CAMPBELL, NEIL

Received.....Checked.....E.....Card.....✓.....Observations.....
Fingerpriuted

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

M.F.M. 1
100M—5-40 (5235)
H.Q. 1772-39-1644

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

Unit 4 D.D. ~~Emd. Div. RCASC CA~~ Rank 2/Lieut.

Personal No. Name Neil CAMPBELL Jr.

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

OFFICER'S DECLARATION PAPER

84 LIEUT

Also applicable to Nursing Sisters

1. Surname CAMPBELL
2. Christian Names Neil Jr.,
3. Present Address 6255 Sherbrooke St. West, Apt. 8, Montreal Que., Canada
4. Date of birth 19 August 1913
5. Place of birth Canada (Country) Ontario (County or Province) Perth (Town or Twp.)
6. Religion (state denomination) Presbyterian
7. Profession or occupation Aero Parts Inspector
8. Married, widower or single ~~Single~~ Married
9. Name of next of kin ~~Mr. Neil Campbell~~ (Mrs. Sylvia Agnes Campbell)
10. Relationship ~~Father~~ (Wife)
11. Address of next of kin ~~6255 Sherbrooke St. West, Apt. 8, Montreal Que.,~~ 28 MacPherson Ave., Toronto, Ont. Canada
12. (a) State unit of Active Militia in which you are serving or have served 3rd Div., RCASC., RE.

    (b) Present rank Second Lieutenant
13. State particulars of former war service None

I, Neil CAMPBELL Jr do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Active Service Force if, when and so long as required.

Date 28-7-41 Neil Campbell 2 Lt. (Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of Neil CAMPBELL Jr. (Rank and name) for appointment to the No. 4 District Depot CA (Unit) with the rank of Prov. 2/Lieut. and appointment R.C.A.S.C. CA (was) (is) recommended, appointment to date from 28-7-41 has been approved. is recommended for approval.

Authority Radio Pers 4026 dated 24 Jul 1941

(Signature of O.C.) (Rank)
(A. ROMENBERG) Colonel
COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F.

Date 28-7-41

Service Book completed & issued

6000
5
19APR44

Record of Service of NEIL CAMPBELL Jr
(Name)

Active Militia Unit 3rd Div. R.C.A.S.C. CA

Rank 2/Lieutenant Date of Rank June 12th 1941

Highest rank for which qualified by examination Lieutenant

Staff College nil
Militia Staff Course nil
Advanced Course nil

Languages English

University or College Degrees Gr. Matric.

Civil Technical Training or qualifications (specify)
Aero Parts Tester.

Other military qualifications or special courses (specify)
Loyola COTC "A" Certificate Inf. Rifle

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment						
28-7-41.		TOS ON TA ON APPOINTMENT R.C.A.S.C., C.A., Authy. Radio Pers 4026 Dated 24 July 41.	Prov.2/Lt.	28-7-41.	4 D.D.	MONTREAL SOUTH	4 DD.PtII No.178	28-7-41.
1-8-41		PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO E.O.T.C. BROCKVILLE ONT	"	31-7-41	"	"	" " " 182	1-8-41
8 Aug.41	O.T.C.	Posted to O.T.C. for Training attached for all purposes.	2/Lieut.	1 Aug.41	O.T.C.	Brockville	Pt.II D.O.#102	8 Aug.41
31 Oct. 41	Comdt.	Having qualified for the rank of 2/Lieut R.C.A.S.C. is S.O.S. on transfer to A-19 R.C.A.S.C., Camp Borden, Ont.	2/Lieut	31-10-41	O.T.C.	Brockville	Pt.II D.O.#172	31 Oct. 41
5-11-41	A.19 RCASC C. Borden	Att. for all purposes on posting from Officers Training Centre, Brockville, Ont	2/Lieut.	1-11-41	RCASC TC	C.Borden	Pt. II No. 270	5-11-41
		Classified driver ic wheel Class III	"	25-11-41	"	"	Pt II Or # 281	28-11-41
		Classified driver wheel ic (MC)ClassIII	"	11-12-41	"	"	Pt II Or # 306	15-12-41
		Special transport warrant No A- 26329	"	17-12-41	"	"	Pt II Or # 319	31-12-41
		Completed course of instruction COTC qualified and promoted Lieut	Lt	10-1-42	"	"	Pt II Or # 12	14-1-42
		Leave of absence to retunn 15-2-42	"	2-2-42	"	"	Pt II Or # 22	26-1-42
		Classified driver ic wheel Class II	"	31-1-42	"	"	Pt ,INOr # 32	5-2-42

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

Statement of the Service of No. Lieut. Rank Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Campbell, N.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		~~Granted~~ Was Married. to Sylvia Agnes Nind. 28 MacPherson, Ave., Toronto, Ont.	Lieut.	7-2-42	RCASC TC	CBorden	Pt 11 Or # 41	16-2-42
		Issued special transport warrant. NO. A/161719 Furl.	"	9-7-42	"	"	Pt 11Or# 173	15-7-42.
		Proceeded On Command for all purposes to District Depot, No. 1A, Windsor, Ont, to attend courses on D.N.D. Vehicles. "Q"	"	11-10-42.	"	"	Pt 11 Or# 249	12-10-42.
		Ceases to be shown on command.	"	2-11-42	"	"	Pt 11 Or# 278	13-11-42
		Having been granted Christmas Leave 21-12-42 to 26-12-42 is entitled to draw Ration Allowance (50 cents per diem) (5 days)	"	21-12-42	"	"	Pt.II Ord. #7	8-1-43.
		To be acting Captain whilst employed as an instructor.	a/Capt.	1-9-42	"	"	Pt 11 Or# 10	12-1-43.
		Granted leave of absence to return 14-3-43.	"	1-3-43	"	"	Pt 11 Or# 43	19-2-43.
		Posted to home war establishment.	"	1-9-42	"	"	Pt 11 Or# 48	25-2-43.
		Entitled to draw ration allowances for leave of absence at rate of 50¢ per diem. (14 days)	"	1-3-43	"	"	Pt 11 Or# 55	4-3-43
		CEASES to be shown on leave of Absence	"	14-3-43	"	"	Pt.II Ord. #64	15-3-43
		Qualified in the 4th Regimental Battle First Aid course.	"	1-7-43	"	"	Pt 11 Or# 164	8-7-43.
		Granted leave of absence from 16-8-43 to 29-8-43. Entitled to draw ration allowances, 50¢ per diem for that period.	"	16-8-43	"	"	Pt 11 Or# 191	9-8-43.
		Furl. Transport Warrant #A-503845	"	12-8-43	"	"	" " 213	3-9-43.
		Proceeded on att. to S-3 CSAS. Long Branch Ont. for D.D.R. &.Q. whilst attending 2nd Series Weapon Training Course.	"	29-10-43	"	"	" " 261	29-10-43
		Ceases to be attached to S-3 C.S.A.S., Long Branch, Ont. for D.D.R.&Q. on completion of Company Commanders Course.	"	19-11-43	"	"	Pt 11 Or# 289	30-11-43.

Statement of the Service of No. ..... Rank Capt. ..... Sheet No. 2

Name Campbell, N.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Awarded Cdn. Volunteer Service Medal	A-Capt ~~Lieut.~~	15-1-44	CASC TC	C.Borden	PT. II OR #12	14-1444
Cancelled vide Pt II #53, d/2-3-44		~~Transport warrant. No. A-665829 Emb.~~	"	~~22-2-44~~	"	"	~~Pt-11-Or#-48~~	~~25-2-44.~~
		Granted Emb. Leave, and ration allowance (50¢ per diem) 19-2-44 to 25-2-44 (7 days)	"	19-2-44	"	"	DO PT II #50	28-2-44
		Posted from H.W.E. to Reinforcements	"	29-2-44	"	"	DO PT II #52A	1-3-44
		Birth of a Son: Neil.	"	15-2-44	"	"	Pt 11 Or# 51	29-2-44.
		~~SOS A-19 CASCTC on proceeding to #1 Transit Camp, Windsor, N.S. for despatch overseas~~	~~" Lieut.~~	~~2-3-44~~	"	"	~~DO PT II #53~~	~~2-3-44~~
		Relinquishes the rank of Captain for the purpose of proceeding overseas (CARO 1340)	Lieut.	2-3-44	"	"	DO PT II #52A	1-3-44
		SOS A-19 CASCTC on proceeding to #1 Transit Camp, Windsor N.S. for despatch Overseas	"	2-3-44	"	"	DO PT II #52A	1-3-44
		TOS NO. 1 TRANSIT CAMP		4-3.'44	#1 TRANSIT	WINDSOR, N.S.	57 6	3.'44
		SOS NO. 1 TRANSIT CAMP		10. 3. '44	#1 TRANSIT	WINDSOR N.S	62 11	3. '44
		TOS TRG BDE GP	"	11.3.44	BDE GP	DEBERT	85 16	3.44
		SOS TO SERIAL 1134	"	9 4.44	BDE GP	DEBERT	112	9.4.44
		SOS CASF (CANADA) ON EMBARKATION AT ..... ON 11 April 44						
		TOS (OVERSEAS) ON TRANSFER ON 12 April 44 AND DISEMBARKED AT ..... ON 19 April 44						
		T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM Canada.		19 Apr 44	Casc Ru	MK	93A.	21 Apr 44.
Mil.		To Lee Instr. D' Coy	Lieut	23 June 44	1 CASCRU	MK	148	24 June 44
Cdo.		Qual. G2. on No 8. Supply Offs Cro	Lieut	6 19 June 44	1 CASCRu	MK.	147.	23 June 44
		Qual as M/C Rider & D.V.R. I/C Veh. III	Lieut	15 July 44	1 CASCRu	MK.	170.	20 July 44
		Adm. Hos. 5 C.G.H.		12-9-43			C.L.	
		Disch from 5 C.G.H.		16-9-43			C.L.	

Regimental No. ..... Rank ..... Sheet No. 3

MFM 1 & 2a
40/P & S/119 (4398)

Name .....

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated
	SOS to X-4 List	Lieut	17 Aug 44	RCASC.	UK.	188.	11 Aug 44
	S.O.S. C.A. (U.K.) on embarkation 21 Aug 44						
	T.O.S. C.A. (M) 22 Aug 44						
Cpo.	Disembarked 9 TOS X-4 List 4 Sept 44	Lieut	4 Sept 44	X-4. RCASC	Italy.	122	7 Sept 44
	SOS X-4 List 4 Bn to 5 CAD. Tpt Coy, RCASC.	Lieut	12 Sept 44	X-4. RCASC	Italy.	128.	20 Sept 44
m.54.	SOS TOS ~~TOS~~ from X-4 List RCASC (4 Bn.)	Lieut.	13 Sep 44	5 C.A.D. Tpt Coy	a. a. d.	45.	21 Sep 44.

Regimental No. ..... Rank Lieut

Sheet No. 4

MFM 1 & 2a
40/P & S/119 (4398)

Name Neil Campbell

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated
TOS from Y-3 list 1 CRD while in 19 CBH	Lieut	2 Mar 45	1 C. Reh D	UK	12	2 Mar 45
S.O.S. Cdn. Army (O/S) & No. 1 N.E.T.D.	Lt	11 Mar 45	1 C Reh D	UK	19B	13 Mar 45

Lieut Neil Campbell

5 CAD Tpt Coy	SOS to X-3 LIST RELASE (A)	8 Feb 45	CMF	Lieut	13(b)
X-3 LIST RELASE (A)	TOS from 5 CAD Tpt Coy	9 Feb 45	"	Lieut	X32/45
X-3 LIST RELASE (A)	SOS to X-8 LIST	16 Feb 45	"	Lieut	X32/45
X-8	TOS FROM X-3 LIST RELASE "A"	"	17 Feb 45	"	X21/45
X-8	SOS X-8 & CA (CMF) ON EVAC TO U.K.	"	17 FEB 45	"	X21/45
Y1 Recep.	Dep. T.O.S. on adm. to 19 C.C.H.	U.K.	27 Feb. 45	Lieut	Y 33 d/5 mar 45
Cancelled Y56 d/10 apr 45.	~~Y3 1C Recep Dep. Assist UK & TOS for AAI & adm to 19CGH~~	"	~~12 Mar 45~~	~~Lieut~~	~~Y47 d/22 Mar 45~~
Y3 1C Recep D.	SOS to 1C Report D. while in Hosp. UK		1 Mar 45.	Lieut	Y54 d/6 apr 45
1C Rep D.	TOS from Y3 List 1CRD while in 19CGH		2 Mar 45	Lieut.	12/2 mar 45
			11 Mar 45	Lieut	19B/13 mar 45

S.O.S. Cdn Army (O/S) & No. 1 N.E.T.D.

689

DD2

SOS
Deceased
31-7-45

XCK/147

Regimental No. ..... Rank Lieut. ..... Sheet No. 5

M.F.M. 1 & 2 (a)
300M—12-43 (3301)
H.Q. 1772-39-1646

Name CAMPBELL N

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
TOS from CA(O/S) (reported 23 Mar 45)	Lieut	12-3-45	No 4 D D	Mtl Sth	75	27-3-45
Adm to Mtl Mil Hosp	"	26-3-45	"	"	76	28-3-45
AMENDMENT: Para 13-A Part II No 77 d/29 Mar 45 is cancelled	"		"	"	81	2-4-45
Trans from Mtl Mil Hosp to Mtl Gen Hosp (WD)	Lieut.	3-4-45	"	"	87	9-4-45
Trans from Mtl Gen Hosp (WD) to Mtl Mil Hosp	"	19-4-45	4 D.D.	Mtl Sth.	108	3-5-45
Disch from Mtl Mil Hosp	"	2-5-45	"	"	108	3-5-45
Granted Leve (RO 5520(9)) and rations allce (Art 196(4) FR&I)						
3 May 45 to 1 June 45	"		"	"	108	3-5-45
Adm sick to Mtl Mil Hosp	Lieut.	22-6-45	4 D.D.	Mtl Sth.	172	17-7-45
SOS deceased died of natural causes at Mtl Mil Hosp.	Lieut.	31 Jul 45	4 D.D.	Mtl Sth.	188	3 Aug 45
AMENDMENT: Para 14-A Part II No 172 d/17 Jul 45, date is am'd to read: "16 May 45".	Lieut.		4 D.D.	Mtl. Sth.	190	6 Aug 45

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CAMPBELL NEIL Jr. Date July 19th 1941

Part 1. Information obtained from the applicant.

1. Age 27

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

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

Neil Campbell
Signature of Applicant

Examiner's remarks *re* above
Ear drums & reflexes normal.
Color vision Ishihara CN.
Dr. H. Michaud. M.D.

PART 2. Information obtained by medical examination. The applicant must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Freckles on back. 1 vacc.left arm.

2. Height 5 feet 10 inches.
3. Weight 145 pounds.
4. Complexion Fair Eyes Blue Hair Fair
5. Development Good. (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 34 inches
Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
8. Hearing, right cvv20 left cv 20
9. Condition of mouth and teeth Few caries.
10. The abnormalities (congenital and pathological) found on examination are as follows
Slight hallux valgus left foot.

URINE 45486 JUL 21 1941
X-RAY 86029N

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 Applicant 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. (President) W.TREMBLAY.LT.COL. (Member) G.AUMONT.LT. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JUL 28 '41	TAB-T.	JUL 10 1943	Y.O.B. P U L H E M S: 1 3 1 1 1 1 1 1 1 1
9-1-42	3 T.W.H. Bennett	25 MAR 44 TYPHUS I CC	
20-2-42			
JUL 28 '41	VACC Succ		
18/11/41	RE-EXAMINED CAT. A CONFIRMED J.P. Nicholson		
JUL 8 1942	RE-EXAMINED CAT. A CONFIRMED		
FEB 17 1943	RE-EXAMINED CAT. A CONFIRMED		
19-3-43	Yearly T.R.B.T. ½cc		

Rank Prov. 2/Lieut Surname CAMPBELL JR. Christian Name NEIL

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				

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit: ~~3rd Div. R.C.A.S.C.~~ #4, D.D. CA Regimental Number: Lieut.

1. Surname: CAMPBELL
2. Christian Names: Neil Jr.,
3. *Substantive Rank and Appointment: ~~Pvt.~~/Lieutenant
   *Acting Temporary or Local Rank:
   giving date: ~~28-7-41~~ 10 JAN 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Perth, Ontario., Canada.
5. Date of birth as declared on attestation: 19 August 1913
   (A)
6. Date of enlistment: 28-7-41
7. Place of enlistment: Mtl South, Que.
8. Residence at time of enlistment: 6255 Sherbrooke St. West, Apt. 5, Montreal, Que., Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay:

Y	O	B	P	U	L	H	E	M	S
13	1	1	1	1	1	1	1		

Jul 10. 43

10. (C) Any subsequent variations of conditions of service:
11. Religion: Presbyterian
12. If married, state date: Single
13. Trade on enlistment: Aero Parts Inspector
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

Deceased

(17) Regiment or Corps: RCASC Unit (Battn., etc): 5 Cdn Armd Div Spt Bty.

(18) Medical:

Category	Date	Authority
A	19/7/41	Med. Bd. M.F.M.1

(19) Next of kin (entries to be made in pencil):
Mrs Sylvia Agnes Campbell (wife)
28 MacPherson Ave
Toronto, Ont. Can

(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
Qualified in Reg.	Battle	First Aid course. Eff. 1-7-43 Pt	11 Or#	164 d/8	-7-43.		A-19 RCASC (ADV) T
	Driver	(1/c) wheel Class III Eff 25-11-41 PT11 or NO 281	d 28-11-41	Rcasc	Gunner		A.19
	Driver	wheel (1/c) (M/C) Class III Eff 11-12-41 PT11 or NO 306	d 15-12-41		do		
	Driver	(1/c) wheel Class III Eff 31-1-42 PT11 or NO 32	d 5-2-42		do		
	SOS CASF(CANADA) ON EMBARKATION AT		ON 11 Apr 44				
	CASF(OVERSEAS) ON TRANSFER ON 12 Apr 44		AND DISEMBARKED AT		ON 19 Apr 44		
	T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM		Canada		19 Apr 44	Lieut	93 - 21 Apr 44
			Posted to Training Regt as Supply Officer				
			Posted to Unit "D" Pool "A-2"		19 Jun 44		147 - 23 Jun 44
			To be Unit "D" Pool Staff (new)		23 Jun 44		148 - 30 Jun 44
			Qual. as RCASC M/C Rider and as Dvr 1/c Class III (Wheeled)		15 Jul 44		170 - 20 Jul 44
			SOS to X-4 List		16 Aug 44		188 - 17 Aug 44
	SOS OA U.K.		ON EMBARKATION ON 21 Aug 44 TOS OA M	ON 22 Aug 44	AND DISEMBARKED	ON 4 Sep 44	X 12 2/44
	RCASC X-4(4 Bn)		TOS on arrival from U.K.		"	4 Sep 44	
CR 1418	X4(7BN)	RCASC	POSTED to X4 LIST (4BN)	M	6 Sep 44		X126/44
17 Sep 44	X4(4BN)	RCASC	SOS to 5C.A.D. Pet Coy		12 Sep 44		X128/44
14 Sep 44	CR	5CADTC	TOS from X4 List (4 Bn) RCASC		13 Sep 44		45/Sep 44
	"	"	SOS to X-3 List RCASC(A) 8 Feb 45.	"	8 Feb 45	"	13(b)/7 Feb 45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Sylvia A. CAMPBELL, (Widow)

ADDRESS: ~~6255 Sherbrooke St. W., Montreal, P.Q.~~ 44

(1) 15-7-49

(2) MEMORIAL CROSS

109 Elgin St., PORT HOPE, Ont.

WIDOW Mrs. Sylvia A. CAMPBELL, (ENGLISH)

1982

ADDRESS: 6255 Sherbrooke St., West, MONTREAL, Que.

(2) DESP. 29 AUG 1945 REGN No. 21137

(3) MEMORIAL CROSS

MOTHER Mrs. Helen CAMPBELL, (M.F.M.5)(ENGLISH)

1982

ADDRESS: 6255 Sherbrooke St., West, Apt.8, MONTREAL, Que.

(3) DESP. 29 AUG 1945 REGN No. 21138

4186 569 (24-1-50)

MEMORIAL BAR

DATE DESP.

REGN. NO 757

DEATH IN CANADA
31-7-45

AWARDS—CANADIAN ARMY (ACTIVE)

1982 M

E. G.

500M—1-42 (3467)
H.Q. 1772-45-8

FILE NO. 357-4-164

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CAMPBELL,	Neil		Lieut.	4 DD

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	
ITALY STAR →	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

SOS

NAME CAMPBELL, Neil Jr. H.Q. File 359-4-164

RANK ~~2ND~~ LT. ~~1ST~~ A/CAPT LT.

ACTIVE UNIT R.C.A.S.C. (P.R.) No 4 D.D.

RESERVE UNIT SUPPLY COLN. 3RD DIV. R.C.A.S.C.

Appt. R.O. No. 1266 Date 6-9-41. Effective date of appt. 28-7-41.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TO BE LT., R.C.A.S.C. (REINF.) No. 4 D.D. 10-1-42. R.O. # 1841, 8-4-42.
TRANS. TO A-19 T.C., R.C.A.S.C. (REINF.) #4 D.D., 23-5-42, R.O. # 2482, 23-10-42.
x TO BE A/CAPT #A19 R.C.A.S.C. T.C. STAFF, WHILST SPECIALLY EMPLOYED, 1-9-42.
R.O # 2817, 23-1-43
x SUBSTITUTE FOR ABOVE ENTRY, R.O. # 2817, 23-1-43, THE FOLLOWING: TO BE A/CAPT. WHILST SPECIALLY EMPLD., NO. A-19 R.C.A.S.C.T.C., 1-9-42, R.O. # 2890, 13-2-43:
RELINQUISHES A/RK OF CAPT ON CEASING TO BE SPEC. EMPLD. NO A19TC. (REINF) RCASC. 8 MAR 44. RO # 4333, 12 APR 44.

EMBARKED CANADA - SAILING LIST No. 3851 APR 10 1944

5M—5-41 (334)
H.Q. 1772-45-8

RET. CANADA MAR 21 1945 MD 4.

689.

CAMPBELL, Neil Jr. 357-4-164

Posted to #4 D.D. 12 Mar. 45 from Can. Army Overseas R.O. 5376, 18 Apr. 45

Died in Montreal Mil. Hosp. as a result of malignant melanoma, 31 Jul 45, 4 D.D. Message - JC 431 from O.C. 4 D.D. 3 Aug 45

NO ..... Rank Lieutenant Name CAMPBELL, Neil

Unit R.C.A.S.C. Date of death 31st July, 1945.

Died at Montreal, P.Q.

Cause Died, Malignant Melanoma

Death occurred on strength of Forces H.Q. ~~557-A-164~~ C. 6-C-1320

N/K Mrs. Sylvia A. Campbell Relashionship Widow

Address Grafton, Ontario. ~~6255 Sherbrooke St., W., Montreal, P.Q.~~

Remains buried in Lakeview Cemetery

Pointe Claire, P.Q.

CHK

Grave location Plot 132, Sect. D.

Regulation stone declin d by N/K

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 Neil Jr. (b) N° matricule
2. (a) Arme Army (b) Unité R.C.A.S.C. CA (c) Rang 2/Lieutenant
3. (a) Date de naissance 19 Aug. 1913 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Montreal, Que. Can.
4. (a) Lieu d'enrôlement Mtl. South, Que. Can. (b) Date d'enrôlement 28-7-41.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 19 yrs. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No.
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. public school. 4 " High "
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu N.A.
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? N.A. (c) Avez-vous complété votre apprentissage? (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? English (b) Quelles langues lisez-vous facilement? English

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) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No.

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 Canadian Car & Foundry Adresse Montreal, Que. Can.
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.)
20. (a) Genre précis de votre occupation Aero Part Inspector (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1 yr.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? yes (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? yes

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? No (b) Vous croyez-vous apte à exploiter une ferme? No (c) Si oui, dans quel genre de culture?
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? None (c) Dans quelles provinces avez-vous acquis votre expérience?

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.) N.A.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule SAME

DATE 28-7-41. 194..... SIGNATURE Neil Campbell

To be made out in duplicate

M.F.M. 5
45M—6-41 (664-5)
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*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank CAMPBELL Jr. NEIL
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank Prov. 2/ Lieutenant

(3) Unit R.C.A.S.C. CA

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

NIL

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys ..... Girls .....

Names and ages NIL

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

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

Name NIL

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

NIL

(11) Is your father alive? YES

If so, state name and address, occupation Mr Neil Campbell (Civil Eng.)

6255 Sherbrooke St., West., Apt. 5, Montreal, Que Can.

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

(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

NIL

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

(14) Is your mother alive? YES

If so, state name and address Mrs Helen CAMPBELL

6255 Sherbrooke St., West., Apt. 8, Montreal, Que Can.

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

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

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? NIL

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 NIL

Full Name

Postal Address

Amount contributed monthly during the past six months

NIL

(18) Are you insured? YES

If so, in what Company? Mutual Life Ins.
(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.

Neil Campbell
(Signature of officer or man)

Date 28-7-41

Lucien Gauvreau Capt
Officer Commanding

Date 28-7-41

[redacted] DEPOT, A.F.

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.

B.

DOMINION OF CANADA—MEDICAL SERVICES

Serial No. 45-3-177
in A. and D. Book

CASE HISTORY SHEET

F.B.

I. Hospital MONTREAL MILITARY HOSPITAL Force ARMY

Active F. No. Off. Rank Lieut. Unit or Ship R.C.A.S.C.
Reserve F. No. Rank Unit or Ship
C.E.F. No. Rank Unit or Ship
Others Rank Unit or Ship
Surname CAMPBELL Christian Names Neil
Address D.D. 4 O.S.12
Age 33 Trade Religion Pres. Total Service (Mos.) Can 35
Next-of-Kin Mrs. Sylvia Relationship WIFE
Address 6255 Sherbrooke W.
Admitted direct (as transfer) from M.R.C. Date 19 Apr 45 Class 10

Disposal of Case } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) DEPOT Date 3 May 45 Class 10
Transferred to Date Class
Condition on Discharge (or transfer) Days in Hospital
Final Diagnosis Melanotic sarcoma

II. Admission Note:

Provisional Diagnosis: Melanoma

(M.G. HILL) CAPT.
Signature of Admitting Officer

III. History and Physical Examination (in chronological order) Date

Re-admission note:
Diagnosis: Melano sarcoma

This patient is re-admitted from the Montreal General Hospital where he was referred for X-ray therapy to lesion of left arm & glandular enlargement in the left axilla. He has been receiving daily therapy and is to continue to do so until instructed otherwise at the M.G.H.
On physical examination the lesion on the antero-lateral aspect of the left arm is unchanged.
There is a pronounced erythma of the left axilla. The glands seem to be slightly smaller and softer than previously.

D.R. MURPHY CAPT.

20 Apr 45: URINALYSIS
SPGR 1022. Otherwise negative.

G. PAQUET CPL.

1 May 45: DISCHARGE NOTE

Diagnosis; Melanotic sarcoma.
Patient to be discharged for 30 days disembarkation leave & to attend x-ray clinic at the M.G.H. To be re admit after period.

D.R. MURPHY CAPT.

Condition: Improved.
Disposal : To Depot for 30 days disembarkation leave to be re admit after
Date : 3 May 45.

C.M. GARDNER LT.COL.
O.C. IN SURGERY

Date

P. & H.....100
R.C.A.F..M. 33—320M—7-43(3383) H.Q. 885-M33
Militia.....M.F.B. 313A—500M—6-44 (4875) H.Q. 1772-39-439—Vol. 3
R.C.N.....M. 2000—150M—4-44 (534) N.S. 24-1-39

Medical Officer i/c Case.

DOMINION OF CANADA—MEDICAL SERVICES

Serial No. 45-3-209
in A. and D. Book

CASE HISTORY SHEET

WARD- 5- B
SURGERY.

I. Hospital MONTREAL MILITARY HOSPITAL Force ARMY

Active F. No. Rank LIEUT. Unit or Ship D.D. 4
Reserve F. No. Rank Unit or Ship
C.E.F. No. Rank Unit or Ship
Others Rank Unit or Ship
Surname CAMPBELL Christian Names NEIL
Address MONTREAL MILITARY HOSPITAL
Age 32 Trade Religion PRES. Total Service (Mos.) O.S-48
Next-of-Kin MRS. SYLVIA Relationship WIFE
Address 6255 SHERBROOKE ST. APT. 8 MONTREAL QUEBEC.
Admitted direct (as transfer) from UNIT Date 16 MAY 1945 Class 10

Disposal of Case } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) Date Class
Transferred to Date Class
Condition on Discharge (or transfer) 0997 Days in Hospital
Final Diagnosis

II. Admission Note:

Provisional Diagnosis: ABDOMINAL PAIN N.Y.D.

D.R. MURPHY CAPT R.C.A.M.C.
Signature of Admitting Officer

III. History and Physical Examination (in chronological order) Date

Admission note- This patient has a melanatis sarcoma. The lesin in the left arm with metartases in the axilla. During past admissions, it was noted that there was a soft shadow in the apex of the right lung, presumeably metartasis also.
While on 30 days leave patient developed about 3 weeks agosome pain in the right upper abdomen, which was not severe and did not last under an hour on eache occasion.
This morning at 0800 hours, suddenly developed severe colicy right upper abdominal pain which became progressively more severe. Took some mustard to initiate vomiting. Has vomitid frequently since. No diarrhora or constipation. No coughing. No urinayy disturbance.
P- T- 96. P-68. R-20.
Patient is writhing around in bed complaining of exiruciating abdominal pain, colicy notive.
Chest- clear to A & P. Heart- sounds clear. No murmurs. B.P. 120/80.
Abdomen- Moves freely with respiration. No distention. No visible percictalsis. There is acute tenderness and splinting in the R.U.Q. and less so in the R.L.Q. No masses palpable, but liver seems enlarged to percussion.
Diagnosis impression- Melaciatic sarconiatosis with liver involvement.
1700 Hours- X-Ray of chest and abdomen negative. Patient feels better under influence of morphine.

D.R. MURPHY CAPT.

18 May 1945- Condition about the same. Still has pain controlled fairly by morphine, still vomiting. On D.I.L.
24 May 1945- Vo vomiting today. Pain is less and requiring fever hypos. Has a large area of echynoris about the left iliac wast (metostosis from bone?) Liver remains enlarged and tender.
30 May 1945- Patient feels very much better. Requires fewer hypos. Eating better. Pain less. Area of ecchymosis almost gone. Still loosing weight. To be reboarded P-5.

D.R. MURPHY CAPT.

Date

Medical Officer i/c Case.

P. & H.....100
R.C.A.F...M. 33—320M—7-43(3383) H.Q. 885-M33
Militia.....M.F.B. 313A—500M—6-44 (4875) H.Q. 1772-39-439—Vol. 3
R.C.N.....M. 2000—150M—4-44 (534) N.S. 24-1-39

Date	Clinical Notes
15 June 1945-	This patient is failing very gradually. Requires sedation for abdominal pain quite frequently. He eats very little and becomes easily nauseated. General condition- weaker. D.R. MURPHY CAPT.
16 May 1945-	S.P. non sufficient quantity. Albumin - very faint trace. Sugar- negative. Great amount of amorphous phosphates.
16 May 1945-	W.B.C. 9.000/cu.mm R.B.C. 4.030.000/cu.mm H.G.B. 12.8 gms(82%)
17 May 1945-	Chest and abdomen- Chest- portable. No gross pathology detected. Flat plate- no peculiarities and no pneumoperitoneum detected.
18 May 1945-	S.P. non sufficient quantity. Micro R.B.C. negative. Albumin and sugar negative. W.B.C. 0-4 H.P.F. CASTS- negative.
15 June 1945-	S.P. 1011. albumin trace. R:B.C. 0-3/H.P.F. OTHERS neg.
	~~Patient very much worse on sedation and is comfortable~~
	~~D~~
	CERTIFIED A TRUE COPY Registrar MONTREAL MILITARY HOSPITAL
10 Jul 45.	Patient very much worse. On sedation and is comfortable.
31 Jul 45.	1550 Hrs. Patient deceased.
	Diagnosis: Malignant Melanoma (0206). This patient has had a slow but progressive down hill course since admission to this hospital. He had a course of X-ray to large metastatic mass in left axilla which may have delayed the outcome for a short while. Since his latest admission, he has required much more heavy doseages of sedative to lessen the pain.
	(D.R. Murphy)Capt. for (C.M.Gardner)Lt.Col O.C. Surgery.
	CERTIFIED A TRUE COPY Registrar MONTREAL MILITARY HOSPITAL

IV. Condition on Discharge.....

Disposal of Case.....

Date..... Medical Officer i/c Case.

C6-C-1320

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, Neil Campbell Jr. (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of Hochelaga

Province of Que Can, Aero Parts Insp. (Civil Occupation)

~~Regimental No.~~ Prov.2/Lieut., Unit R.C.A.S.C 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 Mother" Mrs Helen CAMPBELL
Residing at: 6255 Sherbrooke St.,West.,
Apt. 8, Montreal,Que Can.
All my estate both real and personal.

N.C

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

N.C.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of July 1941.

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.

Neil Campbell (Signature of soldier)

First witness sign here.

(5) Signature George Boyden Cpl
Civil Address Montreal Que Can
Civil Occupation Acter

Second witness sign here.

Signature W. Tyler Rib Pt.
Civil Address Ville St Laurent Que
Civil Occupation Student

(Witnesses are not to be beneficiaries.)

[OVER]

H.Q. 357-4-164

MC

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.