



Pte Cameron, Robert-Camerons of C
 WO1 Cameron, Robert Edgar Hall RCAF
 P/O Cameron, Roderick Hugh RCAF
 Pte Cameron, Ronald Veldon C Scot R
 L/Cpl Cameron, Samuel Albert L Edmn R
 Pte Cameron, William-Camerons of C
 F/S Cameron, William Alexander RCAF
 Pte Cameron, William Hugh S Sask R
 Pte Cameron Coen, Martin Samuel S Sask R
 P/O Cammaart, Frederick Peter RCAF
 Pte Campagnolo, Aldo John Calg Highrs
 Pte Campbell, Adrian Joseph Carl & York R
 P/O Campbell, Alexander Grant RCAF
 Cpl Campbell, Alexander Henry Calg Highrs
 Sto 1/c Campbell, Alexander Hutton RCNVR
 Pte Campbell, Allan Joseph Nth NS Highrs
 F/O Campbell, Allan Paul RCAF
 F/O Campbell, Allan William RCAF
 Pte Campbell, Alva Ernest Essex Scot
 F/S Campbell, Archibald Burton RCAF
 P/O Campbell, Charles John RCAF
 P/O Campbell, Colin Alexander RCAF
 Pte Campbell, Colin Andrew CB Highrs
 Pte Campbell, Colin Hughes Essex Scot
 Spr Campbell, Cyril Alvin RCE
 Pte Campbell, Daniel Thomas RCR
 P/O Campbell, David Sinclair RCAF
 Cpl Campbell, Donald Angus Hill of C
 Sgt Campbell, Donald James McKenzie S Sask R

Sto 1/c Campbell, Donald Warren RCNVR
 Cpl Campbell, Duncan-Camerons of C
 Tpr Campbell, Duncan Summers BCD
 Pte Campbell, Edwin Russell Lan & Ren Scot R
 PO Campbell, Frederick William RCAF
 Lt Campbell, Geoffrey Nigel Carfrae RCR
 LAC Campbell, George RCAF
 Sgt Campbell, George Albert 1 Cdn Spec Ser Bn
 Pte Campbell, Glen Robert Hast & PER
 L/Cpl Campbell, Glendon Earl Carl & York R
 Lt Campbell, Gordon Dunlop Nth NS Highrs
 Pte Campbell, Gregor McGregor Calg Highrs
 L/Cpl Campbell, Harvey Henry Carl & York R
 Cpl Campbell, Hector QOR of C
 F/O Campbell, Hudson Cecil RCAF
 Sgt Campbell, James Gen List
 ERA 4/c Campbell, James RCNVR
 Cpl Campbell, James Aaron Linc & Well R
 Pte Campbell, James Ambrose Seaforth of C
 F/O Campbell, James Commodore RCAF
 P/O Campbell, James Duncan RCAF
 Pte Campbell, James Edward West NSR
 Gnr Campbell, James Emerson RCA
 Tpr Campbell, James G. RAC
 R/Fn Campbell, John QOR of C
 Gnr Campbell, John RCA
 Cpl Campbell, John Archie Carl & York R
 Lt Campbell, John Cyril CB Highrs
 Pte Campbell, John Edward N Shore R
 Sgt Campbell, John Joseph 14 H
 Pte Campbell, Joseph Wilfred A & SH of C

V69124
CAMPBELL
DONALD

WARRE



Department of National Defence
Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-69124 (PERS. (N))

OTTAWA, Ont. DEC 16 1944 194

39351



Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
Donald Warren CAMPBELL, Stoker First Class, O.N. V-69124, RCNVR	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Mother: Mrs. Mary R. Campbell, 29 Fourth Street East, CORNWALL, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Miss Gladys Campbell, 40-11th Street, Noranda, P.Q.		20.00 Stopped Aug. 31/44	<i>hcb</i>

WILL: No record

Yours truly,

G. G. Heard

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.



Division of Investigation
U. S. Department of Justice
Washington, D. C.

ADAM...
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...

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...

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...
...

...

Mrs. Mary R. Campbell,
29 Fourth St. E.,
Cornwall, Ont.

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

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

and the following number quoted:—

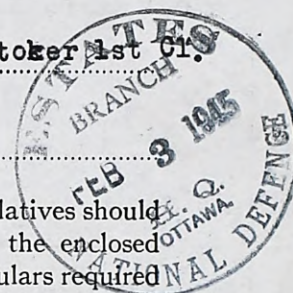
H.Q. NS. V. 69124 FD 770

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Jan 3 1945

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

CAMPBELL Donald W. Stoker 1st Cl.
V. 69124 R.C.N.V.R.



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

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

M. J. Warden
Commander Royal Canadian Mounted Police
fu
Director of Estates.

HRW/JR

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Roderick A. Campbell	54	109 Amelia St.
4	Mother of the Deceased.....	Mary R. Campbell	52	109 Amelia St.
5	Brothers of the Deceased	Full Blood	22	" " "
		Half Blood	11	" " "
6	Sisters of the Deceased	Mrs. Margaret Campbell -	16	109 Amelia St.
		Miss Miss Gladys R. Campbell Box 463 -	24	Notanda Que
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Mrs. Maudie (Clemson) -	27	139 Lyndale Ave. 3.
		Mrs. Verna (Mottis) -	28	Notanda Que
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Watten Campbell
9	Date of his birth.	Aug 23 rd 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Kirk Hill Ont. Dec 2 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Dalkeith Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Glengarry (c) Herkness Lake Ont. (d) —
14	Nature of employment before enlistment.	Diamond Drill Mechanic
15	State whether he owned the premises in which he lived, and, if so, where situated.	— No
16	Name place where deceased stated he intended to make his permanent home.	Horseshoe Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No knowledge
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	May have had one but no trace <i>no trace here</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	2 Policies in North American Life 1 = \$1000 } M ^r & M ^r R Campbell 1 = \$1250 } Mother & Father
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	—

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

DECLARATION

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

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

*.....Mother.....of the deceased.

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

Mary B. Campbell {Signature of Informant}
109 Amelia St. Cornwall Ont. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Mary B

campbell { Name of informant } is the* Mother of the Deceased
above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Cornwall this 30th day of January 19 45

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

Colin R. Rudd Qualification: Clergyman
Address: 110 Sydney St. Cornwall

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

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

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

Six copies to be rendered to Naval Service Headquarters

30

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters, Ottawa, Ontario.

Name CAMPBELL, Donald Warren
(Christian names in full)

Rank or Rating Stoker First Class Official No. V-69124 Unit R.C.N. R.C.N.R. R.C.N.V.R.

Place of Birth Laggan, Glengarry, Ont. Date of Birth 23rd August, 1924.

Occupation in Civil Life Machinist Apprentice Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) from 19 August, 1943 to 21 August, 1944.

Date of Death 21st August, 1944. Place of Death At sea

Cause of Death Missing, presumed killed when the ship in which he was serving,
(If due to accident, violence, or enemy action, particulars to be stated briefly)

H.M.C.S. "ALBION", was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mrs. Mary R. Campbell Relationship Mother
Address 29 Fourth Street East, CORNWALL, Ontario.

Date on which the above was informed by Ship Naval Service Headquarters: 23 Aug., 1944.

Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

If applicable { Place of Burial..... Date of Burial.....
Location, Number, etc., of grave.....
Undertaker employed.....

H.B. Money
for SECRETARY, NAVAL BOARD.

The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

Date Ottawa, Ont., 28 February, 1945.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

ENTERED IN
D.N.P.A.'s LOG BOOK
MAR 15 1945
CLERK No. 1

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

307.17
Donald W.

Name CAMPBELL Surname Donald W. Christian Names No. V.69124

Rank Sto. I Unit R.C.N.V.R.O/S Date of Death 21-8-44

AMOUNT W.S.G. 155.93
L.P.C. \$ ~~151.24~~
Other Credits.....
Total..... ~~317.52~~

Date 7-11-45

307.17

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/8	Father	Roderick A. Campbell, 109 Amelia St., CORNWALL, Ont.	\$119.07 115.20
		(1/8 as next of kin entitled) (1/4 for benefit of 2 minors)	
1/8	Mother	Mrs. Mary R. Campbell, (as above)	39.69 38.40
1/8	Brother	Harold Campbell, (as above)	39.69 38.40
1/8	Sister	Mrs. Verna A. Morris Box 463, NORANDA, Que.	39.69 38.39
1/8	Sister	Gladys R. Campbell, (as above)	39.69 38.39
1/8	Sister	Mrs. Murdo Cameron, 139 Tyndall Ave., TORONTO 3, Ont.	39.69 38.39
		(As next of kin entitled)	

Retype Leave on file

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$317.52
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name CAMPBELL Donald W. No. V.69124
Surname Christian Names

Sto. I XXXXXXXX R.C.N.V.R.O/S 21-9-44
Rank Unit Date of Death

AMOUNT W.S.G. 155.93
L.P.C......\$ 151.24
 Date..... 19-2-46 Other Credits.....
 Total..... 307.17

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/8	Father	Roderick A. Campbell, 109 Amelia St., CORNWALL, Ont. (1/8 as next of kin entitled) (1/4 for benefit of 2 minors)	\$115.20
1/8	Mother	Mrs. Mary R. Campbell, (as above)	38.40
1/8	Brother	Harold Campbell, (as above)	38.40
1/8	Sister	Mrs. Verna A. Morris, Box 463, NORANDA, Que.	38.39
1/8	Sister	Gladys R. Campbell, (as above)	38.39
1/8	Sister	Mrs. Murdo Cameron, 139 Tyndall Ave., TORONTO 3, Ont. (as next of kin entitled)	38.39

P4. TO TREAS. 7-3-46, QM.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$307.17
CLASSIFIED BY <i>P.</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

3840

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 GENERAL SERVICE MEDAL (1915).

RATING OFF. NO. *69124* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	star
							ATLANTIC		
							FRANCE G.	1	star
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	@ clasp.
							" CLASP		
							WAR 1945	1	medal
							WAR 1915		

VERIFIED BY *G. Jensen*

..... DIR. OF PERSONNEL RECORDS.



CANADA

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

113-6-5169

1005558

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **CAMPBELL** OFFICIAL No. **169124**
CHRISTIAN NAMES **Donald Warren** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS **29 Fourth St. Cornwall Ont.** RELIGION **Pres.**

DATE OF BIRTH **23rd Aug. 1924** *PLACE OF BIRTH
Town **Laggan** NAME AND ADDRESS OF NEXT OF KIN **Mother, Mary R. Same Address**
County **Glengarry**
Province **Ont.**
*Original Nationality of:
Father **British**
Mother **Same**

*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 34	Brown	Blue	Fair	Mole upper lip.
Inches..... 6½	Deflated..... 30½				
133	Mean..... 31				

EDUCATIONAL STANDING **1 Year High School - Tech.** TRADE OR CALLING AND IN WHOSE EMPLOY **Machinist Apprentice Boyles Bros. Ltd. Kirkland Lake, Ont.**

DATE OF ENROLMENT **ACTIVE SERVICE 19th Aug. 1943** RATING FOR WHICH ENROLLED **STOKER I** H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED **"CARLETON"**

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Air Force, Reserve or Territorial Force.

* (b) I served in..... **not applicable**..... for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
		2

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

wfg

Personnel Records TO Division—

1. Noted in Records
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Reserve Card
6. Pension Card
7. ...
8. ...

DATE **3-9-43**

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest naval establishment prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as Stoker I by the prospect of being transferred at some future date to any other branch or rating.

Dated this 19th day of Aug. 1943
Signature of applicant Donald W. Campbell

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 19th day of Aug. 1943

* My authority for attestation is H.T. FOR DEP, 5th Aug. 1943

W. R. Parkinson
Signature and rank of Attesting Officer.
Sub/Lt. RCNVR

(D) OATH OF ALLEGIANCE

I, Donald Warren Campbell do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Donald W. Campbell

Witness W. R. Parkinson

Date 19th Aug. 1943 Rank Sub-Lieut. RCNVR

The Oath of Allegiance must be administered by a Commissioned Officer of the Naval Service.

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

9997



Can. B. 207
150M-9-42 (6269)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note.—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined Donald Warren Campbell
candidate for entry as Sto 1/c RENVR
and I believe him to be ^{(in all respects fit for His Majesty's Service} ~~(unfit for His Majesty's Service for the reason stated below)~~ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. <u>19</u>	Mos. <u>-</u>	(j) Date of last Vaccination	<u>1936</u>		
(b) Height with bare feet	Feet <u>5</u>	In. <u>6 1/2</u>	(k) General Development	<u>Fair</u>		
(c) Weight without clothes	<u>133</u>		(l) Nose, Throat and Tonsils	<u>Normal</u>		
(d) Ears and Hearing	Rt. <u>Normal</u>	Lt. <u>Normal</u>	(m) Heart and Lungs	<u>marked but inconstant systolic mitral murmur, very hard to hear when lying on left side</u>		
(e) Chest Girth	Max. <u>34</u>	Min. <u>30 1/2</u>	Mean <u>31</u>	(n) Abdomen Hernia, etc.	<u>Normal</u>	
(f) Teeth	Deficient <u>1</u>	Defective <u>-</u>	Dentures <u>-</u>	(o) Limbs and Joints	<u>Normal</u>	
(g) Vision by Snellens Types	without glasses	Rt. <u>6/6</u>	Lt. <u>6/6</u>	Both <u>-</u>	(p) Skin	<u>Clear</u>
	with glasses where worn	Rt. <u>-</u>	Lt. <u>-</u>	Both <u>-</u>	(q) Anus Haemorrhoids	<u>Normal</u>
(h) Colour Vision	Ishihara <u>Normal</u>	R.C.N. Lantern <u>-</u>	(r) Testes Varicocele	<u>Normal</u>	(s) Urine	<u>Normal</u>
(i) Chest x-ray	<input type="checkbox"/> not taken <input checked="" type="checkbox"/> approved <input type="checkbox"/> positive <input type="checkbox"/> doubtful			<u>approved</u>		

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. †I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

* Donald W. Campbell
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Systemic mitral murmur as described above
exercise tolerance good; this was seen by another M.D. and not
* ~~which renders him medically unfit for service,~~ considered organic.
†not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Ottawa, Ontario the 6th of August 1943

[Signature]
Examining Medical Officer
(Rank) Surgeon Lieutenant RENVR

N.V. 17
 GOM-9-42 (5943)
 N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Donald Warren CAMPBELL

in the Royal Canadian Naval Volunteer Reserve

U.C.N.V.R. 128959

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-69124</i>
	<i>H.M.C.S. "Carleton"</i>	"
		"

Date of Birth <i>23rd August 1924</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mother Mary R. (same address)</i>
Place of Birth <i>Laggan, Ontario</i>	
Place of Residence <i>29 4th St., Cornwall, Ont</i>	
Trade brought up to <i>Machinist Apprentice</i>	
Religion <i>Presbyterian</i>	

Can Swim: P.P.T. Date.....19..... Signature..... Rank.....

O.H.F. P.S.T. Date.....19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>19 Aug 43</i>	<i>Duration 14 months</i>	<i>Sts 1/2</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 1/2</i>	<i>31</i>	<i>133</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Mole upper lip</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

V69124

OFFICIAL NUMBER

FILE NUMBER

113-C-5169

OFFICIAL NUMBER V69124

NAME CAMPBELL (Surname) Donald Warren (Given Names) DATE OF BIRTH 23 Aug., 1924.PLACE OF BIRTH Iaggan, Ont. OCCUPATION Machinist Apprentice.RELIGION Presbyterian EDUCATION 1 year High School Tech.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 29 Fourth St., Town Cornwall, Province, etc. Ont.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rate	Dates From To
19	8	43	H.O.	5'6½	Brn.	Blue	Fair	Mole upper lip.			

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mary R.ADDRESS (in pencil): Street and No. 29 Fourth St. Town Cornwall Province, etc. Ont.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	Date (in figures)			SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year			Day	Month	Year			Day	Month	Year		

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT

From To



FILM
 WSR-6061-8
 DATE

D OF D 21-8-44

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

CAMPBELL	Donald Warren	V-69124	Sto. 1/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	882
Fr. Ger. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Mar. 46 "ALBERNI"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON
ENTITLED TO Mr. Roderick A. Campbell - Father
ADDRESS: 109 Amelia St.,
CORNWALL, Ont.

DATE DESP.....

(1)

REGN. NO.....

444

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER

Mrs. M.R. Campbell

ADDRESS: 29 Fourth Street, East,
Cornwall, Ont.

(3)

17-1-45

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Dec. ~~ased~~
 Member's Name Donald Warren CAMPBELL
 (Christian Names) (Surname)

Ref

Payee Director of Estates, } for service estate of
 Address 308 Sparks Street, } Donald W. CAMPBELL,
Ottawa, Ont. } N.S. V69124
 Register No. 6986
 File No. V69124
 Date 21 July 45
 Service No. V69124
 Final Rank or Rating Sto 1/c
 Date of Discharge 21 Aug 44

Date of termination of overseas service 21 Aug '44

A. TOTAL QUALIFYING SERVICE
 No. of days 369 equal to 12 complete periods at \$7.50
 30

B. QUALIFYING OVERSEAS SERVICE
 No. of days 175 less 9 ineligible days equal to 166 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	2.00	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay	\$		
S.T.	\$.10	
I.B.	\$.05	
H.L.M.	\$.25	
Dependents' Allowance 1/30 of \$	\$		
Total	\$	3.65	x 7 = \$ 25.55
No. of days		<u>175</u>	x \$ 25.55 = 44.43
		<u>183</u>	

D. WAR SERVICE GRATUITY 155.93

E. DEDUCTIONS
 OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE 155.93

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 155.93
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <u>BNJ</u>	6 <u>DR</u>
2 <u>BNJ</u>	7 <u>DR</u>
3 <u>BNJ</u>	8 <u>DR</u>
4 <u>BNJ</u>	9 <u>DR</u>
5 <u>BNJ</u>	10 <u>DR</u>

W.S.G. Application No. 6986 -

TO: D.N.P.A. "G"

FILE NO. N.S. V-69124 -

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>CAMPBELL</u>	<u>Donald Warren</u>	<u>V-69124</u>	<u>Sto 1/c</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Albion Casualty)

Application made by mother

	<u>TOTAL SERVICE</u>	<u>366</u>	
		<u>3</u>	
		<u>369</u>	
Date of Active Service	<u>19 Aug '43</u>	x	
Date of Discharge	<u>21 Aug '44</u>	x	
Total No. of Days	<u>369</u>		
# Less non qualifying service	<u>NIL</u>		Total Days <u>369</u>

	<u>OVERSEAS SERVICE</u>		
% Total No. of Days	<u>175</u>		
# Less non qualifying service	<u>NIL</u>		Total Days <u>175</u>

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By [Signature]
Checked By [Signature]

J.B. McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: MAR 3 1945

CFHC

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"	NOV 2 1943	"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			Total Days

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Alberni	29 Feb '44	21 Aug '44	175

1
 31
 30
 31
 30
 31
 21
175

OTHER OR DISCONTINUED

IN PART IN FULL ON DISCONTINUED
 SERVICE SERVICE SERVICE

QUALIFYING OR SERVICE
 NON QUALIFYING SERVICE

DATE OF DISCONTINUED

DATE OF SERVICE

DATE OF SERVICE

NAVY RECORDS
 MAR 3 - 1945
 6986
 Department of National Defence
 WAR SERVICE GRATUITY SECTION

420092 # 477

Prepared from
 MFM 441

NAVY.....
 ARMY.....
 AIR FORCE.....

APPLICATION FOR WAR SERVICE GRATUITY

1. Surname of Applicant..... *Campbell*.....
2. Christian Names of Applicant..... *Mary R.*.....
3. Address, in full, to which payments of gratuity are to be forwarded
 *109 Amelia St.*
 *Cornwall Ontario*
4. Surname of member of the Forces..... *Campbell*.....
5. Christian Names of the Member of the Forces.....
 *Donald Warren*
6. His Service Number..... *469124*.....
7. His paid rank or rating at date of termination of service.....
 *1st Class Stoker*
8. Date of death of the member of the Forces..... *Aug. 21st 1944*.....
9. I hereby certify that I am the *mother* of the
 member of the Forces above described, and as *his* service
 terminated on *Aug. 21st 1944* I apply for payment of the
 War Service Gratuity. I was in receipt of Dependents Allowance
 at the date of my husbands death.

Date..... *Feb. 26th 1945*.....
 Address..... *109 Amelia St.*
 *Cornwall Ont*

..... *Mary R. Campbell*
 (Signature of Applicant)

(Application to be submitted to-
 NAVY - The Secty, Naval Board, Naval Service Headquarters, Ottawa.
 Army - The Secretary, Dept. of National Defence (Army) Ottawa)
 Attention: Postmaster-General)
 AIR FORCE: The Secretary, Dept. of National Defence for Air, Ottawa
 Attention: Records Officer.

109 Amelia St.,
Cornwall, Ont.

Dept. of National Defence -
Naval Service:
Ottawa, Ont.

P611054

Dear Sirs.

Would you, at your earliest convenience, inform me if my son, the late Donald Warren Campbell, Stoker First Class V. 69124 R.C.N.V.R. who was reported missing August-21, 1944, would have had to make a will on entering the naval service, and if so, where can I procure a copy?

As far as I know he was making payments on a victory loan Bond which would have been paid up in October of 1944.

Would you kindly direct this letter to the proper channel so that my son's estate can be wound up and his pay account credited to me.

Thanking you, I am

Yours truly,
(Mrs) Mary R. Campbell
(per Emb)

no more

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of At Sea Township of
 { If in City, Town or Village Street House No.
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Township where death occurred (b) In Province (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED CAMPBELL Donald Gordon
(Family name) (Given name or names in usual order)

RESIDENCE No. 29 Street Fourth Street City, Town, Village or Township CORNWALL Province Ontario,
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality <small>(Citizenship)</small> <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced <small>(Write the word)</small> <u>Single</u>				
8. BIRTHPLACE <u>Ontario</u> <small>(Province or Country)</small>							
9. DATE OF BIRTH <u>August 23 1924</u> <small>(Month) (Day) (Year)</small>							
10. AGE in <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Years <u>19</u></td> <td style="width: 25%;">Months <u>11</u></td> <td style="width: 25%;">Days</td> <td style="width: 25%;">If less than one day old hrs. or min.</td> </tr> </table>				Years <u>19</u>	Months <u>11</u>	Days	If less than one day old hrs. or min.
Years <u>19</u>	Months <u>11</u>	Days	If less than one day old hrs. or min.				
OCCUPATION							
11. Trade, profession or kind of work as <u>spinner, teamster, office clerk, etc.</u> <u>Machinist Apprentice</u>							
12. Kind of industry or business, as <u>cotton-</u> <u>mill, lumbering, bank, etc.</u>							
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....					
15. If married give name of wife or husband of deceased.....							
FATHER							
16. NAME.....							
17. BIRTHPLACE..... <small>(Province or Country)</small>							
MOTHER							
18. MAIDEN NAME.....							
19. BIRTHPLACE..... <small>(Province or Country)</small>							
20. Person giving information <u>H.D. Money</u> sign here. <u>Payr. Commander, R.C.M.R.</u> Address <u>Naval Service Headquarters, Ottawa</u> Relationship to deceased <u>Director, Personnel Records.</u>							
21. Place of Burial, Cremation or Removal <u>No Burial</u> Date of burial or removal.....							
22. Burial Permit was issued by..... Address.....							
23. UNDERTAKER..... <small>(Name and address)</small>							

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:
 19..... to 19.....
 and last saw h..... alive on 19.....

CAUSE OF DEATH

I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(a) <u>Missing, presumed dead. He was serving in H.M.C.S. "ALBERGII" which was sunk in the English Channel.</u> (b)..... (c).....	PHYSICIAN Underline the cause to which death should be charged statistically
---	---	---

26. If a communicable disease is mentioned on this certificate, give
 (a) Date of appearance..... 19.....
 (b) Duration of disease..... days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?..... Date of operation..... 19.....
 State findings..... Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)
 Manner of injury.....
(How sustained)
 Nature of injury.....
 Specify whether injury occurred in **industry, in home, or in public place**.....

Signed by..... M.D.
 Address..... Date..... 19.....

30. Division Registrar's Record No.

31. Filed..... 19.....
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

EMC

26

N.S. V-69124 PERS. (N)

23 January, 1945.

THIS IS TO CERTIFY that according to official information Donald Warren Campbell, Stoker First Class, Official Number V-69124, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD.

[Handwritten signatures and initials]

23

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

021281

56
DEC 18 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CAMPBELL, Donald Warren	Stoker First Class	V-69124 R.C.N.V.R.

DATE OF ENLISTMENT - 19th August, 1943.

DATE OF DISCHARGE - 21 August, 1944.

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & .N.H.)

SERVICE - CANADA & HIGH SEAS

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, Presumed dead. He was serving in H.M.C.S.
when and where any disability "ALBERNI", which was sunk in the English Channel.
was incurred, or where death occurred.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother

NAME - Mrs. Mary R. Campbell

ADDRESS - 29 Fourth Street East, CORNWALL, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

C. R.
P. A.
NAVAL TREASURY
DATE 25/12/44
INITIAL K

REMARKS:

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Miss Gladys Campbell, 40-11th Street, Noranda, P.Q.	Sister.		
---	---------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil.	20.00	20.00

To Whom Paid: As above Address As above.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: August 31, 1944.

The final deduction of Assigned Pay for 20.00 has been made for the period from 1st to 31st of August 1944.

Remarks:

Computed by.....*m.w.*.....

Checked by.....*L. Halobell*.....

Alfred Boswell
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

LA/HS

REGISTERED

AIR MAIL

N.S. V-69124, PERS.(N)

72

²⁶
15 December, 1944.

Dear Mrs. Campbell:

Further to my letter of the 29th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Donald Warren Campbell, Stoker First Class, Official Number V-69124, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

J.F.
SECRETARY, NAVAL BOARD.

Mrs. Mary R. Campbell,
29 Fourth Street East,
CORNWALL, Ontario.

L.H.
Despatched by
Sec. N. B.

*noted D.N.P.A.
29-12-44
P.P.*
Date 26.12.44
Time 10 30

TFH/JM

AIR MAIL

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

V-69124 Pers. (N)

123561

29th August, 1944.

Dear Mrs. Campbell:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

FILE
ACTION TAKEN

Mrs. Mary R. Campbell,
29 Fourth Street East,
CORNWALL, Ontario.

Handwritten initials and numbers: "a 2 3"

CHECKED IN
C.R. BY.....



74
142469

F.M.O., Halifax, N.S.,
August 26th, 1944.

N.S. V-69124. PERS.(N)

My dear Mrs. Campbell:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was an excellent stoker and every since joining the ship has done a very good job of work. He was very well liked by all the officers and men and appeared to be very happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Cornwall you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"
Lieutenant Commander, R.C.N.V.R.

Mrs. Mary R. Campbell,
29 Fourth St., East.,
Cornwall, Ont.

PA'S CHECKED IN
C.M. BY.....

LA/ew

REGISTERED
AIR MAIL

N.S. V-69124 PERS (N) 9

23 August, 1944.

Dear Mrs. Campbell:

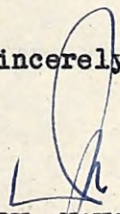
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Donald Warren Campbell, Stoker First Class, Official Number V-69124, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.




Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Mary R. Campbell,
29 Fourth Street East,
Cornwall, Ontario.

OCCUPATIONAL HISTORY FORM

2

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full CAMPBELL, Donald Warren (b) Reg'l. No. V69124
2. (a) Arm of service NAVY (b) Unit RONVR (c) Rank STOKER I
3. (a) Date of birth 23 Aug/24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Kirkland Lake Ont.
4. (a) Place of enlistment Ottawa (b) Date of enlistment 19 Aug/43

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) 1 Yr. Technical
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? machinist (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 14 Mos.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

11. Had you ever been employed fairly regularly since leaving school? No
12. (a) If answer to 11 be "Yes," state exact trade or occupation at which you actually worked No (b) State how long you had worked at this trade or occupation No
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified No
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment No
15. Give details of last employer, if any: Name No Address No
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) No
17. (a) If your last employment was in a business of your own, state nature and address of business No (b) Date of discontinuing it No

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10(a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Boyles Bros. Ltd. Address Kirkland Lake Ont.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Diamond Drilling
20. (a) Your specific occupation Machinist Appr. (b) Number of years' experience at this occupation with any employer 14 mos.
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice No (b) Where was it located? No
23. (a) Number of years engaged in this business No (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? yes (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 5 (c) In what provinces did you have experience? Ont.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Electrical work



DATE 19th Aug. 1943 194..... SIGNATURE Donald W. Campbell

Copy To
V J
ES

SEP 4 1943