

"A" Coy.

ATTESTATION PAPER

No. 724582

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Duncan Campbell
2. In what Town, Township, or Parish, and in what Country were you born? Georgetown - Ont.
3. What is the name of your next-of-kin? Sister Mrs. Boland
4. What is the address of your next-of-kin? 167 Montrose Ave. Toronto
5. What is the date of your birth? 3rd Jan. 1889
6. What is your trade or calling? Bricklayer
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes. inoculated
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
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.

Duncan Campbell (Signature of Man.)
F. H. Godson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Duncan Campbell, do solemnly declare that the above answers made by me to the above questions 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.

Date 25th Nov 1915
Duncan Campbell (Signature of Recruit.)
F. H. Godson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Duncan 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.

Date 25th Nov 1915
Duncan Campbell (Signature of Recruit.)
F. H. Godson (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 19th day of December 1915
[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

DESCRIPTION OF Duncan Campbell ON ENLISTMENT.

Apparent Age 26 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 ins.

Small scar above left eye

Complexion Fair

Eyes Grey

Hair Dark Brown

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

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 November 25 1915

Place Lindsay

J. McCulloch Capt.
Hoboyd 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

Duncan 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.

Date DEC 29 1915

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

724582 Pte.

This is to Certify that No. _____ (Rank) _____

Name (in full) CAMPBELL, Duncan enlisted in

the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 25th.

day of November 15 1918

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of MEDICAL UNFITNESS

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

<p>Age <u>30</u></p> <p>Height <u>5' 5 1/2"</u></p> <p>Complexion <u>Fair</u></p> <p>Eyes <u>Grey</u></p> <p>Hair <u>Brown</u></p>	<p>Marks or Scars <u>VACC Scars left arm</u></p>
--	--

D. Campbell
Signature of Soldier

[Signature]
Issuing Officer

Feb. 1st. 1919 C.O. No. 2 District Depot.
Rank

Date of Discharge _____

Signed at Toronto, Ont., 1st. day of Feb. 1919

in Military District No. No. 2

File Reference No. FEB 1 1919
DISTRICT DEPOT

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.

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

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

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

A.G.R. Rank Name CAMPBELL, Duncan ✓ Reg'l No. 724582 ✓

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

Place and Date of Enlistment 25th Novr., 1915. ✓ Place of Birth Georgetown, Ont. ✓

Name and Address, Next-of-Kin ~~Mrs. Baine Boland,~~ ✓ *Mrs. Dorothy Amelia Campbell, 23 Church St. Litchhurst, Sussex.*

~~167 Montrose Ave., Toronto, Canada.~~ ✓ Relationship ~~Sister.~~ *Wife*

Assigned Pay Monthly \$ Payable to Relationship *R229 C. d/19.3.18.*

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character *Category OR CAN*

H. W. & V., Ld.—7165-16.

N/E. R.B. No. *15196*

File R.L. _____

Category *OR CAN*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H.M. T. 2810		31-7-16	
9.8.16 SI-8-13	O.C. 109 th 44 th	S.O.S. & transferred 44 th Bn. Embarked for France	Odney	8.8.16 10-8-16	<i>P.O.S. No. 221, 8.8.16 A.I. 20, 222 (A.C. & Q.M.G.) A.F.B. 103 Checked 22.8.16 A.B.K.</i>
9.12.16	"	Adm 24 Gen Hosp	Etaples	30.11.16	Ch. 787 Iritis alt
3.1.17	"	Dis to Base Depot	Havre	26.12.16	Ch. 7107
10.2.17	"	Reported from Base (Sick)	Field	24.1.17	Ch. A140
16.2.17	"	Above deleted in Ch. A145		16.2.17	Ch. A145
26.2.17	"	Adm 7 Gen Hosp	St Omer	17.2.17	Ch. A153 Mumps
21.2.17	"	" 3 South Gen Hosp	Exford	19.3.17	Ch. B282 Measles
28.3.17	"	Invalided (S) and posted to Man. Regt Depot.	Shorncliffe	16.3.17	Ch. 1047

724582 Campbell L

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
26.3.17	Man Dep	Taken on Strength	Ditgali	16.3.17	P# 2017
4.6.17	HH B ⁿ	Transf. Com. Con. Hoop. Bearwood	Woltingham	31.5.17	CLB 333 Myalgia
10.6.17	---	Transf. Com. Red x Spec Hoop	Buxton	16.6.17	CLB 346 "
24.8.17	---	Discharged	PW	18.8.17	C.L.B. 400
8.9.17	M.R.D	On com. C.T.S. Bexhill	PW Ditgali	7.9.17	CTS P# 50148 P# 20183 47-9-17
20.11.18	---	Ceases on command CTS Bexhill	PW Seaford	18.11.18	CTS P# 2710/18-11-18 324
20.2.18	CTS.	Granted permission to marry Bexhill		20-2-18	P# 0.43.
12-12-18	M.R.D	on com. to 1 st C.W.D. Buxton.	PW Seaford	10-12-18	P# 0.346
14-1-19	---	ceases on com. ---			
		So S. to C.E. 7. Canada	Pk	15-12-18	P# 14.
		(NSE) M.D. 2.			

CERTIFIED CORRECT.

30 AUG. 1916

GAN. RECORDS, LONDON.

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. 24582 Rank Pte. Name Campbell Duncan

Enlisted (a) 25-11-15 Terms of Service (a) D. of W. Service reckons from (a) 25-11-15

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) Bricklayer

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

		Embarked Halifax N. M.	T. 2810	24 ⁷ / ₁₆	
		Disembarked Liverpool		31 ⁷ / ₁₆	
		Transferred to 24th Bn		8-8-16	Fi. D.O. 222 4/9-8-16
		Proceeded for service Overseas		10-8-16	Adjutant 109th Overseas Battalion, C. E. F.
10-8-16	44th. Bn.	Disembarked France	Havre	12-8-16	Nominal Roll
25-11-16	"	Evac. sick	Field	20-11-16	B. 213. 4025. 74
30-11-16	24 Gen.	Fritis sgt. adm.	24 Gen.	30-11-16	W. 3034/138
18-11-16.	12 C.F.A.	Gastritis	12 C.F.A.	15-11-16.	} a. 36. 10. c. s. 46.
"	"	"	11 C.F.A.	16-11-16.	
25-11-16	12 C.F.A.	Influenza	12 C.F.A.	21-11-16	a. 36. " 44
2-12-16.	1/2 High a F.A.	Fritis	1/2 H. F.A.	27-11-16	} a. 36. " 81
		"	20 M.A.C.	29-11-16	

(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.

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				
2-12-16	49 c.c.s.	Tritis adm.	49 c.c.s.	29-11-16	} a.36. w.c.s. 85
"	"	To	14 Train	"	
"	12 C.F.A.	Influenza	1/2 H.F.A.	27-11-16	a.36 " 87.
26/12/16	24 Gen.	Tritis	C. B. 10.	26/12/16	W.3034/177
30/12/16	C.B. 10.	Taken on Str "a"	Haure	30/12/16	W.R.
6/1/17	"	Left for Unit	Field	6/1/17	W.R.
13.1.17	oc. 44.	Rejoined from Base	"	10.1.17.	B.213. 4.C.S. 105
27.1.17.	"	Evacuated Sick	"	24.1.17.	" " 111.
3.2.17.	"	Above reports cancelled.	"	"	" " 114.
16-2-17	7 Gen.	Mumps? Adm:	7 Gen.	16-2-17	W.3034/227
17-2-17	OC. 44th.	Evacuated sick	Field	10-2-17	B.213. D.C.S. 120
17-2-17	12 CFA	Mumps Adm:	12 CFA.	11-2-17	
		To:	11 CFA	15-2-17	A.36 " 123
17-2-17	11 CFA:	" To:	7 Genl.	16-2-17	A.36 " 124
16.3.17.	4 Gen.	Ac. Rheumatism	20 Gen.	16.3.17	W.3034/2444
16.3.17	Pr. Elizabeth	Invalided sick and posted to Manitoba Regtl Depot Sharncliffe.		16.3.17	3083/112 P.O. No. 47 of 28.3. M. C. Lockhart

Lieut.
for Major Daa
37/54 Cause
G.H. 2.

Casualty Form—Active Service.

Rank *Pte* Surname *Campbell* Christian Name *Duncan*
 Religion Age on Enlistment years months
 Enlisted (a) *25.11.15* Terms of Service (a) *D.O.W.* Service reckons from (a) *25.11.15*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) *Bricklayer*
 or Corps Trade and Rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>26.3.17</i>	<i>Man Depot</i>	<i>Taken on Strength</i>	<i>Detroate</i>	<i>16.3.17</i>	<i>Pte D.C. 17. 88 20/8/17</i>
					<i>LIEUT:</i>
					<i>FOR LT: COL: I/C RECORDS. C.O.M.F.</i>
<i>31-8-17</i>		<i>Licks furl 18-8-17 to 30-8-17</i>			<i>1411 Ord 164. 11</i>
		<i>Detached Depot Coy. M.R.D. Ailgate</i>		<i>30.8.17</i>	<i>1411 Ord 175. 8 C</i>
<i>8.9.19</i>	"	<i>Command to C.T.S. Berchill</i>		<i>7.9.19</i>	<i>Pte D.O. 185.</i>
					<i>Lieut. & Adjutant</i>
					<i>Manitoba Regimental Depot.</i>
<i>7.9.19</i>	<i>C/o C.T.S.</i>	<i>Attached C.T.S. from Berchill</i>		<i>7.9.19</i>	<i>P/O 148/10 43</i>
		<i>M.P.D.</i>			
<i>20.2.18</i>	<i>C/o C.T.S.</i>	<i>Granted permission to marry</i>	<i>Berchill</i>	<i>20.2.18</i>	<i>P/O 148/10 43</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
18.11.18	90 C.T.S.	Cases to be attached C.T.S. on return to M.R.D.	Bevill	15.11.18	D/O 271. M.A. Forrester, Adj. Adjt. Canadian Training School
20.11.18	M. R.D.	Leave Com C.T.S. Bevill	Leaford	18/11/18	Part II 324
3/12/18	—	Det Depot Coy On Com Post of [unclear] Leaford L.D.D. Buxton	Leaford	10/12/18	337 B. W. W. Lieut. Manitoba Regimental Depot.
11.12.18		Attached C.D.D. Buxton for return to Canada Cases to be attached C.D.D. Buxton on embarkation for Canada.			Part II Order No. 292.
MARKED S, S, NORTHLAND LIVERPOOL DEC 15 1918					J.B.M. [unclear] for Lt. Col. Commanding Canadian Discharge Depot.
DEC 15 1918	O.S.	T.O.S. No. 2 DISTRICT DEPOT, TORONTO		1918	SHIP'S ADJUTANT. PART II D.O. 258
1.2.19	S.O.S. (Discharged)	No. 2 District Depot Part II, D.O. No. 29			Lieut. For O. C. No. 2 District Depot

A. Sargent

Corps M.R.D. attached Canadian Training School

PARTICULARS of Marriages, Births and Baptisms, to be forwarded to the Officer i/c Records:—

(1) For insertion in the soldier's attestation and (2) for insertion in Army Book 358. †

No.* 724582 Pte Duncan Campbell
 * Here insert Regimental Number, Rank, and Names at full length.

MARRIAGE.

Nationality † of the Soldier Scotch Canadian/Bachelor
 (specifying whether Bachelor or Widower)

Christian Name, Surname and Nationality † of the } Dorothy amelia Trimmer English
 Woman } Spinster
 (specifying whether Spinster or Widow)

Place of marriage, specifying Parish, County, &c. ... Hastings Sussex Registrar

Date of marriage March 9th 1918 R

Names of two witnesses present at the ceremony { Hugh Wood
 { H. G. Jamieson

Signature of the Officiating Minister or Registrar, } S. Bumstead, Superintendent Registrar.
 by whom the marriage was solemnized ... }

BIRTHS AND BAPTISMS.

Christian Names	Date and Place of Birth	Date and Place of Baptism and Name of Officiating Minister	

Station Bevill-on-Sea *Certified true Extracts.*
 Date March 18th 1918 J. B. Patchell Adjutant.

† English, Scotch, Irish, &c., &c., as the case may be.
 ‡ In Army Book 358 the following entries only are required:— Canadian Training School
 Full name of woman to whom married, giving nationality, place and date of marriage, and name and date of birth of each child (if any).

The birth of each child should be reported to the Officer i/c Records on this form by Officers Commanding Units without delay, as soon as it occurs. The particulars in regard to baptisms should be forwarded to Officers i/c Records for entry in 4th page of attestation on another copy as soon as they are received from Officer Commanding Units.

Corps M. R. D. Attached Canadian Training School

PARTICULARS of Marriages, Births and Baptisms, to be forwarded to the Officer i/c Records:—

(1) For insertion in the soldier's attestation and (2) for insertion in Army Book 358. †

No.* 724582 Pte Duncan Campbell

* Here insert Regimental Number, Rank, and Names at full length.

MARRIAGE.

Nationality † of the Soldier Scotch Canadian Bachelor
 (specifying whether Bachelor or Widower)

Christian Name, Surname and Nationality † of the } Society Amelia Trimmer. English.
 Woman } Spinster.
 (specifying whether Spinster or Widow)

Place of marriage, specifying Parish, County, &c. ... Hastings Sussex Registrar

Date of marriage March 9th 1918

Names of two witnesses present at the ceremony { Hugh Wood
 { H. Jamieson

Signature of the Officiating Minister or Registrar, } S. B. Umstead, Superintendent Registrar.
 by whom the marriage was solemnized ... }

BIRTHS AND BAPTISMS.

Christian Names	Date and Place of Birth	Date and Place of Baptism and Name of Officiating Minister		
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.2; font-size: 4em;">/</div>				

Station Bexhill-on-Sea Certified true Extracts.
 Date March 18th 1918 S. B. Umstead Adjutant.

† English, Scotch, Irish, &c., &c., as the case may be.
 ‡ In Army Book 358 the following entries only are required:—
 Full name of woman to whom married, giving nationality, place and date of marriage, and name and date of birth of each child (if any).

The birth of each child should be reported to the Officer i/c Records on this form by Officers Commanding Units without delay, as soon as it occurs. The particulars in regard to baptisms should be forwarded to Officers i/c Records for entry in 4th page of attestation on another copy as soon as they are received from Officer Commanding Units.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Buxton, Derbyshire. 16th. August 1917.

No. 724502 Rank Pte. Name CAMPBELL Duncan.

Local Unit Overseas Unit 44th. Battalion. Age 27

Examination held at Canadian Red X Special Hospital, Buxton, Derbyshire.

DISABILITY.

Overseas-Local
(XXXXX)
(SCRATCH ONE OUT)

MYALGIA, LEGS, & HIPS.

PRESENT CONDITION.

Reported sick Jan. 15th. 1917. with pains in legs, Has been under treatment ever since. to Buxton 14th June. 1917. On admission complained of pain in both ankles, shins, knees and hips. Left foot he keeps tilted, walks on outer side. Heart & Lungs O.K.

TREATMENT:- Warm Mineral Baths, Peat Packs and Massage.

PRESENT CONDITION:- Feels pretty well. Still has a little trouble in left foot. Discharged from hospital Category C11.

BOARD RECOMMENDS:-

C11.

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

Members (Mr. Brasley Major, C.A.M.C. President.
 (Mr. Smith Major, C.A.M.C.,
 (Mr. Alford Captain, C.A.M.C.,

APPROVED

Dated 1917. Mr. Brasley Major, C.A.M.C., For A.D.M.S.

Canadians, London Area.



IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *724582*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *D. Campbell*
 Battalion *109th Battrn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Minnie Boland*
 Address *#584 College St*
 Change of Address *Toronto Ont*
 1 *Mrs Dorothy Campbell*
 2 *23 Church St*
 3 *Leechurst - England*
 4

ENGLISH

1917 Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 1918</i>	<i>C 62592</i>		<i>30</i>	<i>30</i>
<i>Jan</i>	<i>N 71348</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>D 90057</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>A 108217</i>		<i>15</i>	<i>15</i>
<i>Apr</i>	<i>B 5301</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>J 17088</i>		<i>15</i>	<i>15</i>

02713-293

REMARKS

2 m 24-10-17

A/c Closed
 Ret'd per *Northland*
 Date *26/2/18* M.F.W. 187 *30/2/18* M.F.W. 2
 Closed *J. Goldsmith*

CANADIAN
 ASSIGNED PAY AUDITED
W. Black
 AUDIT CLERK
 DATE *27.5.19*

M. F. W. 128.
 40M. 6-7-1-72-38-1144
 L. L. 2220-M. & D. 1903

effective 1/6/18
MR 0-28 22-5-18

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

No. 56

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724582 Rank Plt Name D Campbell
 Corps #2 District Depot who was* discharged
 On February 1st 1919, to 256 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1918
 to February 1st 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	40	-	Balance Cr. from prev. month	13	60
Advances by Cheques } No. _____	70	98	Reg'tl Pay <u>63</u> days at \$ <u>1</u> c	63	-
Assigned Pay and Sep'n Allee. No. <u>15518</u>	25	-	Field Allow. <u>63</u> days at \$ <u>c 10</u>	6	30
Other charges _____	5	82	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>19127</u>			Other Allowances* <u>clothing</u>	35	-
Balance Cr. (to be paid by the new unit)			Other Credits* _____		
			Eal. Dr. (to be deducted by new unit)	18	90
Total	136	80	Total	136	80

*Give particulars.

A monthly stoppage of \$ 20.02 (†) has _____ (‡) been paid on account of Assigned
 { Pay for the month of February 1919. } (to) Assignee Mrs D Campbell
 { and Sep'n Allee. for month of _____ 1919. }
 (Address) 23 Church Street
Leekhampton
Surrey Eng

(†) Insert amount to be assigned whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

A Panel S. A paid by C.P.M. England
 State (1) date of enlistment _____
 (2) if married and if a Separation Allowance Card has been submitted Yes
 (3) cause of discharge M. U. authority DD 29
 (4) authority for transfer _____

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

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date January 30/19
 Place Lands End

W. A. Campbell CAPT.
 PAYMASTER, No. 2 DISTRICT DEPOT

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

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

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

M. F. W. 44.

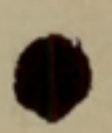
10

EXPERIMENTAL INVESTIGATION OF THE EFFECTS OF

ON THE

OF THE

BY



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....2

3. 465.
200M-6-18.
1772-39-950.

NAME OF SOLDIER.....

Campbell, Duncan

REGIMENT.....

RANK.....*Pte*

No. *22451*



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	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination																						
<p>DISCHARGE EXAM.</p> <p>CASUALTY CC. # <i>2 D.D.</i> Certificate issued for</p> <p>Date <i>4/11/20</i></p> <p style="font-size: 2em; margin-left: 200px;"><i>Lt.</i></p> <p style="font-size: 1.5em; margin-left: 400px;"><i>Wanning</i></p>																						



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 26733 Year	Regimental No.	Rank.	Surname.	Christian Name.
	44	Plt	Campbell	Duncan
	Unit.	Age.	Service.	
	44 Canadians	26	9/12	

Station and Date.	Disease
18 MAR 1917	Acute Rheumatism (convalescent)
	From No. 7. General. St. Omer.
	and there had "lumps" in the first place.
	Attack followed by Pyoemial attacks with
	pain & swelling about joints
	(Heart not involved). (From No 7. Gen. St. Omer)
	Conv. on arrival 30 Feb. A. Waters Regt.
22	Much better - less pain
30	WINGFIELD HOSPITAL
Apr. 10	Foot on well
20	on crutches
20	Right foot quite well - still a lot of pain
	left foot. Gets up on crutches
May 10	walks better
20	still lumps - probably some local neuritis
26	For Canadian Hospital
30	at Wokingham. A. Waters Regt.

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>658361</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>724582</i>	<i>Pt</i>	<i>Campbell</i>	<i>D.</i>
	Unit.	Age.	Service.	
	<i>44th</i>	<i>27</i>	<i>20</i> <i>12</i>	
Station and Date.	Disease			
<i>207 c.</i>	<i>Myalgia.</i>			
	<i>Vinny Ridge</i>	<i>Jan 30th 1917</i>		
	<i>1st Gen. St. Clair</i>	<i>February 1st 1917</i>		
	<i>3rd Southern Gen. Buford</i>	<i>" 21st "</i>		
	<i>Bear Wood</i>	<i>May 30th</i>		
<i>7 JUN 1917</i>	<i>G.C. Fair: Legs Painful.</i>	<i>R.P.T.</i>		
	<i>40 Fair - Legs Painful</i>	<i>Rest</i>		
<i>14 JUN 1917</i>	<i>transferred to B. Wood.</i>			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book 1a-11061 Year 1917	<table border="0"> <tr> <td>Regimental No. 724582</td> <td>Rank. Pte.</td> <td>Surname. Campbell</td> <td>Christian Name. Duncan</td> </tr> <tr> <td colspan="2">Unit. 44th. Bn.</td> <td>Age. 27</td> <td>Service. 20/12</td> </tr> </table>	Regimental No. 724582	Rank. Pte.	Surname. Campbell	Christian Name. Duncan	Unit. 44th. Bn.		Age. 27	Service. 20/12
Regimental No. 724582	Rank. Pte.	Surname. Campbell	Christian Name. Duncan						
Unit. 44th. Bn.		Age. 27	Service. 20/12						
Station and Date.	Disease <u>Myalgia.</u> Had history of rheumatic attack 8 or 9 yrs. ago Toronto. Was in bed 4 mos with it. Started to get pain in legs in Jan. 75/17. Left front end of Jan. Has been under treatment ever since. Was in France 7 mos.								
Present Condition.	Heart & lungs O.K. Pains in both ankles, shins, knees, hips. Left foot he keeps tilted, walks on outer side.								
Treatment.	W.M.B. alt. days. P.P. massage to ankles shins & knees, both legs. Mist. steam.								
18/6/17.	Pains very bad at night. Aspirin.								
23/6/17	Weight 139 lbs								
24/6/17.	Complains of considerable pain in feet. Not improved yet. P.P. massage alt. days. Catechuress. sod. sal. alt. days.								
3/7/17	Improving.								
4/7/17	Weight 131 1/2 lbs								
10.7.17.	Condition about the same.								
17/7/17	Slight improvement since admission.								
22.7.17.	Weight 131 1/2 lbs.								
24/7/17	Improved considerably for a few days but not so well again.								
26/7	weight 131 1/2 lbs. Aug. 10 th 1917 - 128 lbs.								
30/7/17	Improving, complain of insomnia - Triple Brom.								
6/8/17	Improving.								
13/8/17	Feeling pretty well. Still has a little trouble in left foot								

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

Station
and Date.

Aug 14/17.

18 AUG 1917

Boarded, discharged Cⁱⁱ likely to be
rained soon. Recommended cooked torts,
J. Chief, Capt.

MEDICAL CASE SHEET.*

P

No. in Admission and Discharge Book.
OS 8361
Year

Regimental No.
724582

Rank.
Pte

Surname.
Campbell

Christian Name.
D

Unit.
44th

Age.
27

Service.
20/12

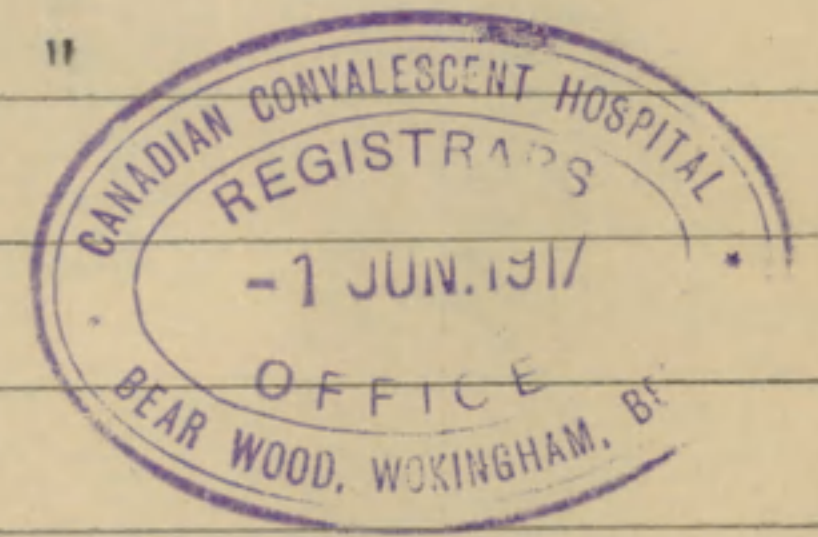
Station and Date.
207 C

Disease
Myalgia.

Vimy
7 Gen St Omer
3 S G Oxford
Bear Wood

Jan 30 1917.
Feb 1 "
" 4 "
May 30 "

G C Fair. Legs painful. Lp.T.



7 June 1917. G.C. Fair. Legs painful. LPT.

14 June 1917 Transferred to Buxton.

J. Hewes Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

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

Station
and Date.

7285-82

MEDICAL HISTORY SHEET ORIGINAL

ORIGINAL

C.S. 33

Surname Campbell Christian Name Duncan

Examined on 26th day of November 1915
at Ruidsay
Birthplace { City or Town Georgetown
County Ontario

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
Rank 109th Overseas Battalion, C. E. F. M.O.

Apparent age 26 years
Trade or occupation Bricklayer
Height 5 Feet 5 1/2 Inches.
Weight 126 Lbs.
Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 36 1/2 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>24 MAR 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One
Number One
When Vaccinated last Feb. 2nd 1916.
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>2.2.16.</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>31/8/17</u>	<u>TAG</u>	<u>J. McCulloch</u> M.O.

Enlisted on 25th day of November 1915 at Ruidsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724582</u>		<u>25-11-15.</u>
Transferred to.. ..	<u>44th Bn.</u>			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Canadian Red Cross Special Hospital, BUXTON, DERBY.</u>	<u>15th Aug. 1917.</u>	<u>Myalgia.</u>	<u>Category C II</u> <u>W. P. Bradley Major, C.A.M.C.</u>
<u>Sydney</u>	<u>20-11-18</u>	<u>deltis</u>	<u>B II</u> <u>W. P. Bradley</u>

F 3 JAN 1918

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.
Exhaustion Camp
M. F. B. 313. Toronto 24/1/19 V.D.S Hair test } D III James R. ...
50M-8-14.
H. Q. 1772-80-439.

Surname: Campbell Christian Name: Duncan

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Cowley Section 3rd S.G.H. Oxford Bearwood.	Wingfield Station	18	3	14	30	5	14	Acute Rheumatism Myalgia.	73	G. C. Fair. Legs painful & slightly stiff. Transferred to Buxton.	A. Waters Regt. J. Hewes Capt.
Canadian Red Cross Special Hospital BUXTON, DERBY.		14	6	17	18	8	17	Myalgia	65	On admission had pain in both ankles, shins, knees & hips Left foot he keeps tilted. Walks on outer side. Heart & Lungs O.K. Treatment: - Warm mineral baths. Peat packs & Massage. Present condition: - Feels pretty well. Still has a little trouble in left foot. Discharged from hospital, Category <u>bii</u>	J. Chilford. Capt. C.O. M.C.
CANADIAN HOSPITAL, ETCHINGHILL, LYNDSEY.		10	9	18	25	9	18	Syphilis	16	History of pin. sore March 1917. Sores on body of penis. glands swollen. Mucous patches tonsils, pillars & at oral angle. Dlg. T.P. Pos. Wass ^{man} Post + (11.9.18). 7-C. 606 1 Hg. prescribed, three injections of each given. Discharged as Outpatient no open lesion.	W. B. Honey. Capt. P. J. ...

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Campbell
REGIMENT R R 8 RANK Pfc No. 724582

Date of Examination in England 11-12-18 Date of Examination in France _____



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.

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

nil

nil

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
 - (b) In England
 - (c) In France
- } no*

Signature of Dental Officer [Signature] *Capt*

CAUTION: DENTAL COPY FILM
OPTICAL FOR DENSITIZATION

R R V
Campbell
11/11/52

RESEARCH
DEPARTMENT

GENERAL
INVESTIGATION

0220

10-11-52
10-12-52
10-13-52
10-14-52

(C) In Canada

3070

[Handwritten signature]

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Sheet No. 2. Mrs. Dorothy Campbell
 (Assignee)
 OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier Campbell P.
724582 Pte.

L. L. Job 19227-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		C 62592	30.	}
Jan.	1918	N 91348	15.	
Feb.		D 90057	15.	
March		A 108217	15.	
April		A 5301	15.	
May		J 14088	15.	
June				
July				

Checked O.K.
[Signature]

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.				

Training Sch. Bexhill

Canadian Pay Office.
 Received by Pay II.
JUL 9 1918
 and Passed for Action to

Sub-Div.	Date
A.	Accts.
B.	Bank
C.	Disch.
D.	Invent
E.	Ops.
F.	P. Bks.
G.	P. H. S.S.
H.	Sep/C
I.	
J.	

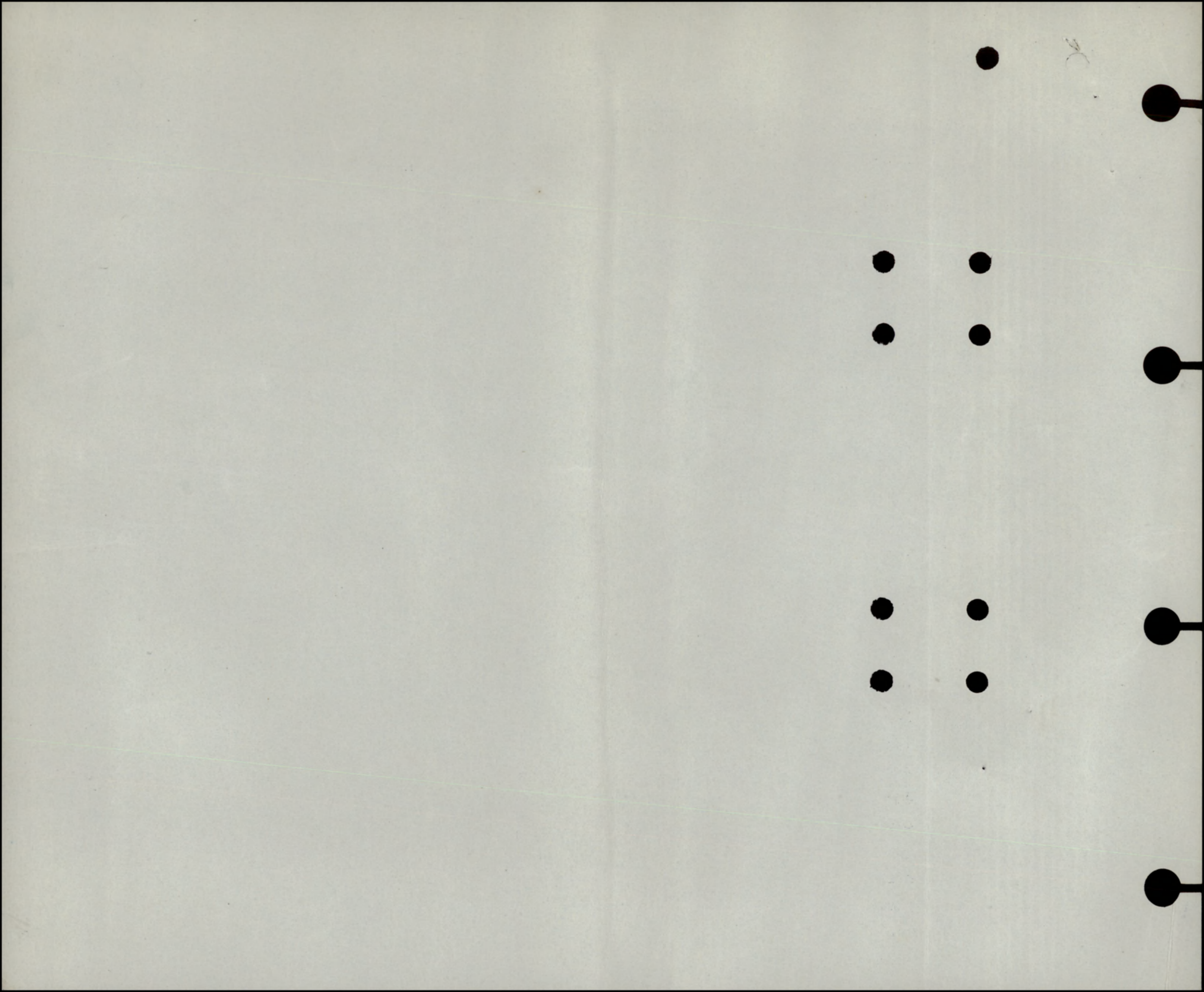
✓ 9-7-18

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Dorothy Campbell* By Whom Assigned *Campbell P.*
 Address *23 Church St.,* Regtl. No. *724582*
Tilhurst, Eng. Rank *Pte!*
 Rate *\$15⁰⁰ Nov. 1917* Corps *109 Battr.*

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs M Boland*
 Address *584 College St.*
Toronto
Ont.

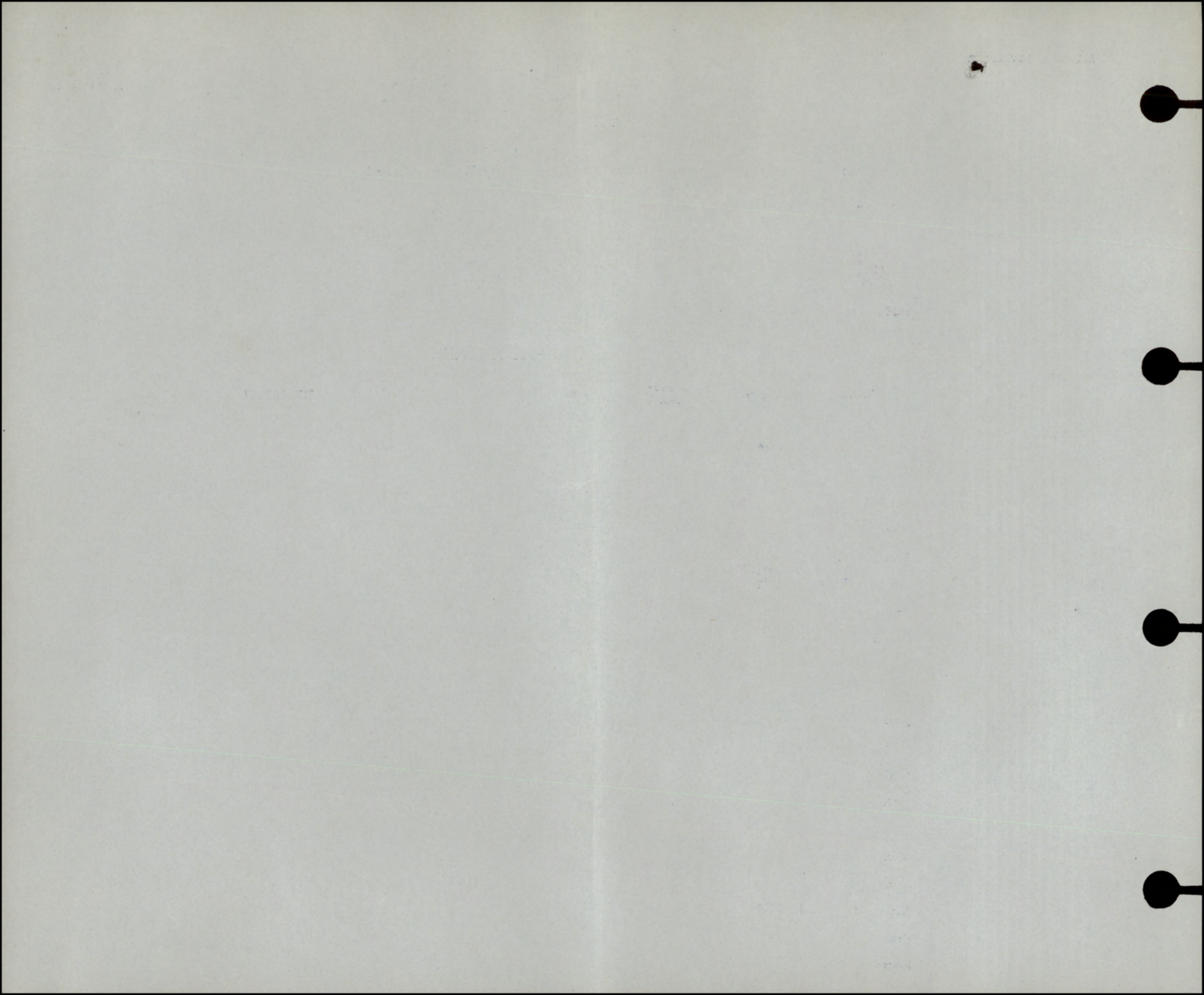
By Whom Assigned *Campbell D*
 Regtl. No. *724582.*
 Rank *pte.*
 Corps *Brit Hosps.*

Rate *\$ 73.00*

SPECIAL REMITTANCE

Sched 443.16.10.17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.	1914			
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>44187</i>	<i>73.00</i>	
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY.

To whom *Mr D Campbell*
Address *23 Church St*
Ticehurst Sussex

By whom assigned *CAMPBELL D*
Regtl. No. *724582*
Rank *Pte*
Corps, &c. *BRF*

ASSIGNED PAY SEPARATION ALLOWANCE

Rate *20⁰⁰ 30⁰⁰*
Date to commence *1-12-18*

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UNTIL ADVICE
FROM OTTAWA OF DISCHARGE OF SOLDIER
NAMED HEREIN

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE	Pay Sheet Deduction.	REMARKS.
Jan	<i>1916</i>					DISCHARGED TO CANADA. <i>BRF 18.11</i>
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.			<i>E.46069</i>	<i>20</i>		
Jan	<i>1917</i>	<i>E.85078</i>	<i>20</i>		<i>30</i>	
Feb.		<i>E.51185</i>	<i>20</i>		<i>30</i>	
Mar.						
April						
May						
June						
July						
Aug.						

Discharged 28.2.19
Ottawa T 1981 14.2.19

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

RECEIVED PAY FOR SEPARATION ALLOWANCE

1

2

3

APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC

Corps *M.R.D. attached Canadian Training School.*

PARTICULARS of Marriages, Births and Baptisms, to be forwarded to the Officer i/c Records:—

(1) For insertion in the soldier's attestation and (2) for insertion in Army Book 358. †

No.* *724582 Pte Duncan Campbell*
 * Here insert Regimental Number, Rank, and Names at full length.

MARRIAGE.

Nationality † of the Soldier *Scotch Canadian Bachelor*
 (specifying whether Bachelor or Widower)

Christian Name, Surname and Nationality † of the } *Dorothy Amelia Trimmer, English*
 Woman } *Spinster*
 (specifying whether Spinster or Widow)

Place of marriage, specifying Parish, County, &c. ... *Hastings Sussex Registrar*

Date of marriage *March 9th 1918*

Names of two witnesses present at the ceremony { *Hugh Wood*
H. G. Jamieson.

Signature of the Officiating Minister or Registrar, } *S. Rumstead, Superintendent Registrar.*
 by whom the marriage was solemnized ... }

BIRTHS AND BAPTISMS.

Christian Names	Date and Place of Birth		Date and Place of Baptism and Name of		
			Officiating Minister		

Station *Liphine-on-Sea* *Certified true Extracts.*
 Date *March 15th* 19 *18* *R. B. Fatchee* Adjutant.
Capt. Asst. Adj.

† English, Scotch, Irish, &c., &c., as the case may be.
 ‡ In Army Book 358 the following entries only are required:—
 Full name of woman to whom married, giving nationality, place and date of marriage, and name and date of birth of each child (if any).
 The birth of each child should be reported to the Officer i/c Records on this form by Officers Commanding Units without delay, as soon as it occurs. The particulars in regard to baptisms should be forwarded to Officers i/c Records for entry in 4th page of attestation on another copy as soon as they are received from Officer Commanding Units.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
724582	CAMPBELL, D.	Pte.	MRD

Date of Examination

November 22/18

Present Dental Condition

Good

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?

No

Has he ever declined Dental Treatment?

No

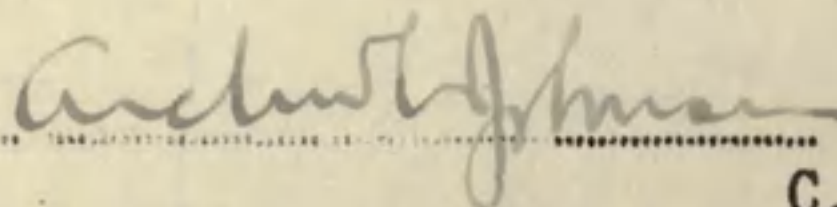
Recommendation

Nil

Date..... November 22/18

Station..... Seaford, Sussex.

Signature of Examining Officer



.....Capt.
C.A.D.C.

* Name should be entered in block letters.

CERTIFICATE

This certificate is to be used for the purpose of identifying the individual named herein for disposal.

UNIT	RANK	NAME	REMARKS
100	Pvt.	J. W. ...	Discharged

Date November 1918

Station General, ...

Signature

Capt. C.A.D.C.

Name should be entered in block letters.

Form R. 2, 124

For attaching to original and Triplicate M.P.

No. 924582 Rank Plt Name & Initials Campbell W. Unit's MRA

Next of kin changed ~~from~~:-

Two Dorothy Amelia Campbell (wife)
23. Church Street
Ticehurst Sussex

Re:-

Authority, RL 29/ ^e d/ 19/3/18 Clerks initials WT

NO 14 CONValesCENT DEPOT TROUVILLE
5-2-18 448148 Lavoie, J.

(22)

V.D.S.

NOTE

With reference to entry appearing on Casualty List A.127. regarding 684389
Pte, Gosselin, L. (22nd ARN) (Not Stated "Q") Diagnosis now ascertained to be
GSW Rt Leg Comp. Frac. Tibia & Fibula.

-----E N D-----

J.W.

[Faint handwritten notes and signatures, including "Gosselin" and "Lavoie"]

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

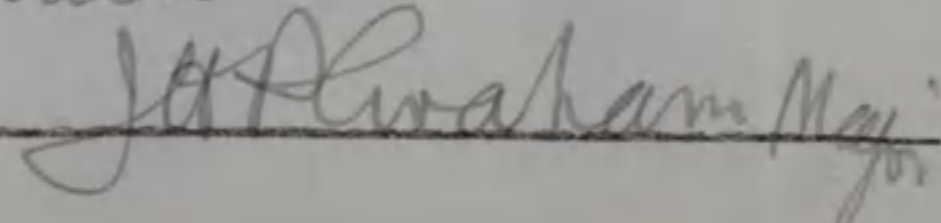
(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of No 7. Gen^l Hoopl. Hospital at Sicomor Date _____

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birth-day.	Ser-vice.	Service in the com-mand.	Admitted into Hospital.	Trans-ferred.			
✓	44 Canadians.	✓	7245 2908 2	CAMPBELL	✓	✓	✓	20 17.	✓		Acute Rheumatism.	England.

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

Patient admitted with Mumps, an ordinary attack quickly subsiding, but followed by irregular pyrexial attacks, pains in limbs and about joints, heart not involved sputum examined for T.B. with negative results.


 _____ Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK. L. 100: Printed for H.M. Stationery Office by John Rissen, Ltd.

Give to Pop Shaw.

~~Give to Pop Shaw.~~

L. CAMPBELL, Duncan Rank Pte. Regtl. No. 724582

Original unit Present unit 109th Bn Married Age 29 Religion Pres. H.Q. Fyle Depot

Port, ship and date of arrival Northland, Halifax. 26-12-18.

Next of kin ~~Sister, Mrs. Boland, 167 Montrose Ave, Toronto.~~

Address on leave Wife, Mrs. Dorothy Campbell, 23 Church St., Ticehurst, Sussex, Eng. same

Address on discharge 167 Montrose Ave, Toronto.

Transportation issued Yes No Date 1-1-19 Character on discharge

Previous occupation Bricklayer. Date and place of enlistment Lindsay Nov. 25th 1915.

Diagnosis 1. Syphilis, 2. Flat Feet Date of Medical Boards 27-1-19

Date	Remarks	Pt. 2 Order No.
15-12-18	Posted to Cas. Co. (Ex. Camp) 26-12-18.	
	Leave & Subs. from 26-12-18 to 11-1-19.	258
1-2-19	SOS DISCHARGED "MED. UNFIT" 91 days PDR&CA. (To take OUT-pat. treat't with I.S.C.)	29

Name will be given in full ; surname first.

Date.

Remarks

Pt. 2  No

M. F. W. 192

150m.—5-18

1772-39-1243

Surname: *Campbell* Christian Name or Names: *D.* Reg. No.: *724582.*
 Rank: *plc.* Unit: *44th Batt.* Co.: *Man. Depot* Troop: Batty:
 Hospital: Date of Admission:

Transferred #*24*, *G.H. Etapes* Hosp. *30.11.16*
3rd Southⁿ: Gen. Oxford. Hosp. *18.3.17*
Bearwood, Wokingham Hosp. *31.5.17*
Can. + Special Bunter Hosp. *16.6.17*

Diagnosis: *Sitis. (plc.)*
 (1)
 Later Diagnosis (if changed): *Rheumatism*
 (2)
 (3) *Myalgia legs and Hip of abd.*
 Additional Diagnosis: if more than one state present
V. D. S. by.

DISPOSITION: *Base Home* Date: *26-12-16*
Discharged *18-8-17*

Ch. 9. 12. 16 A 107
c. 3-1-17
10. 2. 17 A 140 Base Dept. Pick. 24. 1. 17
16-2-17 A 140 Erratum Please delete item
24. 3. 17 B 282. G. S. A 140
4. 6. 17 B 333. Wise. 26. 9. 18.
19. 17 B 346
24. 8. 17 B 400
13-9-18 B 317
2. 10. 18 B 333.

A.M.D. 2 Dept.
 Bch. of D G M O M F C. London

10/2/17

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *San. H. Etchinghill*

11-9-18

2.

3.

4.

5.

6.

7.

Copy.

Divisional Laboratory M.D.# _____

No 724582 Rank pte Name Campbell. D

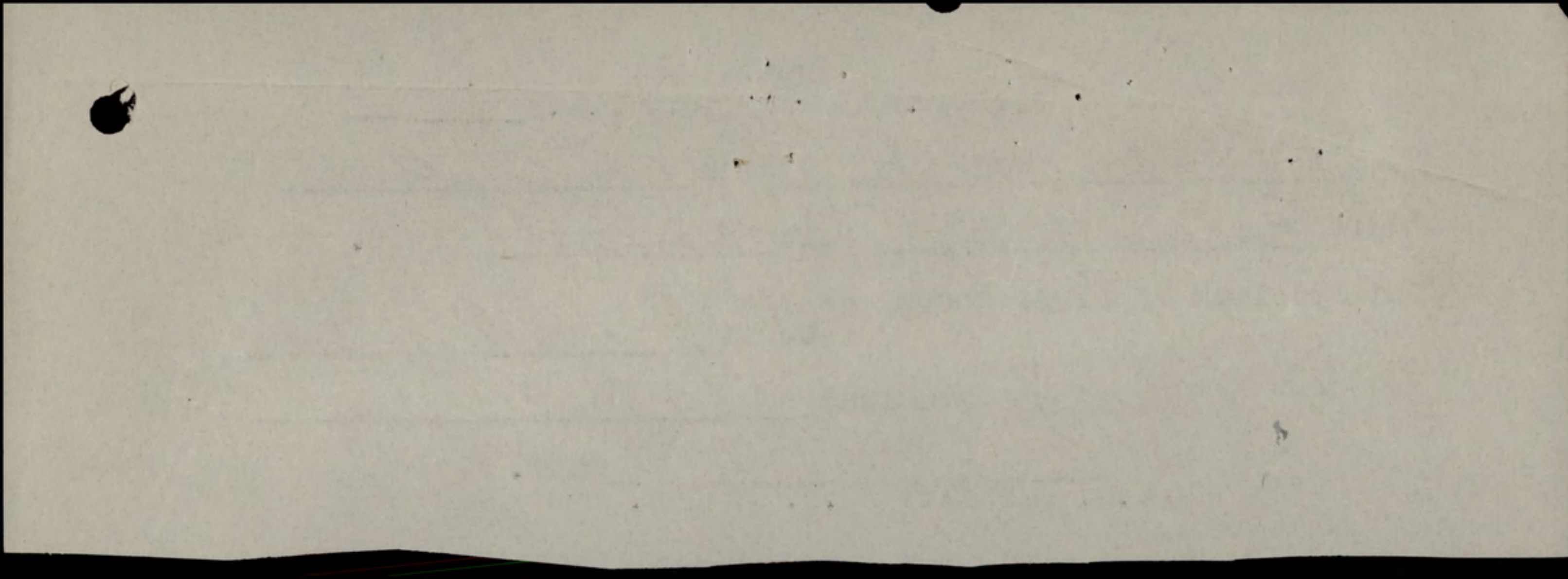
Unit Casualty Co B Date Jan 23 1919.

The specimen of blood shows Wasserman

to be Weak Positive

Examined W R Hodge

James Moore Capt.
M.O. Casualty Co. B. #2 D?D.



62124 BPC

PLAQUE "MISSING"

H.Q. 649-C-28950

CAMPBELL, Duncan # 724582 Pte.

✓
44 Bn

Medals despatched

P & S

widow

Mrs. Dorothy Campbell,
19 Bala Ave.,
Mount Dennis, Ont.

991874

Memorial X

"

"

Plaque missing

Death attributable to
Military Service.

ms

DESP. JUN 7 1929
REQN. NO. X 56749

OCT 9 1929

Scroll Desp. ~~Reqn. No. 3734~~

Plaque Desp. ~~10/1/30~~ Reqn. No. ~~4694~~

No. 724582. RANK

Pte

NAME *Campbell. D.*

T. O. S.

*25-11-15-
D.O. 6. 25-11-15-*

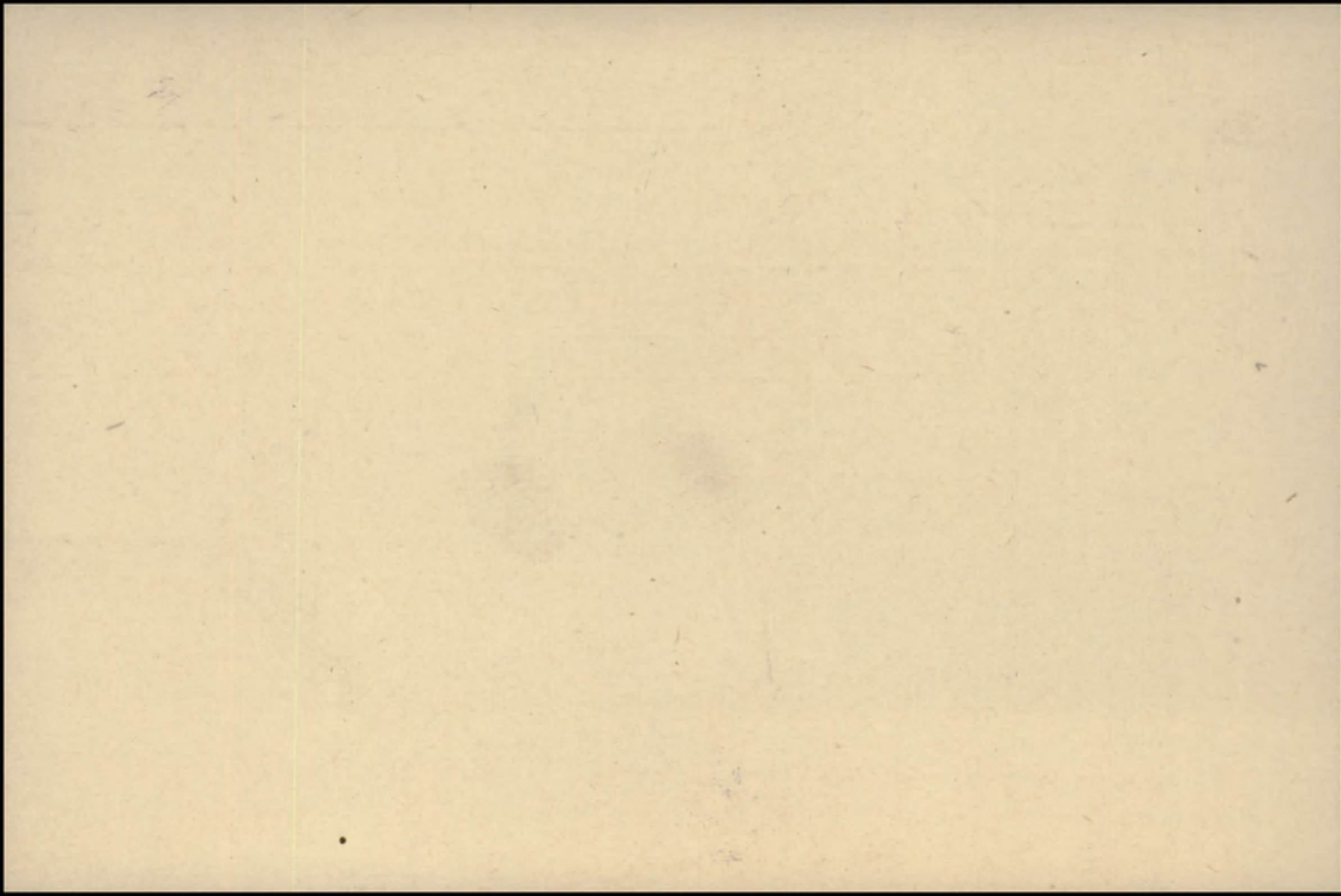
UNIT

109th. Battalion.

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov 25</i>	<i>1915 Nov 30</i>	<i>✓</i>		
<i>1916 Jan</i>	<i>1916 Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



Registrar, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks.

HOSPITAL.

A. & D. No. *as 9361* Ward *207 b.*

Unit *44th Bact.* Sick or Wounded.

Regtl. No. *724582* Pl. of Act'n

Rank *Pte* Name *Campbell R.*

Age *27* Religion *P.*

Service Compl'd *20/12* Time with Field Force *11/12*

Diagnosis *Myalgia*

Admitted *30 MAY 1917* Discharged *24th P. Oxford*

Transferred *14 JUN 1917* *Red + 10% Buxton*

Vimy

Jan 30. 17
Feb 1

74 St. Amu

134. Oseford

4

2. Ligo pampul

2. P. S.

ms

Pte B

Number *724582*

Rank

Surname *CAMPBELL*

Christian Name *Duncan*

Units *44th Bn. Can. Inf.*

Theatre of War

France

Date of Service

10/8/16

Remarks

Latest Address

*167 Montrose Ave
Toronto, Ont.*

Roll No.

Page 21630

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DISP. NOV 27 1922
SUK
3456

Reg. No. *724582* Rank. *Pte* Surname *Campbell* Category. *B2* Dentally Unfit.
 Christian Names (1) *Duncan* (2)..... (3)..... Date *24-5-18*

Place of Enlistment: *Lindsay* Date of Taken on from Religion Inoculations Company
13 12/16 *M.R.D.* *Pres* *18 4/16 25 4/16 31 3/17* *H.Q.*
 Province: *Ont* Age on Date Vaccination
26 *7-9-17* *2 2/16*

On Command..... Hospital..... Permanent Cadre Employed as
 Date preceding Date Admitted
 Date taken on *Plm*

Record of Overseas Service: *10-8-16 to 16-3-17 H.H. 4th Bn* Profession or Trade (Civil)
 Reason for Return: *Rheumatism* Transferred or Posted to *M.R.D.* Date *18 11/18*

Married or Single *Single* LEAVE.
 Address of Next of Kin *Mr James* No. of Pass Issued FROM To Free Transportation
Poland 584 College St *N. 27-11-17 1-12-17*
Toronto *8-8-18 12-8-18.*
 Country *Canada*

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
0/0 148	7-9-17	A. 7.			
20.43	20.2.18	M.			
20.125	30.5.18	S. 14			
20.211	10.9.18	H.A.			
221	20.9.18	S. 14			
228	28.9.18	H.A.			
271	18/11/1927				

NAME *Campbell, D*

REGT'L NO *624582*

RANK AND CORPS *1st Lt. 47th Bu.*

H. Q. FILE NO. 649-

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

9153.

No. 7 Gen. St. Omer.

16-2-17

Mumps

NAME

Campbell D. [unclear]

REGT'L NO

724582

RANK AND CORPS

Pte 44th Bn

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L. No. 724582

H. Q. FILE No. 649

NAME Campbell. 10

RANK AND CORPS Pt

Man Right

FOLLOWS

No.

FOLLOWS

NATURE OF CASUALTY

CABLE

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6317

Can. Lyming Kent

10-9-18

V. 10 g

6333

Discharged

26-9-18

" " "

Name CAMPBELL, Duncan. *Rank* Pte. *Reg. No.* 724582.

Unit 44th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
30-11.	No. 24. G.H. Etaples.		Iritis.	A.87		
26-12.	Base Depot. Havre.	(do)		A.107		
24-1-17.	Rpt. from Base Sick.	-	NYD.	A.140.		
16-2	No 7 G.H. St Omer		Mumps	A153		
18-3	3rd Southern G.H. Oxford		Rheumatism.	B282		
31-5	Bearwood Wokingham		Myalgia	B333.		
16-6.	C.R.H. Buxton.	do.	Legs Hip	B.346.		
18-8	Discharged		do	B3400		

LEDGER No. _____

SERIAL No. _____

REG. No. 724,582

NAME Campbell, Duncan

RANK Plt

CORPS _____

Inf

AGE _____

SERVICE _____

HOSPITALS

DATE OF ADMISSION

1

Base Hospital

26 3-19

2

3

DIAGNOSIS W.D.

TRANSFERRED TO _____

DISPOSITION _____

CATEGORY _____

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

H. Q. Reference

No. 724582

Rank PTE

Unit 44TH

Surname CAMPBELL

Christian names DUNCAN

Kindly forward Medals, to which I am entitled by reason of my
service in FRANCE SOMME-VIMY RIDGE
(Theatre of War)

with 44TH BATTALION
(Unit with which served in Theatre of War)

No. 1343

Street WESTON ROAD

Town MOUNT DENNIS

County YORK

DUNCAN CAMPBELL
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

NT
6
PM
1
T

REGISTER
LETTERS
OF
VALUE

O.H.M.S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

SURNAME

Campbell

CHRISTIAN NAMES

Duncan

REGL. NO.

724582

RANK

Pte.

UNIT

109th

FORMER CORPS

nil

NAMES IN FULL

Boland, Mrs.

RELATIONSHIP TO SOLDIER

sister

ADD

*1132 College St.
Toronto, Ont.*

COUNTRY OF BIRTH

Canada Georgetown

PLACE OF ATTESTATION

Lindsay, Ont.

CARD NO.

2
Sold Adm. U. 1-2-19

FOLL.

DO 29 of 29-1-19

0 8 7 1/2

Bn.

NEXT OF KIN.

Also notify

new next of kin

CHANGE OF ADDRESS

*Mrs. Dorothy Amelia
Campbell (wife)
23, Church St
Yicehurst, Surrey*

Auth L. 13-10-16 54-21-38-1. 54-21-38-1 28-5-18

DATE

DATE

Dec. 13th 1915

Sailed from Halifax

*23/7/18
M/6 26-12-18 246*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
or Field Conduct Sheet		" W. 178	
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet.	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

M

Proceedings on Discharge.

10/13/28
2/10/19.

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

L.I.:

No.	724582		
Rank	Pte.		
Surname	CAMPBELL, Duncan		
Christian name	Duncan		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	109th. Bn. (#2 D.D.)		
Date of discharge	Feb. 1st. 1919		
Place of discharge	TORONTO, ONT.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	30	years	months.
Height	5'	feet	5 1/2" inches.
Complexion	Fair		
Eyes	Grey		
Hair	Brown		
Trade	Bricklayer		
Intended place of residence	167 Montrose Ave., Toronto, Ont.,		
<small>(To be given as fully as practicable.)</small>			
Descriptive marks Vaco scars left arm Dead 2513-27-28950 6249-6-28950			
2. The above-named man is discharged in consequence of HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE. Authority for discharge D.O. D.D. #2 Pt.11#29			
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
3. Conduct and character while in the service have been, according to the records, etc. <small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>			
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Bricklayer			

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto, Ont., *W Duncan Campbell* (Signature of Soldier.)

(Date) Feb. 1st. 1919 *H Sargeant Cuff* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.,

(Signature) *Wm Simpson*

(Date) Feb. 1st. 1919

For

O.C. No. 2 Discharge Form

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- CAMPBELL, Duncan.

EFFECTIVE DATE: ~~1-1-17~~ 1-6-18

EFFECTIVE DATE:- 9-3-18

NUMBER:- 724582

AMOUNT: ~~15⁰⁰~~ 20⁰⁰

AMOUNT:- 25⁰⁰

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

~~Mrs Minna Boland (Wife)
584 College St.
Toronto~~

~~same~~

		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th B'n

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

			6 th Ten School
--	--	--	----------------------------

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
		Living Loan	50-				
15-11-18	3512	21-0-0	487				
18-11-18	201	22-0-0	973				

DAILY RATES OF PAY AND ALLOWANCES

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

	1 00	10		
--	------	----	--	--

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Dist. 20-0-0 from deferred pay 14-5-18
20-11-18 L.P.C. 1889 L.S. 83-49

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								158 73		
April	P. Pay	33		42106 Supply Lgt. March/18 b.a.p.				15			18 55
				AR 94 10/4/18 C.T.S	9 73						
				" 22-3 24/4/18	4 87				161 63		
		33			14 60			15			18 35
May	P. Pay	34 10		Off. check A 5900 April/18 A 90 235 b.a.p.							25
				AR 492 7/6/18 C.T.S	9 73						
				" 476 17/6/18	4 87						
				" 604 29/6/18	9 73				68 80		
		34 10			111 93			15			50
June	P. Pay	33		B 23832 AR 805 12/6/18 C.T.S	61						25
				" 779	4 87						
				" 1121 24/6/18	4 87				71 45		
		33			10 35			20			25
July	P. Pay	34 10		C 6833 AR 1355 10/7/18 C.T.S	9 73						25
				1474 29/7/18	4 87				70 95		25
		34 10			14 60			20			
Aug	P. Pay	34 10		H 1767 5/8 2014 29/8 b. 66632 C.T.S	9 73						25
					4 87				70 45		
		34 10			14 60			20			25

Was Loan 1918 50⁰⁰ From accumulated Def. Pay.

P.T.O.

NUMBER **724582** RANK

NAME **CAMPBELL**

D

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	August Balance Forward								7045.72		
Sep	P.P.	33		29432			20				25
				1988 27/9/18 B.T.S.	11.87						
				29/12	11.2						
				Mon 10.4.18 - 25.9.18 Holiday 260		9.60					
				60228 - 25.9.18 C.T.S.	2.43				66.13	OK P850	
		33		711 19.7.18 12.9.18	7.72	4.60	20.00				25.00
Oct	P.P.	34	10	D 57067 29.4.11.			20		80.23		25.
				(17) 3107 15.10.18 B.T.S.	4.87				75.36		
				(29) 3291 29.10.18 "	4.87				70.49		
		34	10		9.74		20			W.T. 5/25	
Nov		33		D 78705.			20		83.49		40
				(1) 3514. 15.11.18 B.T.S.	4.87				78.62		
				(33) War Loan 1918.	50.00				28.62		
				74. 20. 18.11.18. MRD	9.73				18.89		
		33			64.60		20				40

SOS Canada 15/12/18 DO 14 4/1/19 Gen Dept.

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 22/1/19

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it.

Signature of Soldier examined

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

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

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

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

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

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

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

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

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

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 414582 Rank PTE Surname CAMPBELL Christian Name DUNCAN

Unit or Corps—(a) Overseas from United Kingdom 4th Bn (b) in United Kingdom F.O.R.D.

Born at—Town GEORGETOWN County or Province ONTARIO Country CANADA

Date of Birth—Day Month JANUARY Year 1888 Age 30 yrs 10 months

Joined at LINDSAY ONTARIO Date 25 Nov 1915

Former trade or occupation BRICKLAYER

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

NONE

Height—feet 5 inches 6 Colour of eyes BLUE

Signature of Soldier (for identification purposes) Campbell

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Table for Disability: Disabilities Group (a) MYALGIA, Disabilities Group (b), Disabilities Group (c)

2. CAUSE OF DISABILITY

Table for Cause of Disability with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above, Place of origin, Date of origin.

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

(i) As to Group (a) above? NO If yes, has Active Service aggravated it?
(ii) As to Group (b) above? If yes, has Active Service aggravated it?
(iii) As to Group (c) above? If yes, has Active Service aggravated it?

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

(i) As to Group (a) above? YES
(ii) As to Group (b) above?
(iii) As to Group (c) above?

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, and add

9 (a) (2) Objective: The condition is one of moderate flat feet worse in left foot. On raising on toes right arch corrects, but left does not and is painful on attempting this. The feet are not everted.

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.)

Anti Syphilitic (out-patient) under I.S.O. for 2 months. Fitting with boots for flat feet.

- (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.)

Having been found medically unfit for service. For further treatment under I.S.O. as out-patient. Category D-3.

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.

PLACE Exhibition Camp, Toronto.

DATE Jan. 27, 1919.

J. M. Bellamy
 President
James W. Ross
 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.

PLACE.....

DATE.....

APPROVED BY *J. P. Christian* APPROVED BY.....
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE 27/1/19 DATE.....

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Exhibition Camp Toronto DATE Jan. 27, 1919.

1. 1 (a) Unit Inf. D. B. (b) Regimental No. 724502 (c) Rank Pte.

(d) Surname CAMPBELL (e) Christian name Duncan

(f) Home address 167 Montrose Ave., Toronto, Ont.

(g) Next of Kin Mrs. Dorothy Campbell (h) Relationship wife

(i) Address of Next of Kin 23 Church St., Ticehurst, England (Sussex)

2. Age last birthday 30 Date of birth Jan. 3, 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Nov. 25, 1915

4. Personal description:

(a) Height 5' 5 1/2" (b) Weight 125 lb (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc. Small scar above left eye.

5. Former trade or occupation Bricklayer

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).	PERIODS	
	Years	Days
	3	52

109th. Battalion	PERIODS	
	From	To
Canada	<u>Nov. 25, 1915</u>	<u>July 31, 1916</u>
England	<u>July 31, 1916</u>	<u>Aug. 12, 1916</u>
France or other theatres of War	<u>Aug. 12, 1916</u>	<u>Mar. 16, 1917</u>
<u>England & Canada.</u>	<u>Mar. 16, 1917</u>	<u>To date</u>

7. Original disease, or injury 1. Syphilis.
2. Flat feet.

(a) Date of origin 1. March, 1917 (b) Place of origin 1. 2. France.

(c) Cause 2. Dec. 1916
1. Infection 2 Service conditions.

M. F. B. 227.

300M.-8-18.
 1772-39-117.

M.S.S.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

1. Partial loss of function Vascular system.

2. Partial loss of function both feet.

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.)

1. Objective: Small scar of primary sore on dorsum penis. No secondary signs at present. Wasserman Jan. 23, 1919, Weak positive.

1. Subjective: No subjective symptoms.

2. Objective: Both feet longitudinal arches moderately low, non rigid. Transverse arch normal. Cannot raise up on toes. No swelling. Marked tenderness to touch on plantar aspect of arch. Walks with slight limp of left foot. Caused by slight inversion of foot.

2. Subjective: After walking one mile at own pace, sharp lancinating pain develops in both arches, worse in left. Dull ache also develops around ankle joint extending up leg to knee. Pain is only relieved by rest of 4-5 hours. Both feet begin to swell when pain starts, extending up to ankle joint. Always swollen at night. After walking one mile both ankles arches appear to flatten out and feet become quite flat.

(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 Genito-Urinary System No
Special Senses Yes 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

Urine, Negative Sugar, albumen.
No hernia, varicocele, varicose veins, or haemorrhoids,
Injury to left eye 1908. Pupil displaced situated in upper, inner quadrant reflex to light present. Can see D-120. No aggravation during service.

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

Developed primary sore on penis, March 6, 1917, while in 10th. General Hospital. Sore healed in 2 weeks. No active treatment. Developed secondary mucous patches on tonsils and angle of mouth Aug, 1918. Wasserman at Ore Hospital Hastings, Sept, 11, 1918, Strongly Positive. Has had 9 intravenous 606. Feet become troublesome in Dec.1916, after series of long route marches. Gradually become worse. On light duty since March 1917.

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).)

Myalgia: Developed in both feet, legs, and hips, Dec.1916. In Hospital 7 months, discharged June, 1917, cured.

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

No wounds or scars.

11.—(a) Did the disabling condition have its origin before enlistment? 1.2. 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.)

1.2. Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. (a) Yes)b) No. 2. A.B. No.

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? 1. 6 months 2. 6 months.

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

1. Anti syphitic treatment, Etchinghill Hospital 16 days.

Anti syphitic Treatment, Ore Hospital out-patient.

2. Red Cross Hospital Buxton, 2 months. Medical treatment.

3rd. Southern General 5 months medical treatment.

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)

1. Antisyphitic 2 months.

2. Yes Special arch in boot.

16. Can the former trade or occupation be resumed? No: Requires further treatment, (If not, briefly state why)

17. Recommendations Category D-3.

W. H. ... 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, D. Campbell, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

D. Campbell Rank. Signature of invalid examined.

