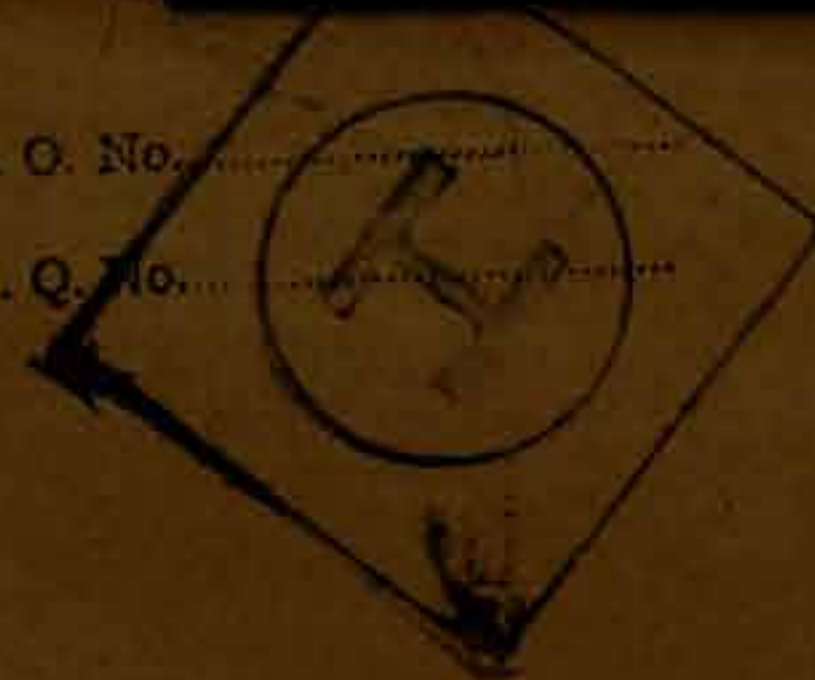


DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Name, **CAMPBELL ROBERT THOMAS**

Rank, **Pte.**

01864

- Index Card.....
- Casualty Card **1**
- Non-Active Card.....
- Part II Order Card..... **2**
- Change of Address Card.....
- Honour & Award Card.....



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... **2**

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... **4**

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... **2**

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... **1**

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Q 210 122

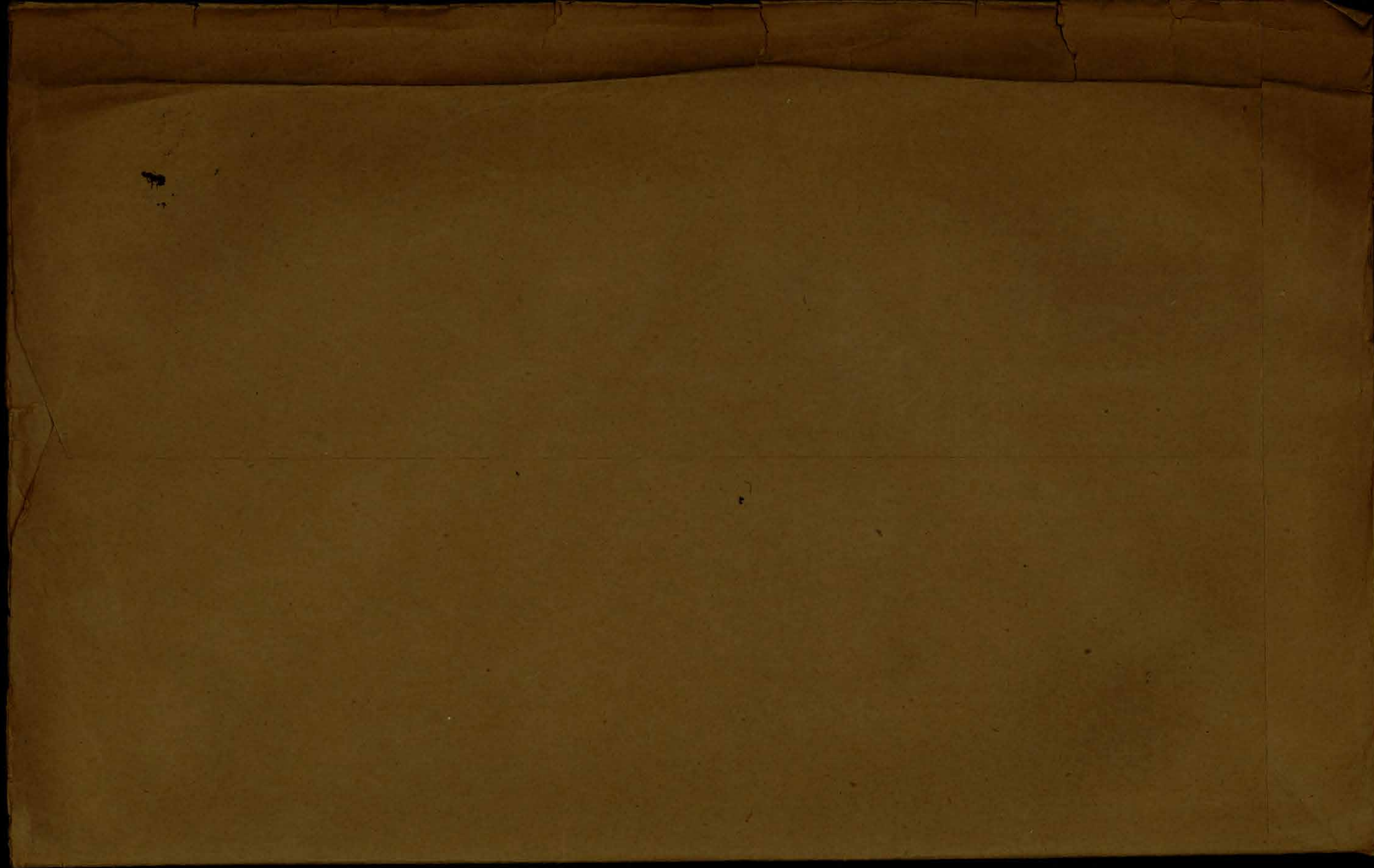
531709

18122

1
 21-22
 16-22
 3-22

 1

M. X. 8/3/20 msp



Original

No. 11 (Revised) Form 100 (1916)

ATTESTATION PAPER.

No. 531709

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Campbell.*
- 1a. What are your Christian names? *Robert Thomas.*
- 1b. What is your present address? *Robertson College,*
- 2. In what Town, Township or Parish, and in what Country were you born? *Legane, Co Tyrone, Ireland.*
- 3. What is the name of your next-of-kin? *James Campbell*
- 4. What is the address of your next-of-kin? *Legane, Aughrachy, Ireland*
- 4a. What is the relationship of your next-of-kin? *Brother*
- 5. What is the date of your birth? *14th January 1889.*
- 6. What is your Trade or Calling? *Druggist, Assistant.*
- 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? *University of Alberta, C.O.F.C.*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Thomas 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.

Date *March 6* 191*6* *Robert Thomas Campbell* (Signature of Recruit)
H H Mosher (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Thomas 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 *March 6* 191*6* *Robert Thomas Campbell* (Signature of Recruit)
H H Mosher (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 *Edmonton* this *6* day of *March* 191*6*
James B. Rose (Signature of Justice)

Description of *Campbell, Robert Thomas* on Enlistment.

Apparent Age.....*27* years.....*3* 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. *8* ins.

Chest measurement { Girth when fully expanded.....*35 1/2* ins.
 Range of expansion.....*3* ins.

Complexion.....*fair*

Eyes.....*blue*

Hair.....*brown*

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....*March 6th*.....191*6*

H H Moshier

Place.....*Edmonton*

Captain B. A. R. C.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....*R. Thomas 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.

.....*H H Moshier*.....(Signature of Officer)

Date.....*March 6*.....191*6*

*Chapman of Committee 'C' organization
 2011 Field Ambulance
 H H Moshier*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

4173

Duplicate

To Whom Miss Rachel Campbell By Whom Assigned Campbell R. F.

Address Legane, Aughnacloy Regtl. No. 531709
Co. Tyrone Rank Pte
Ireland Corps 11th. Field Ambulance

*A.P. checked
 and O.K.
 Thanks*

Rate \$15.00

~~MAY 1 1918~~ 9/11

1st Oct 1916 PAYMENTS amt 276 53458 00R. 26/10/16.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED FROM JUN 24 1915 1916 OTTAWA </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ASSIGNED PAY.

By whom assigned *Campbell, R. F.*
 Regtl. No. *331709*

Pk. 11th Field Amb.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.					
June		<i>53532</i>	<i>30</i>	<i>✓</i>	
July		<i>89212</i>	<i>15</i>	<i>✓</i>	
Aug.		<i>122223</i>	<i>15</i>	<i>✓</i>	
Sept.		<i>154951</i>	<i>15</i>	<i>✓</i>	
Oct.		<i>191729</i>	<i>15</i>	<i>✓</i>	
Nov.	<i>11500</i>	<i>228744</i>	<i>25</i>	<i>✓</i>	<i>Pay 25⁰⁰ to adjust</i>
Dec.		<i>269257</i>	<i>20</i>	<i>✓</i>	
Jan.	1917	<i>310778</i>	<i>20</i>	<i>✓</i>	
Feb.		<i>287468</i>	<i>20</i>	<i>✓</i>	
March		<i>394391</i>	<i>20</i>	<i>✓</i>	
Apl.			<i>195</i>		
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

11 K. S. A.

20777

27-10-17.

From 2

6-11-17

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **No. XI Overseas Field Ambulance**

(2) Regimental Number..... **531709**

(3) Full Name of Soldier..... **Pte Robert Thomas Campbell**

(4) Place of Birth..... **Aughnacloy, Ireland**

(5) Are you married, or not?..... **no**

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

(b) Present Postal Address..... ~~**Agricultural College, Dinnisbeg**~~

(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.....

(9) Is your Father alive? no
If so, state name and address _____

(10) Is your Mother alive? no
If so, state name and address _____

(11) If your Mother is a widow _____
Are you her sole support, or not? _____

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

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

(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.

Date MAY 1 1916

J. D. McQueen
Officer Commanding.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Campbell Christian Name Robert Thomas

Examined { on 6th day of March 1916 at XXXXXXXXXXXXX Edmonton. Approved by W. H. Secord

Birthplace { City or Town Legane Rank Capt One M.O. County Co. Tyrone, Ireland

Apparent age 27 yrs 3 mths

Trade or occupation Druggist's Assistant M.O.

Height 5 Feet 8 Inches. M.O.

Weight 141 Lbs. M.O.

Chest measurement { Minimum 32 1/2 inches. M.O.

{ Maximum expansion 3 inches. M.O.

Physical development Good. M.O.

Small-Pox Marks None. M.O.

Vaccination Marks { Arm Right Left. Date Result. VACCINATIONS. Number 2 —

When Vaccinated last As child 6/6/16 J. M. McMillan M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection

None. 1916 1st May 6 then Capt M.O.

11/6/16 J. M. McMillan M.O.

1/5/16 Parish. J. M. McMillan M.O.

Enlisted on 6th day of March 1916 at Edmonton. XXXXXXXXXXXXX

Joined on enlistment

Transferred to

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>1st Field Amb.</u>	<u>531709</u>	<u>Good.</u>	<u>1st May 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

FORM OF WILL.

18445

1. **Robert Thomas Campbell** (Name in full)

Regimental Number **531709** serving in **11th Field Ambulance**
the Overseas Military Forces of Canada, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mr William Campbell
Muckno St, Castleblayney,
Co. Monaghan Ireland

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

absolutely, and my personal estate I bequeath to

Miss Rachel Campbell
Legna, Aghnacloy
Co Tyrone, Ireland

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

In Witness whereof I have hereunto set my hand
this **8th** day of **August** A.D. 191**6**.

Pte Robert Thos Campbell Signature.

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

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

Name of Witness **A N. Somerville (Sgt)**
Address of Witness **Branshott Camp Hants**
Occupation of Witness **Sergeant in 11th Field Ambulance**
Name of Witness **(Cpl) C W Downer**
Address of Witness **Branshott Camp Hants**
Occupation of Witness **Corporal in 11th Field Ambulance.**

I hereby certify the above to be a true copy of the original Will now
on file in Estates Branch

Date **8 November 1917.**


Lieut.
For OFFICER I/C ESTATES.

NOTE Died **of Wounds. 27-10-17.**
6-11-17.

Transferred
No. 531709. Pte. R.T. Campbell. 11th. Fld. Amb.
(BAC.)

P

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 12th inst. in relation to the above matter.

The Board of Directors of the Corporation has considered the same and has resolved to grant the same, subject to the approval of the stockholders.

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Name]

Very truly yours,
[Name]

By [Name]
Secretary

FORM OF WILL.

I, Robert Thomas Campbell (Name in full)
 Regimental Number 531709 serving in 11th Field Ambulance
 of the Canadian Expeditionary Force, do hereby revoke all former Wills
 by me made and declare this to be my last Will.

I bequeath all my real estate unto

<u>Mr William Campbell,</u>	} Name & Address of person or persons to whom it is to go.
<u>Muckno St., Castleblayney,</u>	
<u>Co. Monaghan, Ireland</u>	

absolutely, and my personal estate I bequeath to

<u>Miss Rachel Campbell,</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>Legnac, Aghnacloy</u>	
<u>Co. Tyrone, Ireland</u>	

In Witness whereof I have hereunto set my hand

this 8th day of August A.D. 1916.

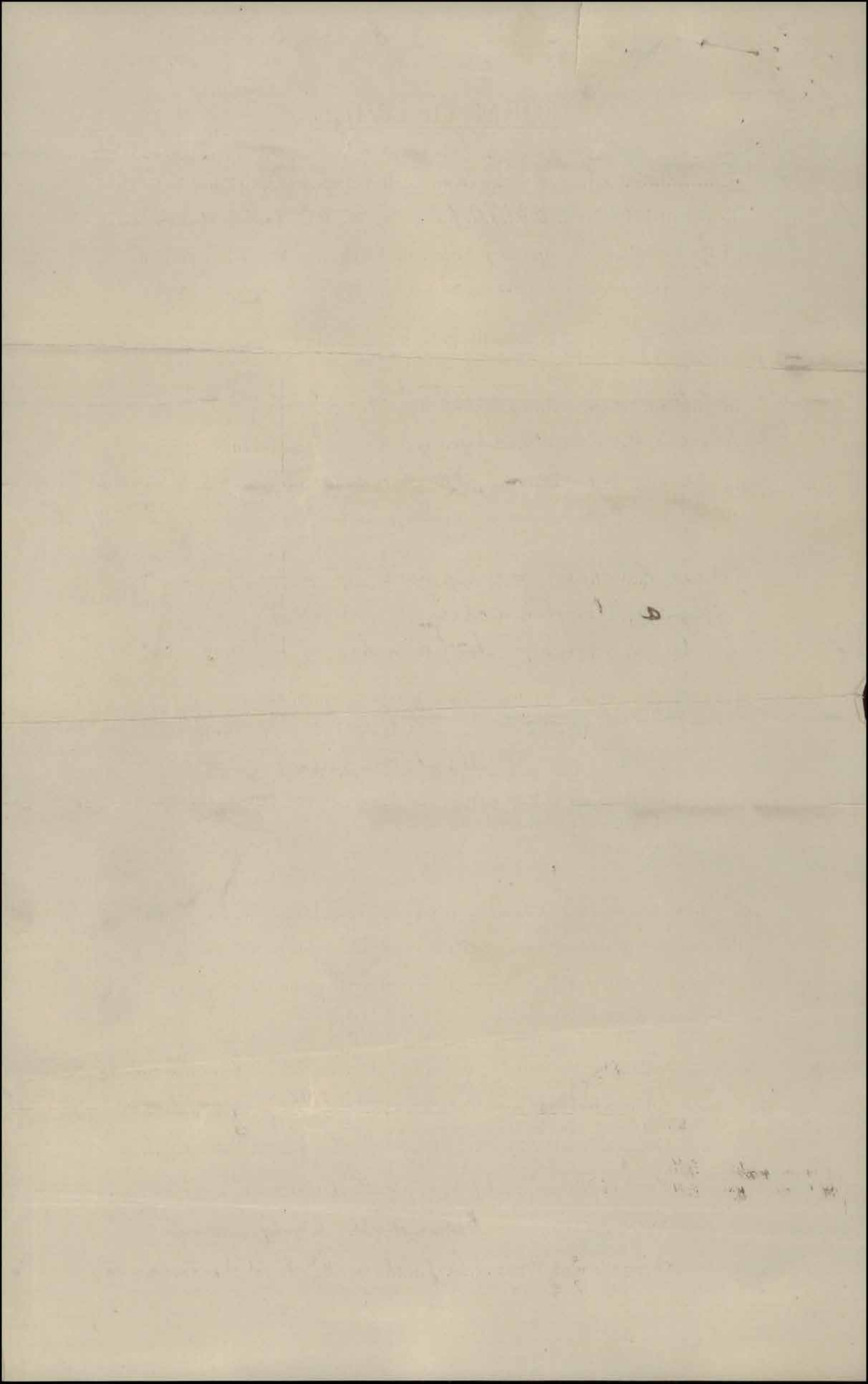
Robert Thomas Campbell Signature.

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

ESTATES BRANCH
 DEC 5 1919
 MILITIA DEPT.

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

Name of Witness A. H. Somerville (Sgt.)
 Address of Witness Bramshott Camp, Hants
 Occupation of Witness Sergeant in 11th Field Ambulance
 Name of Witness (Cpl) G. W. Downer
 Address of Witness Bramshott Camp, Hants
 Occupation of Witness Corporal in 11th Field Ambulance



J.M. Rank

Pte Name

CAMPBELL, Robert Thomas. ✓

11th Fld Amb.

Reg'l No.

531703. ✓

Unit **11TH FLD. AMB.**

If in perm. Corps, }
What Unit? }

Married or Single *Single*

Place and Date of Enlistment

Edmonton Mar 6th 1916.

Place of Birth *Legane Co, Tyrone Ireland*

Name and Address, Next-of-Kin

James Campbell

Legane Aughnacloy Ireland

Relationship *Brother*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

N/E. R.B. No. *1309*
File R.L. *25-6-3822*
Category *DOW*
Character

H. W. & V., Ltd.—7165-16.



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.				
<i>10 AUG 1916</i>		<i>Arrived in England</i>	29-MAY 1916		<i>S.S. Adriatic</i>
		<i>Embarked at France.</i>		<i>10 AUG 1916</i>	PL 11 O 154
31.10.17	CAME A	<i>Died of Wounds (#3 Aust Gas blystr)</i>	<i>PTE Field</i>	27-10-17	CLASO. G. 2nd L. High & Arms 1167a. 8/10/17 747 2/11/17.

Pte

A.R. 103 checked 14.9.16

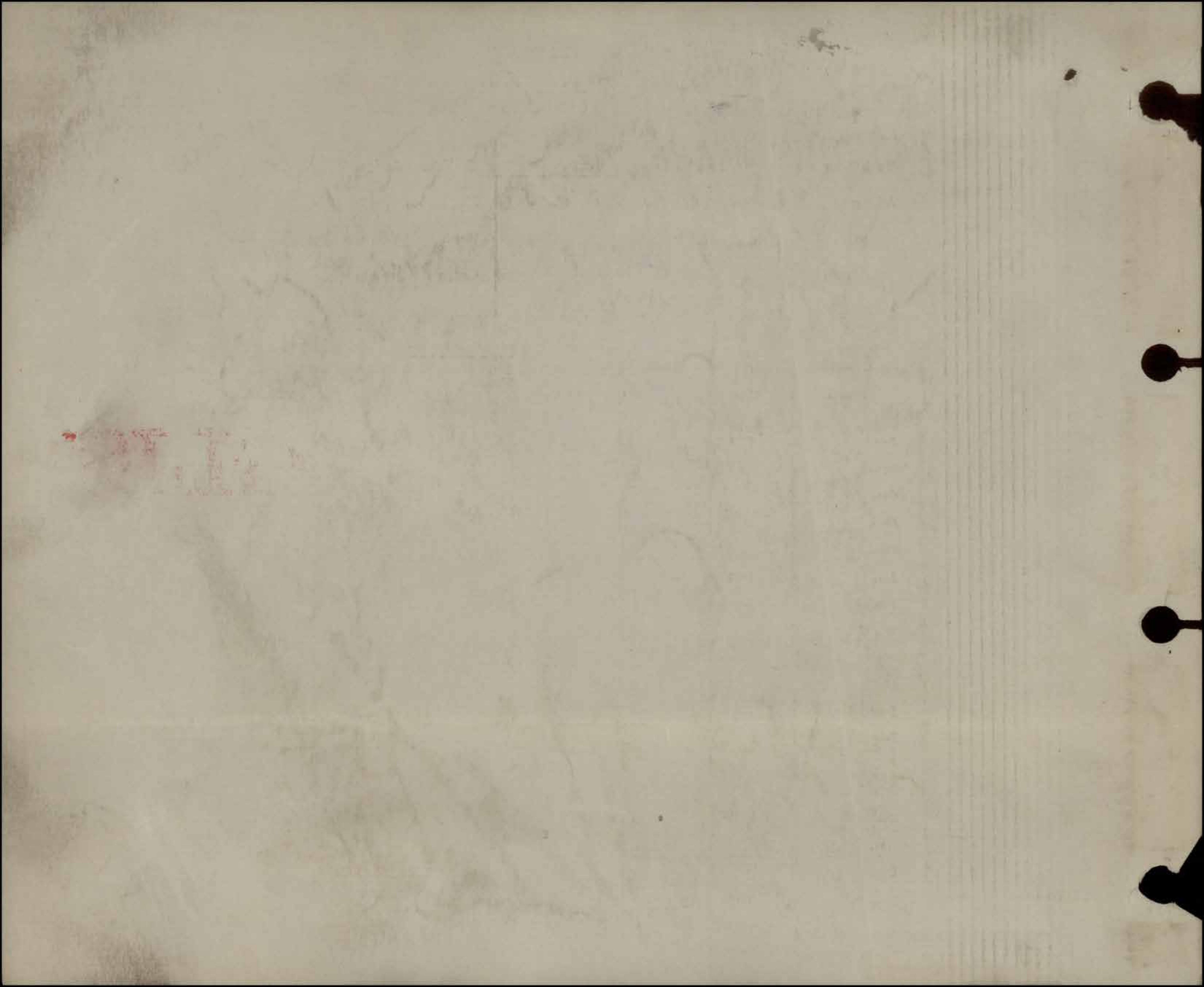
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

112

To Whom Miss Rachel Campbell By Whom Assigned Campbell R. J.
 Address Segane, Aughincloy Regtl. No. 531709
Co. Tyrone Rank Pte.
Ireland Corps 11th. Field Ambulance
 Rate \$15.00 **MAY 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Duplicate sent to Eng.</i></p> <p>ENGLISH</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Pensions Notified Date <u>7-11-17</u></p> <p>K. B. ...</p> <p>Died of Wounds } Date <u>27-10-17</u></p> <p>...</p> <p>C. L. <u>5/4/17</u> Clerk <u>W. Hayes</u></p> <p>Date Noted <u>7-11-17</u> 1917</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY.

PAID IN ~~CANADA~~

To whom *Miss Rachel Campbell* By whom assigned *Eng Campbell R. J.*
 Address *Legane, Annagloy* Regtl. No. *531709*
& Co. Tyrone, Ireland. Rank *Pte.*
 Rate *\$20⁰⁰* Corps, &c. *11th Fld Amb.*
 Date to Commence *Sister* *Now pay in P. Dead*

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1914. Oct.				<i>Died of Wounds 27-10-17 ^{6th} ⁵³¹⁷⁰⁹ 31-10-17</i>
Nov.				
Dec.				
1915. Jan.				
Feb.				
March				
April				<i>Next of Kin James Campbell Brother</i>
May				<i>Same address as assignee.</i>
June				
July				
Aug.				
Sept.				<i>Paid as pte as at date of Casualty.</i>
Oct.				<i>1st Pension</i>
Nov.				
Dec.				
1916. Jan.				
Feb.				
March				



ASSIGNED PAY.

Month	Cheque No.	<i>A. P.</i>	Amt. Debited.	REMARKS.
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<u>320 00</u>		<i>A. P. Paid in full from 1-7⁶-16 to 31-10-17</i>
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				

CERTIFIED CORRECT.

15 AUG 1916

CAN. 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 No. XI Overseas Field Ambulance

Regimental No. 531709 Rank Pte. Name Campbell Robert Thos.
C. E. F.

Enlisted (a) 6/3/16 Terms of Service (a) Duration of War Service reckons from (a) 6/3/16

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

Extended _____ Re-engaged _____ Qualification (b) Druggist

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.				
16/6/16	O.C.	Embarked	Canada	19/5/16	<u>Atlantic</u>
16/6/16	O.C.	Arrived	England	29/5/16	
6/8/16	O.C.	Proceeded for service	Overseas	10/8/16	<u>W. M. McMillan</u> Capt. & adjt. O.C. 11th Canadian Field Ambulance.
22-9-17	11th Amb	Disembarked at Havre date 11/8/16	Landing return No	6269-6270	
29-9-17	"	Granted leave of absence to	Aug	16-9-17	B213 File 16-28256/30-9-17
27-10-17	3 Aust Gas	Returned from leave		28-9-17	B213 File 16-28256/31-9-17
	Station	Both arms and thigh amputated		26-10-17	A36 File 16-28256
		Died of wounds received in action		27-10-17	A36 File 16-28256/11-10-17
					<u>W. R. Bruce</u> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(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. (P.T.O.)
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

CAMPBELL.

R.T.

531709.

RANK

UNIT

. Co

TROOP

BATTY

Pte.
HOSPITAL

C.A.M.C.

11FA.

DATE OF ADMISSION

3. Aust. C.C.S.

27-10-17.

1.

HOSP.

2.

HOSP

3.

HOSP.

4.

HOSP.

DIAGNOSIS

S.W. LT. THIGH. & ARMS.

1.

2.

3.

DIED OF WDS. 27-10-17. *Rw.*

DISPOSITION

DATE

C.L. 1-11-17. A50.

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

CAMPBELL, R. T. Pte., ^{Robert Thomas}

649. C. 16572

Robert Thomas

4253

531709

CAMC (11 F.A.)

M

Medals & Decorations

Not elig. for 1914-15 star

Name & Address of Legatee

Miss Rachael Campbell (sister)
Legain, Aughnacloy Aughnacloy
Co. Tyrone, Ireland.

P. & S.

Name & Address of Next of Kin

James Campbell (Brother)
As above

Cross

~~682~~

Serial no: 29005 MAR 1 1921 Reg. No 2-28688

Name & Address of Female Next of Kin

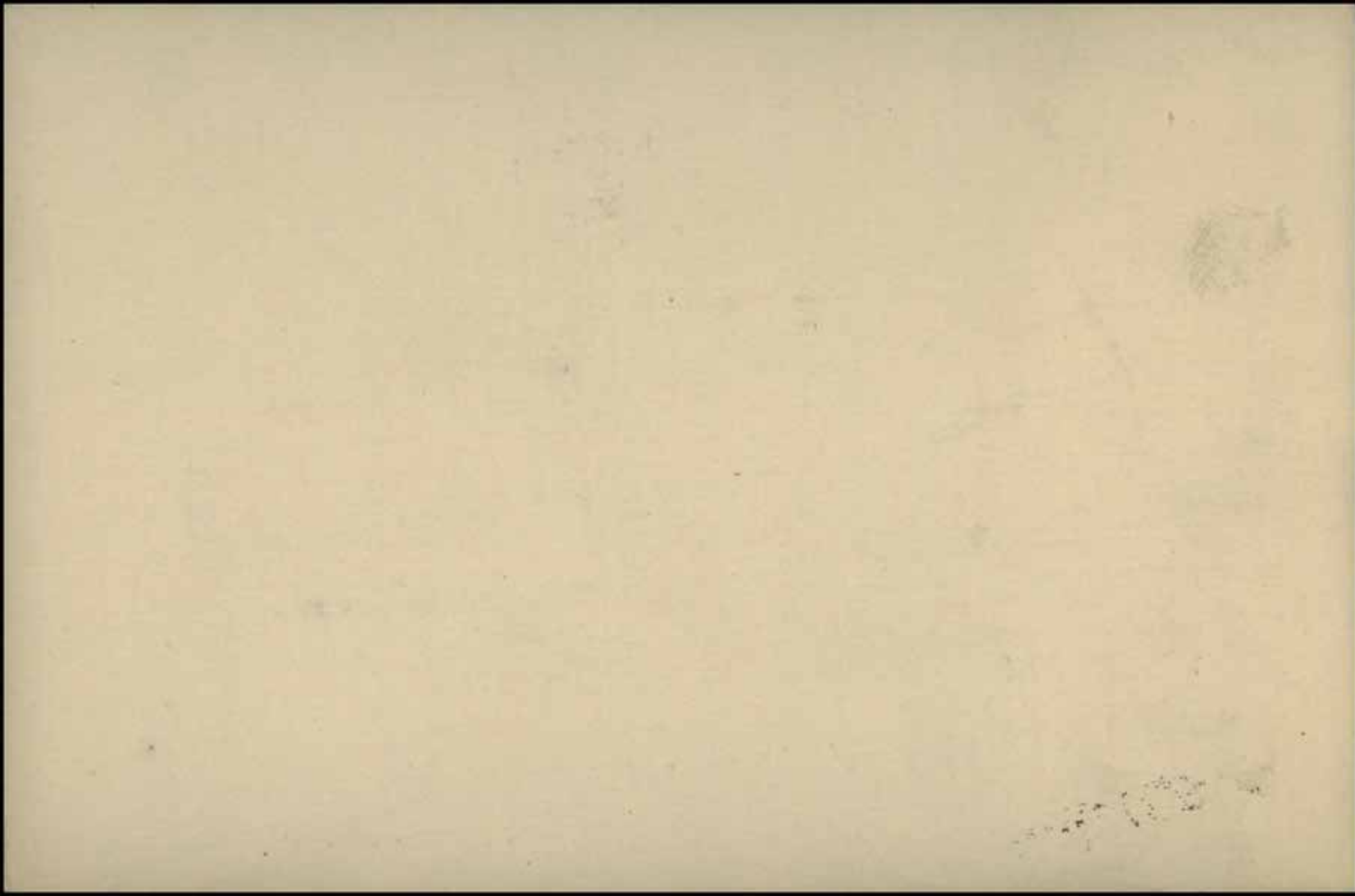
Memorial

Flague Desp NOV 16 1921 Home Reg. No P16556

Cross

682

imp



at E.
JCH

Number 5-31709 Rank Plc.

Surname CAMPBELL

Christian Name Robert Thomas

Units C.A.M.C. Theatre of War France

Date of Service 10-8-16

Remarks (Sister) Miss Rachael Campbell,

Latest Address Legain, Aughnacloy,
Co. Tyrone, Ireland.

Roll No. _____

200m.-6-21... Page 19948

~~11~~

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

Robert Thomas

Name CAMPBELL

Rank PTE

Reg. No. 5-31709

Unit C.A.M.C. 11th Field Amb

H.S.

Next of Kin James Campbell Legane, Aughnachoy, Ireland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
27-10	3 Ans to G.S.	SW. Arms	+ h. thigh	114280 250275	P89391	
<p><u>25-6-38222</u></p>						

NAME

Campbell Robert Thomas

REGT'L No.

531709

H. Q. FILE No. 649.

RANK AND CORPS

Pte., No 12 Field. Amb.

FOLLOWS

No.

CABLE

NO. 213

DATE

NATURE OF CASUALTY

FOLLOWS

M6283

3-11-17

L.
 Died of Wounds 3. Australian base.
 bel. stat., Oct., 27th. 1917. (SS Wounds
 left thigh, arms).

A & B

2090a

Died of wounds received in action

Rouen

2-11-17

27-10-17 (noted 5-1-18)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

950-1 #3 Aust, Cas, Clg. Str., 27-10-17 Died of Wounds.
S.W. Lt. Thigh and
Arms.

No. 531709. RANK Pte

NAME Campbell. R. J.

T. O. S.

UNIT #11 overseas Field Ambulance C.A.M.C.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 21-	1916 Mar. 31. apm	✓ ✓	Reported with Alberta Detachment 21-3-16	CO/2 of 21-3-16.

