 List (RHC)	Pte	23 Apl 44	Bkr W. Inc.	UK	22	29 Apl 44
TOS Wounded		~~[illegible]~~ 5 July 44		~~AEF~~	A 468	
Embarked at UK on 1 Jun 44						
Disembarked at France on 6 Jun 44	Pte		X-L 1 25 Bn B/W	RIA Gp	25	25 Jul 44
Died of wounds	Pte	5 July 44		AEF	A-472	23 July 44
[illegible]	Pte	28 [illegible]	2 [illegible]			
SOS. SOS. Deceased killed in action.	Pte	5 July 44	RWR.	21 a gp.	36	20 Sept 44
TOS. TOS from X4 list RWR.	Pte	6 June 44	RWR.	21 a gp	36	20 Sep 44

Deceased B.W

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit ~~R.C.A.~~ CA ~~R.C.~~ Inf (R) Regimental Number D-132766

	(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname CAMPBELL		
2. Christian Names MALCOLM		
3. *Substantive Rank and Appointment Pte		
*Acting Temporary or Local Rank		
giving date 28-1-43.		
*To be entered in pencil to facilitate alteration.		
4. Place of birth MONTREAL QUE CAN	(18) Medical	
5. Date of birth as declared on attestation 25 jan 1918		
(A)	Category	Date / Authority
6. Date of enlistment 28-1-43	"A" 26-1-43	mfm 2
7. Place of enlistment MTL STH QUE CAN	"A" 9-8-43	" "
8. Residence at time of enlistment 5904 BANNANTYNE AVE VERDUN QUE CAN		
9. (B) Special conditions (if any) of enlistment or rate of pay	18-1 1 1 1 1 1 1	27-10-43 / MFM 2
10. (C) Any subsequent variations of conditions of service		
11. Religion PRESBYTERIAN		
12. If married, state date SINGLE	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment CHAUFFEUR	Mrs. Edna Riddell (sister)	
14. Corps, trade and grade	3529 Lacombe Ave, Montreal, Que, Can.	
15. (D) Qualifications		
16. (E) Miscellaneous entries	(20) E	
	(21) E	
	(22) E	

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Non Tradesman				
			Daily Rates of 1.50.			Pte	
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 14 Dec 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 15 Dec 43				
			AND DISEMBARKED ON 21 Dec 43				
			T.O.S. — 5 C.I.R.U.	U.K.	22 Dec 43	Pte	250 D/24 Dec 43.
		5 CIRU.	SoS to RHC.	U.K.	13 Mar 44	Pte.	54. 13 Mar 44.
	OC	1 RHC	T.O.S. from 5 C.I.R.U.	Fd	14 Mar 44	Pte	15-17 Mar 44
	✓	✓	SoS to X4 list 1 RHC auth Ca 5/2429	"	23 Apr 44	Pte	22-29 Apr 44
1 May 44	X4 Bl Watch		T.O.S. from 1 Bn Bl Watch	"	24 Apr 44	"	13 - 2 May 44
X4	Bl Watch	11 Bn	Posted to X10 list att to H.Q. 3 Div	"	20 May 44	"	17 - May 44
X10	"		Posted to X4 list - 10 Bn	"	1 Jun 44	"	19 13 Jun 44
X4	10 Bn	B.W.	SoS X4 list 10 Bn Deceased	"	5 Jul 44	"	4 - 45.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) CAMPBELL. Malcolm. (b) N° matricule D 132766
2. (a) Arme ARMY (b) Unité R.C.A CA. (c) Rang GNR.
3. (a) Date de naissance 25 JAN 1918 (b) Avez-vous des personnes à votre charge? NO (c) Domicile au moment de l'enrôlement XXXXXX VERDUN.
4. (a) Lieu d'enrôlement MTL 5TH. (b) Date d'enrôlement 26-1-43

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 YRS. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? NIL
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7 yrs. pub school.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu nil
8. (a) Êtes-vous déjà entré en apprentissage? NO (b) Si oui, dans quel métier? NIL (c) Avez-vous complété votre apprentissage? NIL (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? NIL
9. (a) Quelles langues parlez-vous couramment? ENG. (b) Quelles langues lisez-vous facilement? ENG.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) EMPLOYED. (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? N L

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron ARCHIE WILCOX CARTAGE. Adresse MONTREAL.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) TRUCKS.
20. (a) Genre précis de votre occupation CHAUFFEUR. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 6 MTHS.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? NIL (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? NIL (c) Désirez-vous retourner à votre ancien emploi? NO

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? YES. (b) Vous croyez-vous apte à exploiter une ferme? YES. (c) Si oui, dans quel genre de culture? YES.
25. (a) Êtes-vous né sur une ferme? NO (b) Nombre d'années d'expérience effective dans la culture? 20 YRS. (c) Dans quelles provinces avez-vous acquis votre expérience? QUE.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? NO
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) NIL
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule RETURN TO MY FARM.

DATE 29-1-43 194.....

SIGNATURE Malcolm Campbell

File No 405-C-23713

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D132766 Name Campbell Malcolm.

Rank on Discharge Pte. Date of Discharge 5-7-44.

Authority for Discharge or Retirement Deceased

Served in:			Non-qualifying service
Canada	from 28-1-43	to 14-12-43.	
	from	to	
United Kingdom	from 15-12-43	to 1-6-44.	
	from	to	
Italy	from :-	to	
Northwest Europe	from 2-6-44.	to 5-7-44	Killed in Action
---------	from	to	
---------	from	to	

Eligible for award of:

1939 - 45 Star OK

Italy Star

France-Germany Star OK

Defence Medal

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by Jn R Legault

Date 21-6-46

Carded JUN 25 1946

N.R.D.

HA 165

29th July, 1944.

Mrs. Mirrele Riddell,
3529 Lacombe Avenue,
Montreal,P.Q.

Dear Mrs. Riddell:

It is with deep regret that I learned of the death of your brother D132766 Private Malcolm Campbell who gave his life in the Service of his Country in France on the 5th day of July, 1944.

From official information we have received, your brother died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

JUL 26 1944

GR/PER

(H.F.G.Letson),
Major-General,
Adjutant-General.

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405-C-23713

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

MBR

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: R.W.R. — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D-132766 — Rank: Rfn.

Surname: Campbell — Christian Names: M.

Died — Date: 5 Jul 44 — Place: France

Cause of Death*: Died of Wounds

Nature and Date of Report: A.F.W.3014/62 d. 21 Jul 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Beny-Sur-Mer 987813 — Date: 15 Jul 44

By whom reported: C.F. R.W.R.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: France, 8 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W. Laurie Lieut for Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

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H.Q. 405-C-23713
(D.R. 2(C))

23rd January, 1946.

Mrs. Mirrele Riddell,
3529 Lacombe Avenue,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your brother, D132766 Private Malcolm Campbell, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row G, plot 14, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

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405-C-23713

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CAMPBELL, Malcolm PLACE & DATE OF BIRTH QUEBEC. CANADA. 25 Jan 1912

RANK Pte. REGIMENTAL NO D-132766

UNIT Black Watch Regt. NEXT OF KIN & ADDRESS SISTER.

Mrs. Edna RIDDELL,

3529 Lacombe Ave., Montreal, Que.

CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 5 Jul 44. PLACE OF DEATH France

HRS

CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL 15 Jul 44 CEMETERY Beny-Sur-Mer MR.987813

PLOT NO 27 ROW GRAVE 17

DEATH CERTIFICATE NO.

RELIGION Presbyterian

DATE 21 Sep 45.

A R Dillon Capt.

FOR (M.BLUTEAU) CAPT.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

From.....Head Office.....

.....Ottawa, Aug. 2nd, 1944.

D-132766 Pte. CAMPBELL, Malcolm. P. & N. H. 271-M.

The Department of National Defence, Army,

officially reports that the marginally named was reported -

Died of wounds,

on the 5th July 1944 on service Overseas.

His next of kin is reported as - Sister -
Mrs. Mirrele Riddell,
3529 Lacombe Ave.,
Montreal, P.Q.

The Addressograph Stencil shows payment of Assigned Pay of

$ 20.00 a month to - Sister -
Mrs. Mirrele Riddell,
3529 Lacombe Ave.,
Montreal, P.Q.

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/AS

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 15M-8-43 Req. 741

No D132766 Rank Private Name CAMPBELL, Malcolm
1st. Bn.
Unit R. H. R. of C. Date of death 5th July, 1944.

Died at FRANCE.

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-C-23713

N/K Mrs. Mirrele Riddell Relationship Sister

Address 3529 Lacombe Avenue, Montreal, P. Q.

Remains buried in Cemeter

MR 987813 Beny-Sur-Mer France

CWK

Grave location

OVER-

REBURIAL

Beny-sur-Mer, Canadian Military Cem.
Beny-sur-Mer, France.

Grave 1, row G, plot 14.

HI & CR Form Despa. OCT 1 7 1946

Photographs
Despatched
JUN 28 1947

BURIAL REPORT TO N.K. JAN 23 1946

RETURN TO BUR. OF STAT. FEB 23 1949

ROYAL MESSAGE DESP'D. AUG 4 1944

CAN. MESSAGE DESP'D. 1-8-44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D132766 RANK Private SERVICE UNIT 1st Battali Royal Highland Regim of Canada (CA)

NAME CAMPBELL, Malcolm

DATE OF BIRTH 25-1-1918 DATE OF ENLISTMENT 21-1-42

MARITAL STATUS Single RELIGION Presbyterian

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Mrs. Mirrele Riddell

ADDRESS 3529 Lacombe Ave., Montreal, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 7766-8123 H.Q.405-0-23713

CASUALTY DETAILS Died of wounds DATE 5-7-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 26-7-44

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) | Official name of civil municipality or township: | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: | No.: | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: CAMPBELL (*Block letters*)

Given names: Malcolm

Do not write in this space

4. RESIDENCE

Street: Bannantyne No. 5904

Official name of civil municipality or township: Verdun

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: January (Month) 25th (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	26			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Chauffeur.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) (Year) 19....

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CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 5th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of Wounds received in Action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?.... Date of ....19....

State findings.... Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide.... Date ....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed ....**M.D.**

Address .... **Date** ....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

FEB 23 1945

F[redacted] Completion and Return by **Form P. 64**

Mrs. Mirrele Riddell,
3529 Lacombe Avenue,
Montreal, Quebec.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE.
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-C-23713 FD 318

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

August 23rd, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CAMPBELL, Malcolm, Pte.

No. D.132766, Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

ESTATES BRANCH OCT 6 1944 H.Q. OTTAWA NATIONAL DEFENCE

GHF/BM

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	INFORMANT'S STATEMENT: ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		SAMUEL CAMPBELL (foster)		Nov. 24, 1938
4	Mother of the Deceased.....		ANNIE SUTTON (foster)		Janv. 28, 1938.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	(foster sister) Full Blood	EDNA V.A. CAMPBELL wife of Merelel Riddell	39	3529 Lacombe Ave.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	MALCOLM GEORGE CAMPBELL
9	Date of his birth.	January 25, 1918.
10	Place and date of his marriage.	------
11	Place and date of his parents' marriage.	Lakefield, Qué. Jan. 6, 1904.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montréal, Qué.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* Quebec, 25 years. *(b)* --- *(c)* --- *(d)* ---
14	Nature of employment before enlistment.	Farmer, truck driver
15	State whether he owned the premises in which he lived, and, if so, where situated.	Owned farm in Mille Isles, Que.
16	Name place where deceased stated he intended to make his permanent home.	Mille Isles Qué.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	---
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50. Bond, Bearer, Held by Edna Riddell 3529 Lacombe Ave.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* foster sister - - - - - - - - - of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Edna Campbell - Riddell ..... Signature of Informant

3529 Lacombe Ave, Montréal. Qué. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Edna Campbell - Rid-

See above. dell {Name of informant} is the foster sister of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Lachute this 4th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Qualification Notary

Address Lachute, Que

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Malcolm Campbell (né Elder) was the foster child of the late Samuel Campbell since infancy, and has always gone by the surname of Campbell.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Malcolm CAMPBELL. (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of VERDUN., in the County District of JACQUES CARTIER.

Province of QUE., CHAUFFEUR. (Civil Occupation)

Regimental No D 132766, Unit R.C.A. CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MY SISTER.

MRS. EDNA RIDDELL.

RESIDING AT: 3529 LACOMBE AVE. MONTREAL. QUE CAN.

ALL MY ESTATE BOTH REAL & PERSONAL.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint ..... (Name) (Address)

....., to be the Executor / Executrix of this my Last Will. (Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 29 day of JAN

19 43

Signed and acknowledged by the Testator, in the presence of us 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.

Malcolm Campbell (Signature of soldier)

First witness sign here.

(5) Signature A Masson

Civil Address 1586 Cartier Montreal Que

Civil Occupation Asst. Mgr.

Second witness sign here.

Signature A Deacut

Civil Address 3867 St Dominique, Mtl

Civil Occupation Waiter

(Witnesses are not to be beneficiaries.)

[OVER]

ELF- COPY

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank CAMPBELL- Malcolm
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-132766 - Gnr.

(3) Unit R.C.A. CA

(4) Are you married?

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

(6) If married, have you been regularly supporting your wife? If not—state reasons

(7) Are you a widower?

(8) Have you any children? Number of boys Girls

Names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....No.....

If so, state her full name and Postal Address.....

.....

.....

(11) Is your father alive?.....No.....

If so, state name and address, occupation.....

.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....

(14) Is your mother alive?.....

If so, state name and address.....

.....

(15) If your mother is a widow, are you her sole or partial support?.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months.....

.....

(18) Are you insured?.....No.....

If so, in what Company?.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

(Signed) Malcolm Campbell.....
(Signature of officer or man)

Date 29-1-43.....

(Signed) R.Amourex 2/lt.....

Officer Commanding No. 4-District Depot A.F.

Date 29-1-43.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s). questions relating to fathers and/or mothers above should be altered and answered as applicable.)

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Malcolm (CHRISTIAN NAMES) CAMPBELL (SURNAME)

REGISTER NO. D-21255
FILE NO. 405-C-23713
DATE 11-4-46
SERVICE NO. D-132766
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 5-7-44

PAYEE Mrs. Edna RIDDELL,
ADDRESS 3529 Lacombe Ave.,
Montreal (26) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 5-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 510 NO. OF DAYS 525/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 204 LESS 15 INELIGIBLE DAYS, EQUAL TO 189 DAYS @ 25c. PER DAY	47.25
	174.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 204/183 X$ 19.25	21.46
D. WAR SERVICE GRATUITY	196.21
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	196.21

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
KRM	[illegible]	V. Birmingham	15/4/46

G. L. Vautour Capt.
SERVICE REPRESENTATIVE

TL.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: CAMPBELL. Malcolm No.: D.132766
Surname Christian Names

Pte. C.A. O/S 5-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 60.61

Date: 28-3-45

Other Credits

Total 60.61

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Edna Riddell, 3529 Lacombe Avenue, MONTREAL, Que., (Sole beneficiary under will)	R 60.61

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 30-4-45 Q W

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$60.61

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

MFM 510
40/[illegible]S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.132766 Rank and Name Campbell M. Gnr.

of (Unit).....on.....

(~~Transfer~~ or Discharge).....to.....on 5th July 19 44.

Reason Death. Authority: C.C.L. "A" 472. d/23rd. July 44.

The following is a statement of the account of the above-named from 1st July to 31st. July 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	34	11
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Technical Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
			✓		
To Balance Cr Free	60	61			
To Balance Cr Deferred			By Balance Dr		
Total	80	61	Total	80	61

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

Assnd. Pay of $20.00 (S) stopped eff Aug.44.

ESTATES BRANCH FEB 8 1945 D. of N. D. OTTAWA

Compiled by L.G. Waldron.

Checked by E.V. Collins

Date 16th January 19 45.

P.H.

Certified correct [signature]
for Chief Treasury Officer, Overseas

1862

FORM No. 1

Regis[redacted] No. C.D. 1641 Nominal Roll No. D-583

H.Q. File No. 405-C-23713

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-132766	RFN.	CAMPBELL	MALCOLM

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... KILLED IN ACTION ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 28 JAN 43	T.O.S.	T.O.S.
S.O.S. 5 JULY 44 MD 07	S.O.S. MD	S.O.S. MD
Total Days 525	Total Days	Total Days

Total Service ..... 525 ..... DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	321	NIL	321
Overseas Service	204	NIL	204
Totals	525	NIL	525
Add Non-qualifying Service			
Total Service			525

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 5 JULY 44 ..... 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION
5 JULY 44

Computer's Signature .....

Checker's Signature .....

Date Computed ..... 5 May 45

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN, Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	NIL

Overseas: T.O.S. 15 DEC 43 T.O.S. .... T.O.S. ....

S.O.S. 5 JULY 44 S.O.S. .... S.O.S. ....

Forfeits for	From	To	Effective Date	Days	Total
				Total	NIL

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME D-132765 Pte Campbell M.)Dec'd)

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Gp
C-5591 Pte Patterson L.K.

CHECKED BY L-17349 Cpl Bailey N.S. DATE 4 Dec 44

1	Red identity disc		
1	New testament		
1	Pr. shoulder glashes		
1	Registration cert		
1	Black leather wallet		
1	Sktwriter peh		
	Snapshots		
1	Dishcharge paper		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

A Sinclair Sgt
for OC 1 Cdn KSD