NAME

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D | DATE | 2505 REFERENCE | NON-EFFECTIVE BY

DEATH

Category I

DISCHARGE

Category

Med. unfit

DESERTION

2

10.5 ~~+5~~

11-5

BOX
1443

Dec 13

1224

"B" Coy.

ATTESTATION PAPER.

No. 724729.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Campbell
1a. What are your Christian names?	John C. Campbell
1b. What is your present address?	R.R. No 5. Woodville
2. In what Town, Township or Parish, and in what Country were you born?	Eldon Station Ont
3. What is the name of your next-of kin?	Rillie Campbell
4. What is the address of your next-of-kin?	R.R. No 5. Woodville Ont Canada.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	13th December 1894
6. What is your Trade or Calling?	Farming
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John C. Campbell do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

John C. Campbell (Signature of Recruit)

Date Dec. 13 1915. Wm H Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John C. Campbell, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

John C. Campbell (Signature of Recruit)

Date Dec 13 1915. Wm H Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 28 day of December 1915.

G. A. Gordon (Signature of Justice)

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

1224

Description of John C. Campbell on Enlistment.

Apparent Age 21 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 2½ ins.

Complexion Fair
Eyes Blue
Hair Dk Red

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

2nd Finger right hand dotted.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Dec. 13 1915. J. McCullock

Place Lindsay H. O. Boyd Capt.
Medical Officer.
Medical Officer
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John C. Campbell having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

Date DEC 29 1915 191.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Wear Service Badge.

Class .....

No. 228239

issued.

B.O.

This is to Certify that No. 4724729 (Rank) Pte.

Name (in full) CAMPBELL, John, Campbell enlisted in

the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 28th.

day of December 19 15

HE served in ENGLAND & FRANCE:::::::

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age	24 Yrs.	Marks or Scars	
Height	5' 6"		Nil
Complexion	Medium		
Eyes	Blue		
Hair	Red.		

J. B. Campbell
Signature of Soldier

H. Sargent Capt
Issuing Officer

Rank

O. C. Discharge Sections,
No. 2 District Depot
Appointment

Date of Discharge 17th July 1919

Signed at Toronto, Ont. this 17th. day of JULY 1919

in Military District No. 2.

File Reference No. .....

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

1224 R—122

A.G.R. Rank Name CAMPBELL, John Campbell Reg'l No. 724729

Unit 109th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, 13th Decr., 1915. Place of Birth Eldon Statiom, Ont.

Name and Address, Next-of-Kin Rillie Campbell,

R.R. No. 5 Woodville, Ont., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. 15076
File Ref.
Category CAN.OR

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2310 31-7-16			
8.12.16	109th Bn.	S.O.S. on tfr. to 124th Bn	Witley	8.12.16	Pt II D.O. 343
9.12.16	124th Bn.	S.O.S. " fr 109th "	"	"	" 265
9-3-17	124Bn	Emb for France	Witley	9*3*17	PtII DO68
		Now know as 124th Bnr Btn Can-ENG 10-3 18			
7.5.18	"	Awarded One G.C. Badge	Spr	Field	13.12.17 D.O. 30
2.7.18	10/Bn C.E.	T.O.S. from 124/Bn.	"	"	29.5.18 D.O.1.9 124/Bn. 42/27/8
12.5-19	P.wing C.C.C.	T.O.S. from 10 Bn C.E.	Whitley	10-5-19	D.O. 27.
12.5.19	10 Bn. C.E.	Pro. to Eng.	"	Havre	9.5.19 " 29

A.F.B. 103 CHECKED
17 MAR 1917

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
9-8-19	P. W. C.C.C	SOS TO CANADA	Witley	6.6.19	DO 44.
			83-I	6-6-19.	

724729.

1224

MEDICAL HISTORY SHEET ORIGINAL

ORIGINAL

Surname Campbell Christian Name John C.

24

Examined on 13th day of December 1915 at Lindsay

Approved by J. McCullock Capt. Medical Officer

Birthplace City or Town Eldon Station County Ontario

Rank 109th Overseas Battalion, C. E. F. M.O.

Apparent age 21 years

Trade or occupation Farmer

Height 5 Feet 6 Inches.

Weight 125 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35½ inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. none Left. One Number One.

When Vaccinated last Feb. 24th 1916.

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
24.2.16	good	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18.4.16	good	J. McCullock M.O.
25.4.16	good	J. McCullock M.O.
2.5.16	good	J. McCullock M.O.
TAB 22.9.16	"	H. Boyd

Enlisted on 13th day of December 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724729		13.12.15.
Transferred to	124th OVERSEAS BATTALION C.E.F. P O-S			9 MAR 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Toronto	8/4/19	~~Sick~~ Pharyngitis	To S.C.R. P.T.S Tauffer Capt

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname: Campbell Christian Name: John A.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
"S.S." Olympia		7	6	1919	13	6	1919	Tonsillitis	4	Has had several tonsilitis, both sides. Temperature, P.M. temp. 99.2. Transferred to M. Hospt Halifax. Exposed to measles 11/6/19.	Ambrose Capt C.A.M.C.
Cogswell St. Military Hospital Ward 4		13	6	19	25	6	19	Influenza	13	Not severe good convalescence Recovery	Ambrose Capt C.A.M.C. D.S.M.C.

1224

- DEPARTMENT OF EAR, NOSE AND THROAT -

Date July 7/19

Name Campbell, Bro J.C. No. 724329 Unit Co C 8th Ex

Age 24 Enlisted

In or Out Patient for

Diagnosis Chr. dry Pharyngitis Furunculosis nasal Vestibule

History Pat - usual duck - sore throat for current - difficult nasal breathing

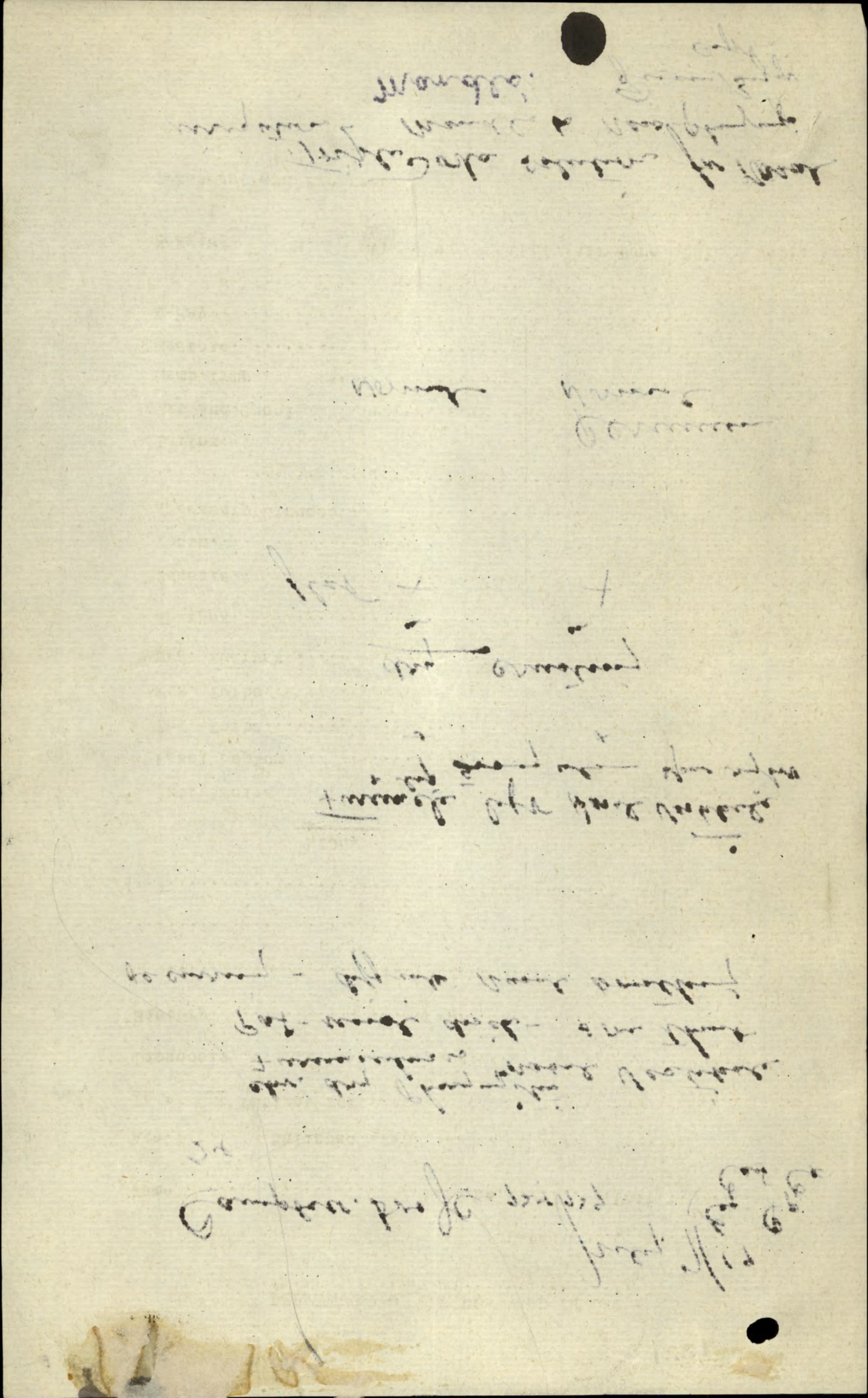
RIGHT		LEFT.
Ext. Facies	Furuncle left	Nasal Vestibule
Nasal Septum	+ left deviated	+ upper right
Inf. Turbs	+	+
Mid. Turbs		
Nas. Pharynx	dry	crusting
Pharynx	+	+
Tonsils	flat +	+
Teeth		
Accessory Sinuses		
Larynx		
Ext. Aud. Canal		Cerumen
Memb. Tymp	Normal	Normal
Mastoid		
X-Ray		
R		
Hearing. H. V. v.	C256 Air Bone	C512 Webr
L		

Treatment and Progress

Triple Dodo solution for Nasal irrigation. Mandle to Neso-pharynx

Mandlé.

Percy Biggs
Capt



CERTIFIED PARTICULARS AGREE WITH DOCUMENTS ..... Major
O. C. Casualty Company, No. 2 D. D.
D.P.S.C.R.

DISCHARGED

2

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ....John..... 2. Surname ....Campbell.....

3. Rank ....Pte.... 4. Original Unit ....109th.Bn.... 5. Reg. No. ....724729....

6. Address, in full, to which future payments of gratuity are to be forwarded .....

....Woodville, R.R.5.....Ont.....

7. Date of enlistment in the C.E.F. ....Dec.13th.1915.....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ....Nil.....

9. Relationship of such dependent ....Nil.....

10. Present address, in full, of such dependent ....Nil.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ....Nil....

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

....Service in England from 22nd July 1916 to 11th ~~April~~ March 1917.....

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ....Nil.....

14. Were you on active service only in Canada or the United States ? If so, give particulars of units and dates of such service ....Nil.....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ....3..Yrs...6.Mon...19..dys;.....

....109th BN.. 124th BN.....

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ....Nil.....

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ...Nil....

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Nil. .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? Nil. If so, state amount you and your dependents have already received and by whom paid .....

20. Have you been issued with a War Service Badge? If so, what class? .....Nil. .....

21. Have you, during the present war, served in the Imperial Forces? .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Nil. .....

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England .....Nil. .....

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F. ...NO..... If not, give:—(a) Date of discharge ..17th.July.1919.....(b) Reason for discharge .....
....."MEDICALLY UNFIT".....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... Nil. .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
.....Service.in.France.from.11th.April.1917..to..May..10th.1919.
124th.Bn and 10th.Bn.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? Nil.

(b) If so, are you in receipt of full pay and allowances from that Department? ..... Nil.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: J. C. Campbell

Place of Residence: Woodville, Ont. R.R.#3.

Declared before me at: Toronto, Ont.

This 14th. day of July 19.... 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

W. R. Howard .....Major
O. C. Casualty Company, No. 2 D. D.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

Group 24

1221

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

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

No. 724729 Rank Sr Surname Campbell
(Given name in full) John Campbell

Unit or Corps 10th C.E. Birthplace Eldon Ontario

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

1. GENERAL DESCRIPTION: Est

Physique Good Weight 132 lbs. Height 5 ft 6 in. Colour of Eyes Blue

Nutrition Good

Pulse 80 Reg

Condition of arteries soft

Vision Rt. 6/12 + Left 6/12 +

Hearing (conversational voice) Rt. 2 ft.

Left 2 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Vacc R.

Opinion as to general health and physical condition Good

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

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

Special Senses no Integumentary System no Respiratory System no

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

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

[OVER]

1224

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 24.5.19 Signed Bralelark, Capt. M.O.

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

Signature X John C. Campbell

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

[OVER]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

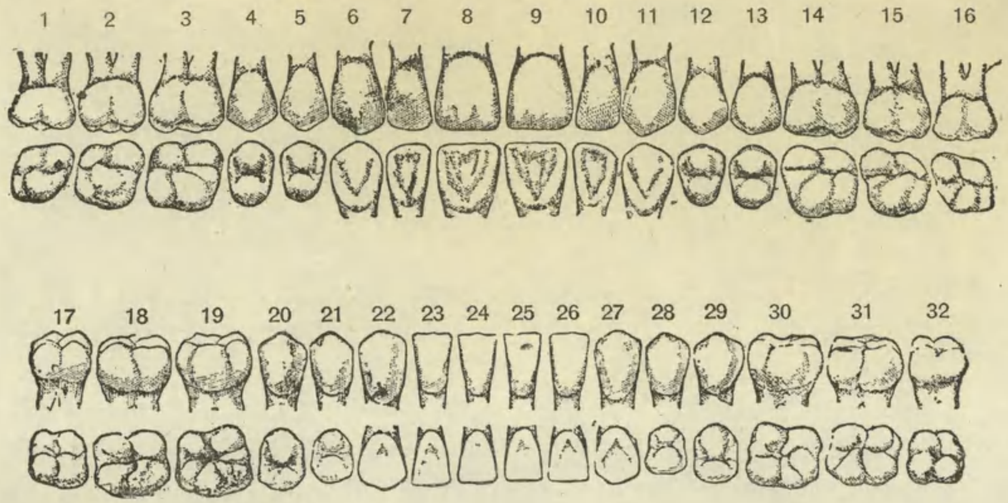
DISTRICT.....

NAME OF SOLDIER Campbell John

RANK Gnr

REGIMENT.....

No. 724729



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						
DISCHARGE EXAM. CASUALTY CO. No. 2 D. D. DATE 8/7/19 } CERTIFICATE ISSUED FOR																						
													Filling							R. Manning Capt		

M F B. 463
15/M —6-18.
772-39-950.

Staff

To be made out in duplicate.

H.Q. 51-21-20-53

DUPLICATE 24

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 424429

(3) Full Name of Soldier John Campbell Campbell

(4) Place of Birth Eldon Ont. Canada

(5) Are you married, or not? Not

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Donald D. Campbell Eldon Ont

(10) Is your Mother alive? Yes

If so, state name and address Lilly Campbell Eldon Ont Canada

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Lt. Col.
Officer Commanding.
O.C. 109th Overseas Battalion, C.E.F.

Date 18th July 1916

Form
I. 12
14

1224

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3	724729	Dr	Campbell.	J. C.
Year.	Unit.		Age.	Service.
1919	10th 93rd		24	4 2/12

Station and Date.	Disease Tonsillitis
7/6/19	Temp. 100. Right tonsil coated with
S.S. Olympia	pus, which is exuding. Aspirin t.i.d.
	Saline purge today and each morning.
12/6/19.	Throat clearing. Very little swelling now.
	Tonsils still red. & show some discharge.
	Still running an afternoon temp. 1 99.2.
	[illegible] Capt RAMC.

will be signed, and transfers from one Medical Officer to anot[illegible] [illegible]ested by their signatures.

Station and Date.	

1224

CASE HISTORY SHEET.

Cogswell St. Military Hospital Hospital. Halifax NS Station

No. 724729 Rank Dr Name Campbell J C Age 24

Unit 6 C D. Completed years of service Where and how long } 7/12 C / 12 E 22/12 TC

JUN 13 1919

Date of admission ..... Date of discharge 25. 6. 19.

Diagnosis Influenza Place of origin at Sea

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admit June 8th slight chill headache sore throat tight feeling in chest.

An adenoid patient convalescent pulse temperature and respiration normal general condition good.

Throat swab K.L. —

Chest Examn — neg.

Heart — neg.

Throat — Tonsils enlarged and inflamed.

Mudlo's Sol applied to tonsils 2 times daily.

Ag. Eucalyptus Tid gargle

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) nil

TREATMENT

(Especially any specific or special form.)

as above

CONDITION ON DISCHARGE,

(and disposal made of case.) Recovery

Date 25. 6. 19

D. McCampbell
Medical Officer i/c case.

C 12159

M. F. B. 313a.
200M. 5-18.
1772-39-439.

CLINICAL CHART.

Res b

Corps 10th Can Eng. Hospital Station Cogs. SX. Milit

No. 724729 Rank and Name Dvr. Campbell, John Age 24 Service

Disease Influenza Date of Admission 13-6-19 Date of Discharge 25-6-19 Result Recovery Serial No. A. & D. Book

Dates of Observation	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Days of Disease																		
Temperature Fahrenheit (TIME a.m. p.m.)	8 pm 12 midn	4 am 8 am	12 noon 4 pm	8 pm 12 midn	4 am 8 am	12 noon 4 pm												
Pulse per Minute	88	74	88	76	70	102	74	92	88	90	100	88	116	88	96	96	108	
Respirations per Minute	14	18	20	20	18	24	20	20	20	18	18	18	20	24	22	20		
Motions	0						1	1	1	1	1	1	1	1	1	1		

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature D St C Campbell Capt In charge of case.

TEMPORARY SHEET

CASUALTY FORM

Unit 10th C.E.

No. 724729 **Rnk.** Dvr. **Name** Campbell J.C.

T. O. S. Halifax depot clearing services command as from 6.6.19.
and admitted to hospital 13.6.19 part II order no 165

Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

Dated 14.6.19

Discharged from hospital 25.6.19

and S O. S. Halifax depot clearing services command to dispersal area 1
as from 26.6.19 part II order 177 dated 26.6.19

Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

1224

W.S.B. Class A.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 724729 Rank Private Name Campbell, John Campbell

Enlisted (a) 13.12.15 Terms of Service (a) C. E. F. B. of W. Service reckons from (a) 13.12.15

Date of promotion to present rank. } — Date of appointment to lance rank } — Numerical position on roll of N. C. Os. } —

Extended ..... Re-engaged ..... Qualification (b) Farmer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
8.12.16	8G.109.	Transferred to 124th	Witley	8.12.16	O.O. Pt. II 148
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 233
9-3-17	124th. Bn.	Proceeded for Overseas Service.	Witley Camp	9-3-17	Part II Orders No. 69

Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

Capt.
ADJUTANT
100th Overseas Battalion, C. E. F.

MAJOR, ADJUTANT
124th BATTALION C.E.F.

Amwright
Lieut., Asst.Adjt.
124th. GGBG(Pnrs)

CERTIFIED CORRECT
7 MAR 1917
CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

P.T.O.

724729 Campbell, J. C.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
11-3-17.	M.L.O.	Disembarked	Boulogne.	11-3-17.	N.R.
8.9.17	OC 124 Bn.	Granted 10 days Leave	to Nice	3.9.17	DO Pt.11 No.131 D.18.9.17.
15.9.17	do.	Rejoined Unit	Field	14.9.17	B.213
27.4.18	do.	Granted one good Cond. Badge	Fld.	13.12.17	B213; DO.30 d 7.5.18.
	W.O.	SOS 124 BN TO 10 BN C.E.			28 ~~29~~.5.18 D.O.42 d. 2/7/18
	do.	TOS 10 BN C.E FROM 124 BN			~~30~~ 29.5.18 D.O. 1 d. 2.7.18.
19/10/18	OC.	Granted 14 Days L.O.A. to U.K.		14/10/18	D.O. 40 d/31-10-18
9/11/18	do	Rejoined from L.O.A.		2/11/18	B213
		Proceeded to England.		9/5/19	

Gifkelton Lt.

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

Sailed HMT OLYMPIC Southampton 6 6 19 Halifax 6 12 9

S.O.S. O.M.F.C. TO C.E.F.
PT. II ORDER No. 44 DATED 6/6/19

OFFICER I/c RECORDS,
"P" WING C.C.C. WITLEY.

C.A.D.C. 5009A Group 24.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

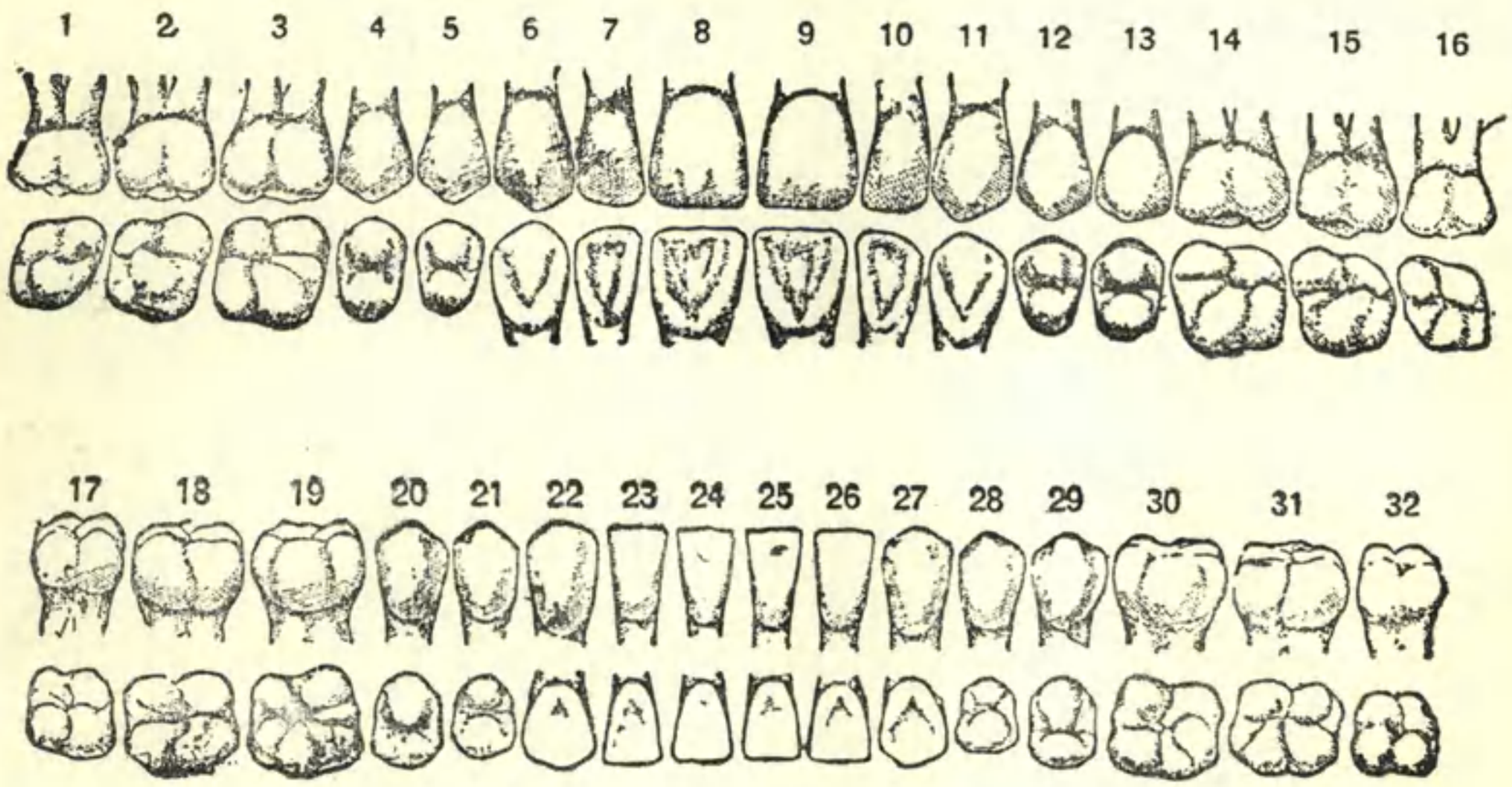
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Campbell J. C.

REGIMENT 10th C.E. Bn. RANK Pte. No. 724729

Date of Examination in England 23-5-19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS //
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada Yes
- (*b*) In England
- (*c*) In France

Signature of Dental Officer H A Simmons Capt

1224

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. #724729 ..... Rank ..... Pte. ..... Name ..... Campbell J .....
C. E. F.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	~~Returned Canada~~ ~~Arrived England~~				

DIS.#2 D.D. 17th July 1919 Pt. 11 #196

D. Graham Colonel
Lieut.
For O. C. No. 2 District Depot.

[illegible] the case of a man who has re-engaged [illegible] Shoeing Smith, etc., etc., Reserve, particulars of such re-engagement or enlistment will be entered. Corps dutie .

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

L- L. Job 310—M. & D. 6574.

73

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs D. D. Campbell

Address Woodville
R. R. # 5.
Ont.

Rate $20.00

AUG 1 1916

By Whom Assigned Campbell, J. C.

Regtl. No. 724729

Rank Pte

Corps 109th Battn. Sig

PAYMENTS

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

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs D. D. Campbell

L. L. Job 310.—Req. 6574.

Name of Soldier. Campbell J. C.
724729 Pte. Lig 109th Battn.

$20.00

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		T15643	20	
Sept.		Y16903	20	
Oct.		Z16815	20	
Nov.		226417	20	
Dec.		H30639	20	
Jan.	1917	A39233	20	
Feb.		44212	20	20
March		50125	20	20
April		765	20	20
May		X7071	20	
June		J13969	20	20
July		B22165	20	B
Aug.		G27657	20 20	G 27657 cancelled R.S.
Sept.		F38941	20	20
Oct.		K46539	20	
Nov.		N54327	20	
Dec.		I51405	20	$340.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

*Name L, CAMPBELL, John campbell. Rank Dvr. Regtl. No. 724729 1224

Fyle Depot

Original unit 109th Present unit M. or S. Age 25 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival Olympic.

Next of kin (M) Lillie Campbell, RR#5 Woodville. Ont

Address on leave Same

Address on discharge Same

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer. Date and place of enlistment Lindsay Dec. 13th, 15.

Diagnosis Pharyngitis Date of Medical Boards 8-7-19

Date.	Remarks.	Pt. 2 Order No.
T 05		
26.6.19	From Cleaning Service Command	185
17-7-19	S.O.S. DISCHARGED "MEDL UNFIT"(TO TAKE FURTHER OUT-	
	PAT'T TREAT'T WITH THE DEPT. OF S.C.R.) 183 days WSG)	196

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

NAME Campbell, John C.

2 D.O. 185 4/3/17 # 2 ND Bn.

RANK & No. Pte. S.O.S. Dis. 17/7/19 724729

CORPS 109th.

m.u. Treatment with S.C.R. Batt. D.O. 196 15/7/19 # 2 ND.

ENLISTMENT, PLACE Lindsay, Ont. DATE Dec. 18, 1915. S

FORMER CORPS Nil

COUNTRY OF BIRTH Canada, Eldon Stn. Ont.

NEXT OF KIN Campbell, Mrs. Lillie (mother)

ADDRESS OF NEXT OF KIN R. R. No. 5. Woodville, Ont.

DISCHARGE, PLACE DATE

Sailed from Halifax 23/7/16 per S.S. Olympic 4583 S

R/C 13/6/19 347/113 Hur.

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772-39 839.

REMARKS:

LEDGER No. 12397 SERIAL No. C 12159 1224

REG. No. 724729 NAME Campbell. Jno. C

RANK Dvr CORPS C C D AGE 24 SERVICE C 7/2 E 6/12 T 22/2

HOSPITALS	DATE OF ADMISSION
1 Camp Hill (C Sch) Halifax	13.6.19
2	
3	

DIAGNOSIS C/ Influenza

TRANSFERRED TO

DISPOSITION Unit 25.6.19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS: HOSPITALS.	DATE.	DIAGNOSIS.

Number 724729 Rank Spr.

Surname CAMPBELL

Christian Name John Campbell

Units C.E. Theatre of War France.

Date of Service 9.3.17

Remarks

Latest Address R.R. #5
Woodville
Ont

Roll No. B. Page 20 / 27

200m.-6-21.

DESP. SEP 8 1923
REGN. No. 6660

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

C 1317 Aug 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

9Fy 69 Bab

PARTICULARS OF SEPARATION ALLOWANCE

No. 724729

Rank Pte Promoted Reverted Discharge

Soldier's Name J. C. Campbell

Battalion 109th Battn Sig.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs D D. Campbell

Address RR #5 Woodville Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						12716-J.366
Aug 31			340	340		
Jany	B 66174		20	20	L.A.S.	
Feb	A 90310		20	20		
Mch	A 108467		20	20	✓	
Apl	A 5551		20	20	✓	
May	J 17353		20	20	✓	
June	E 19337		20	20	✓	
July	T 28430		20	20	✓	
Aug	E 31881		20	20	✓	
Sept	H 46259		20	20	✓	
Oct	L 48700		20	20	✓	
Nov	B 61303		20	20	✓	
Dec.	M 64833		20	20	✓	
Jan'19	J 69359		20	20	✓	
Feb	J 79612		20	20	✓	
MAR	F 91199		20	20	✓	
APR	L 548.		20	20	✓	
MAY	7 1252		20	20		
JUN	E 9838		20	20		
			700			

Ret'd per Olympia

Date 12-6-19 M.F.W.187 WWD #6

Closed WWO 127070

RMB

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22230—M. & D. 7993.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

17-4-91

1224

E.G.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. #724729

Wear Service Badge. H Class ____ No. 226239 issued.

2. Rank Pte.

3. Name CAMPBELL, John, Campbell

4. Unit 109th BN. (#2 D.D.)

5. Date of Discharge JUL 17 19 | Place TORONTO, ONT.

6. Reason for Discharge

"MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #196)

8. Proposed Residence after Discharge

Woodville, R.R. #5, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

John C. Campbell

Signature of Soldier.

10. CONFIRMATION.

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

No. 2 DISTRICT DEPOT TORONTO, ONT. JUL 17 1919 TORONTO

Place

Date

July 17/19

3-10-52 AS

Signature H. Sargeant Capt

(O. C. Discharging Unit.)

M.F.B. 218a—50M.-2-19 1772-39-113.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1-8-16		EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

NAME:- CAMPBELL. John C.
NUMBER:- 724729

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

Mr D D Campbell Father NR
RR #5 Woodville Ont

Stopped 1.6.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th
DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			124th BATTALION

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~15.4~~	~~103.~~		~~349~~				
~~97.4~~	~~212~~		~~349~~				
125.	3230.		~~3407~~			Leel Bolbr	$43 37
			41 05			LPblr	$9 22

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Can 1-6-19. AR 689 1.6 14/5/19. Bishop Mills

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Forwd								41 05		
Apr	P. P.	33.		C a P				20.			
				a.R 7 5/4	3 57						
				70 16/4	4 46				46 02		
		33			8 03			20			
May	P P	34 10		C a P				20			
				a R 154 5/5	3 57						
				215 7/5	4 46				52 09		
June		34 10 33 -		" 276. 4.6.18 13 Bn. C.E.	8 03 4 46			20			
				C. a. P.				20			
				" 384 20.6.18 10 CE Bn	3 57				57 06		
July		33 34 10			8 03			20 20			
				" 388 1.7.18 10 "	4 46						
				" 431 15.7.18 10 "	3 57				63 13		
Aug		34 10 34 10		C a P.	8 03			20 20			
				AR 1-15/8 10 —	3 57						
				AR 554 - 20.8.18 "	3 57				70 09		
Sept	P a	34 10 33 -		C a P	7 14			20 - 20 -			
				AR 617 10th CE Bn. 1 9/18	3 57						
				697 ✓ ✓ 20 9/18	3 57				75 95		Agreed
Oct	P a	33 - 34 10		C a P	7 14			20 - 20 -			
				AR 770 10 CE 1-10-18	3 73						
				2020 ✓ 15-10-18	6 32 7						
				870 ✓ 15-10-18	3 73				19 32		
		34 10			7 07 3			20 -			
Nov.	P a	33 -		C a P				20 -			
				AR 1090 10 CE 16/11/18	13 06						
				Forward							

COMPILED BY Lee H. Kent
CHECKED BY Duncan

126

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
	Brot Fwd —	33 -			13 06			20 -			
Dec		34 10		Cap				20 -			
				1193 10 C6 15/12/18	3 73				29 63		
				1297 ✓ 16/12/18	3 73						
Jan		34 10		Cap				20 -	40 00		
		101 20			20 52			60 -			
FEB	P Pay	30 80		Cap				20 -			
Mar	✓	34 10		1394 10° b.b. 15/1/19	3 73 1						
				1454 ✓ 16/1/19	9 33						
				1499 ✓ 16/1/19	3 73						
				1698 ✓ 15/1/19	3 73						
				Can U.P.				20			
				1748 10 b b 28.2.19	3 73				40 65		
				1926. ✓ 5.3.19	24 25 3 65				37 00		
				2021 ✓ 31 3.19	3 65				33 35		
		64 90			31 55			40			
Apl May	P Pay	67 10		Can U.P apl & may				40	80 45		
				AW 2122. 28 3.19. 10 b b	13 69						
				✓ 5. 15 4.19 ✓	3 49				43 27		
				✓ 103. 15 4.19 ✓	3 49						
				✓ 212. 27.4.19 ✓	3 49						
				✓ 3230. 12.5.19 ✓	34 04				2 22		
		67 10			58 23			40			
				AR 4154 28/5/19. CCC wib	24 33	Cond b/c			22 11		
					24 33						

Sos. 20 Canada
22.83 6.6.19.

Married or Single: Single

Place of Birth: Eldon Station

Name and Address of Next of Kin: Nellie Campbell
RR #5 Woodville Ont.

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l. No. 724729 Rank: Pte Name: Campbell John C.

If in Perm't. Corps What Unit: Unit: 109th Transferred to: 124th Bn. Date: 21.1.17 Authority: DO 34 8.12.16

Permanent Force Allowances Transferred to Date Authority

Place of Attestation: Lindsay Transferred to Date Authority

Date of Attestation: Dec. 13th 1915 Transferred to Date Authority

Assigned Pay Monthly $ 20.00 Date Effective: aug 1 1916

Payable to: Mrs R. R. Campbell RR #5 Woodville Ont. Relationship: Father

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

C 3

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay c	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														1 10	1 10									Bal. from Canada							1 10				
aug 31	31	1.00	31		31	1.0	31	10							34 10	29	8.16							974				20		29 74	5 46				
Sept	30		30				3								33			66	15/9/16						730			20		27 30	11 16				
Oct	31		31				31	10							34 10	106	30/9/16	145	15/10/16					243	730			20		29 73	15 53				
															10 x 30									12 19	14 60			60		66 73					
Nov.	30		30				3								33	174	30/10/16							244				20		22 44	26 09				
																216	30.11.16							243											
Dec 1917	31		31				3 10								34 10	220	16.11.16							243				20		24 86	35 33				
			15	30																				19 37											
Jan.	20	1.10	22												22													20		20	37 33				
			19	30											19 40													120	68	13 67					
Jan	11	1.10	12	10											12 10	430	15/1	467	5/1	487	31/1			487	730					12 85	36 58				
Feb	28	1.00 .10	30	80											30 80	527	15/2	584	26/2					487	730			20		32 17	35 71				
Mch	31		34	10											34 10			636	20/3	387	27/3				261	14	60	20		37 21	32 10		✓		D/N. 124th Bn.
Apl	30		33												33	28	5/4							262				20		22 62	42 48				
																72	20/4																		
May	31		34	10											34 10	119	4/5							267				20		25 29	51 29				
																210	4/6							268											
June	30		33												33	147	18/5							268				20		25 36	58 93		✓		
			367	40										1 10	366 50									42 48	31	81	14	60	220	66	309 57				
			367	40										1 10	368 50									42 48	31	81	14	60	220	68	309 57				

DO 34 8.12.16 124 Bn. 21.1.17

Repay Nr. 4 38 P.

724729, Pte Campbell, John. b Assigned pay 20.00

Date 1917	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
Forwd			367	40										1 10	368 50
July	30	1.00	34	10											34 10
Aug	31		34	10											34 10
Sept	30		33												33

Date 1917	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Forwd									42 48	31 81	14 60		220	68	309 57	58 93				
July			334	5/7						2 67			20		22 67	70 36				
Aug	366	5/6							2 68				20		22 68	81 98				
Sept	469 401	4 18 18/7	541	19/8	Lapse 24/9	3 66			2 67 5 25	2 68	17 84		20		48 54	66 24				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer. Reg. Pay	Sep. Allce. Eng.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer. Reg. Pay	Sep. Allce. Eng.
		~~66 24~~							66 24														
Oct	P/Pay	34 10		Can a/c			20.00																
		100 34		a/c 2267 2/9 + 5 Sig 6	4 4 61				35 73														
		34 10					20.00																
Nov	"	33		Can a/c			20.00																
Dec	"	34 10		A/R. 747 5/10	3 57																		
				" 680 18/9	2 68																		
				" 811 18/10	4 46																		
				" 946 5/11 H.A. 8 6	3 57																		
					14 28		20.00		48 55														
		67 10			14 28		40		34 10														
Jan		34 10		A/R 929 18/11	13 38				42 65														
				991 5/7	3 57				4														
				1056 15/12	4 46																		
				Cap	21 41																		
							20		41 24														
		34 10			21 41		20																
Feb		30 80		Cap			20																
				1131 5/1	5 3 57																		
				1197 18/1	6 4 46																		
				1255 5/2	8 03 3 57				40 44														
		30 80			11 60		20																
Mch		34 10		Cap			20																
				1304 15/2	4 46																		
				~~1 5/1~~	1																		
				1360 3/3	3 57																		
				1441 17/3	4 46				41 05														
		34 10			13 49		20																

Olympic

No. 2 DISTRICT DEPOT

AUDITOR	PAYMASTER

M. OR S.

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

REGT. No. 724729 RANK Dvr NAME (IN FULL) CAMPBELL, J.C. C.5636 5736 17

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID: Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: 109 Bn. | IF IN P.F. WHAT UNIT?: Same

PLACE OF ATTESTATION: | TRANSFERRED TO: | DATE: | AUTHORITY: to Drumheller Alta.

DATE OF ATTESTATION: 13-12-15 | TRANSFERRED TO: | DATE: 23/10/19. | AUTHORITY:

ASSIGNED PAY $: 20.00 | DATE EFFECTIVE: 7-7-19

PAYABLE TO: Mrs D. D. Campbell | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: R.R# 5 Woodville, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED: Outpatient Dbk | PLACE: Toronto | DATE: 17-7-19 | REASON: mu | AUTHORITY: Do 196 | IF ENTITLED TO POST DISCHARGE PAY: 183

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
31-5-19							2	22	2	22																									2	22	Pa C.P.O.
21-6-19	21	1.10	23	10																	24	33															endorsed on R.P.C.
					35	00																															Pa a 1-6-19 to 21-6-19
					70	00																															Clothing allce
																																					W.P.G. payment
																																					E.D.D.
																							20	00													Issue
																	4	87	5	00																	Brut + Train money
									128	10	ck.						76	12											130	32							
22-6-19					76	12					120	30					10										35										ex 76 12 Telegram wire Que D.T.
											82	8																									change back clothes & wdle
30-6-19	9	1.10	9	90					86	02																	70	-	115	00			28	98			
July 1-17	17	1.10	18	70	35	-			123	70	21	29					94	72									28	98	123	70							
					70	-					89	16																									
																																					Ex Soldier
					W.S.G.																						W.S.G.										1st W.S.G. Paid by #2 D.D.
183 days					430				430																17-7-19		70		70				350				
																							986757		P.R.	106	Aug 9		70				140				
																					1349488				AB	134	Sep 10		70	-			210	-			
																					1359911				AB	16	Oct 14		70	-			280	-	140	-	
																					1365768				AB	186	Nov 11		70	-			350	-	70	-	
																					1707845				AB	235	Dec 15		70	-			420	-			
			420				420																				420		450								

PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE CONTROL

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1391.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

(a) ~~General service,~~	(Category A)	~~(Yes~~ or No.)
(b) ~~Service abroad, not general service,~~	(" B)	~~(Yes~~ or No.)
(c) ~~Home service (Canada only),~~	(" C)	~~(Yes~~ or No.)
(d) Temporarily unfit.	(" D)	(Yes or ~~No.)~~
(e) ~~Unfit for service in Categories A, B and C~~	(" E)	~~(Yes~~ or No.)

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
For 3 Mths under S.C.R for Nasopharyngitis.
(b) ~~Does not require treatment.~~
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
to S.C.R. for 3 Mths as out patient.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

H. Kinsey Capt. *President.*

PLACE Toronto X camp

DATE 8/4/19

L. P. Stauffer Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....

DATE.....

} Members

APPROVED
JUL 10 1919
FOR A. D. M. S. M. D. 2

APPROVED BY .....CAPT.

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION X camp Toronto DATE 8/4/19

1. 1 (a) Unit #22 L.L. (b) Regimental No. 424429 (c) Rank Dvr.
(d) Surname CAMPBELL (e) Christian name Jno.
(f) Home address Woodville ~~Ont~~ R.R. 5 Ont.
(g) Next of Kin Mrs. L. L. Campbell (h) Relationship Mother
(i) Address of Next of Kin Same as above

2. Age last birthday 24 Date of birth 13/12/1894

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 13/12/15

4. Personal description:
(a) Height 5'6" (b) Weight 128 (stripped) (c) Complexion Medium
(d) Colour of hair Red (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendicitis scar L. arm.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	207

	Periods From	Periods To
Canada	13/12/15	1/8/16
England	1/8/16	11/3/17
France or other theatres of War	11/3/17	10/5/19
Gingivitis	10/5/19	To date

7. Original disease, or injury Pharyngitis

(a) Date of origin 1917 (b) Place of origin France
(c) Cause Service conditions

M. F. B. 227.
400M—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Partial loss of function of nose & throat

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Eye & Ear – See spec. report.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System: No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No sugar or albumen (Albumen and Sugar will be excluded.)

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: No

No hernia, varicose veins, varicocele piles or goitre

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

See spec. report

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Influenza 13/6/19
Bronchitis 4/6/19

(*c*) (Here give a description of wounds, scars and deformities.) Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N. A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No (a & b)

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 mos.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes
(If the answer is "yes" state nature of treatment required and probable duration)

under S.C.R. for 3 mos as outpatient.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations. Discharge to S.C.R. for 3 mos treatment as outpatient

L. L. Slauppe Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

R.T.S.

I complain in addition of.....

J. C. Campbell Dr. Rank.
Signature of invalid examined.