

V22882
CAMPBELL

ALAN

DICKSO

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

D OF D 10-2-42

C-514 AWARDS NAVY

D.D.

CAMPBELL	Allan Dickson	V-22882	A.B.	FILE No. 267133
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4879-
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 45 "SPIKENARD"

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Isabel M. Campbell - Mother

28 Oriole Gardens,

ADDRESS:

TORONTO, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. I. Campbell

28 Oriole Gardens

ADDRESS:

Toronto, Ontario.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP. (1)

REGN. NO. 2288

(2)

(3)

1-4-42

OFFICIAL NUMBER **V22882**

NAME.....	CAMPBELL (Surname)	Alan Dickson (Given Names)	DATE OF BIRTH.....	17 November, 1920
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PLACE OF BIRTH	Bowmanville, Ontario.	OCCUPATION	Student
----------------	-----------------------	------------	---------

RELIGION.....Anglican.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 28 Oriole Gdns., Town Toronto, Province, etc Ontario.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Boss, Isaac A. Jr. 11/11/1911

ADDRESS (in pencil): Street and No. 1515 Broadway Town New York Province, etc. N.Y.

[illegible][illegible][illegible]

U. S. G.
APPLICATION
10159
RECEIVED
5/8/45

V22882

OFFICIAL NUMBER

NAME.....CAMPBELL
(Surname)

Alan Dickson
(Given Names)

OFFICIAL NUMBER

V22882

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Toronto Div. Str.	Ord. Smn.	27	1	41		V.G.		10	2	42	A/S.D.	25	7	41			
Duty Div. Hdqs.	" "	1	2	41		V.G.	Sat.	31	12	41	S.D. (Conf)	8	12	41			
Stadacona	" "	17	6	41													
Spikenard	" "	10	8	41													
"	Able Smn.	8	12	41													
DISCHARGED	" "	10	2	42	"Spikenard" casualty.												
GENERAL REMARKS																	
Memorial Cross to Mother: Mrs Isobel Campbell, 28 Oriole Gardens, Toronto, Ont.,																	

DATE OF BIRTH		PLACE	CIVIL	OCCL	REL	ED	TERM	RESIDENCE	PREV. ENL	RANK OR RATE		
DY.	MO.	YR.	BIRTH	PLAC.	REL.	ED.	TERM	RESIDENCE	PREV. ENL	A.	BR.	
17	X	20	11	XXX	0	30	X	56	14	0	23	
										0	08	
ENLIST. DATE		ACT. DATE	EXP. DATE	SHIP OR	RANK OR RATE							
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	
27	01	41	01	02	41					26	18	
										0	08	
SENIORITY		STR.	NON-SUB			CODED		CHECKED				
DY.	MO.	YR.	CAT.	A.	B.	C.						
08	12	41	09	32			20 10-02-42		mm			

Higher Submarine Detector Requalifying

	Obtainable	—	—	75	50	—	150	100	—	100	200	25	—	700				
	Required.....	—	—	45	30	—	90	60	—	60	120	15	—	420				
	Obtained.....																	
	Obtained.....																	
	Obtained.....																	
	Obtained.....																	

Submarine Detector

	Obtainable	300	—	—	75	—	200	100	100	100	100	25	—	500 1000 300 000				
	Required.....	180	—	—	45	—	120	60	60	60	60	15	—	400				
25.7.41	Obtained.....													400				

COMPLETED SHORTENED WAR COURSE

A CLASS A/S SCHOOL HALIFAX N.S.

Submarine Detector Requalifying

	Obtainable	—	—	—	75	—	200	100	100	100	100	25	—	700				
	Required.....	—	—	—	45	—	120	60	60	60	60	15	—	420				
	Obtained.....																	
	Obtained.....																	
	Obtained.....																	
	Obtained.....																	

Acting Submarine Detector

	COMPLETED SYLLABUS IN ACCORDANCE WITH CURRENT C.A.F.O.																	
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

S.—1246 J.

(Established—July, 1924)
(Revised—July, 1939)
IM—5-41 (455)
N.S. 815-9-1246j

Submarine Detector History Sheet

Name CAMPBELL A.D.

Port Division R.C.N.V.R.

Official No. V.22882

This History Sheet is to be kept attached to the Service Certificate until Final Discharge from the Service when it is to be handed to the Rating.

S.—1246 J.



ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY

REGISTRAR-GENERAL'S BRANCH

ADDRESS ALL COMMUNICATIONS
TO THE REGISTRAR-GENERAL
PARLIAMENT BUILDINGS, TORONTO

Toronto , Nov-30-1934.

Alan Dickson Campbell
N.&.Durham Co.
Nov-17-1920

This certifies that the registration
of the birth of the person named in the
margin is on file in the records of the
Registrar General of Ontario.

Yours truly,

F. J. Palmer
Deputy Registrar General

1920-34-38
GH.

An Official Certificate will be forwarded on the return
of this form together with a further fee of \$1.00.

TRUE COPY

OF THE

CERTIFICATE of the Service of

CAMPBELL, Alan Dickson

IN THE ROYAL CANADIAN ~~NAVY~~ *Naval Volunteer Reserve*

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.

Port Division

Halifax NS.

Official Number *V-22882*

Date of birth *17 November 1920*

Where born { Province *Ontario*
Town or county *Bowmanville*

Trade brought up to *Student*

Religious denomination *C of E.*

Date passed swimming test

Man's signature on discharge to pension }

Nearest known Relative or Friend
(To be noted in pencil)

Name: *Isobel Campbell*

Relationship: *Mother*

Address: *28 Oriole Gardens
Toronto
Ont.*

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<i>27 Jan '41</i>	<i>Duration</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy	<i>5</i>	<i>7</i>	<i>35 1/2</i>	<i>Brown</i>	<i>Green</i>	<i>Medium</i>	<i>Scars over right eye Scars left elbow.</i>
On advancement to man's rating or on entry under 28 years							
On re-entry for C.S. or for Non-C.S. after attaining 28 years							
Further description if necessary							

Shi
(Tenders
in

Date
90
28 July '4
28 Aug '4
8 Dec '4

Efficiency in Rating—ARTICLE 607—K.R.

3. Definition of Terms—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior.....A man who performs his duties with more than average
to be written Supr. efficiency.

Satisfactory.....A man who performs his duties with average efficiency.

“ Sat.

“ Moderate.....A man who performs his duties in an efficient manner
Mod. but with less than average efficiency.

Inferior.....A man who performs his duties in an inefficient manner.

“ Inferior.

NOTE.—In these definitions “duties” means the general duties of the substantive rating held, and “average efficiency” means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

Good Conduct Badges

[illegible]

Time forfeited

[illegible][illegible]

NAME IN FULL CAMPBELL, Allan Dickson RANK/RATING NAVAL GENERAL SEA

VERIFIED BY Don He

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

K/RATING A-13 OFF. NO. ✓ 22882 ADDRESS

[illegible]

ED BY DIR. OF PERSONNEL RECORDS.



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 Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined..... A. D. Campbell
† candidate for entry as..... 17888 VR Special Service
and I believe him to be * in all respects fit for His Majesty's Service. } 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 (Years Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
20 2	142	5' 7 1/2"	Good	inches (a) maximum 37 (b) minimum 34 (c) mean 35 1/2	right eye 20/15 left eye 20/15 colour vision NORMAL	1940	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

X-ray	☒ Notation Approved. ☐ Positive. ☐ Doubtful.
-------	--

Write in the appropriate notation, and any remarks necessary.

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.

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

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

This Candidate is the subject of.....

* {which renders him medically unfit for service,
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..... Toronto..... the 27 th of Jan.. 1941

..... Almae Kinnear
Examining Medical Officer

(Rank).....

6-14-41
OK. dm

Both ext. ing. rings
relaxed

R 6/6
L 6/6
C 6/6
N

J. E. Lowell
SURGEON LIEUT.

JUN 22 1941



N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

P 18768

DEPT
NATIONAL DEFENCE

FEB 13 1941

N.S. 113-6-1264
CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CAMPBELL OFFICIAL NO. V 22882
CHRISTIAN NAMES ALAN DICKSON MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS		RELIGION
28 Oriole Gdns., Toronto, Ont.		Anglican.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
17 Nov. '20	Town Bowmanville,	Mother:
	County	Mrs. Isabel Campbell,
*Original Nationality of:	Province Ontario.	28 Oriole Gdns.,
Father British		Toronto, Ont.
Mother U.S.A.		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 37	Brown	Green	Med.	Scar over right eye. Scars on right elbow.
Inches 7 1/2	Deflated 34				
Mean 35 1/2					
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
27 Jan. '41	Ord. Sea.	Student:			
R.C.N.V.R. Division (or other establishment) at which enrolled	Toronto, Ont.	Oakwood Collegiate Inst.			

(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, Reserve, or Territorial Force.

* (b) I served in ----- for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
-----	-----	-----

(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.

Personal Records Division.

1. Noted in Records

2. Index Card

3. Non-Sub. Card

4. Photo

5. Roneo Strip

6. Pension Card

7.

8.

DATE 21-3-41

(3) On being enrolled as a member of the Toronto, Ont. Division of the
Royal Canadian Naval Volunteer Reserve, I undertake to 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 if called upon in time of war or emergency, and, if called into active service, 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 Divisional Commanding Officer or to Training Headquarters 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 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.

Dated this 27th day of Jan. '41

Signature of applicant Alan D. Campbell

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 27th day of Jan. '41

R. D. Judge
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, ALAN DICKSON 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 Alan D. Campbell

Witness R. D. Judge

Date 27 Jan. '41 Rank LIEUTENANT R. C. N. V. R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

ALAN DICKSON CAMPBELL having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Toronto, Ont. Division of the R.C.N.V.R. or in the appropriate official documents.

R. D. Judge
Attesting Officer.

27 Jan. '41 194 R.C.N.V.R. Division Toronto, Ont.
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name ALAN DICKSON
(Christian Names)

CAMPBELL
(Surname)

Payee Director of Estates

Address 308 Sparks Street
Ottawa Ont

for service estate of
Alan D. CAMPBELL
N.S. V 22882

Register No. 10159

File No. V-22882

Date 20-6-45

Service No. V-22882

Final Rank or Rating AB

Date of Discharge 10 FEB 42

Date of termination of overseas service 10 FEB 42

A. TOTAL QUALIFYING SERVICE

No. of days 375 equal to 12 complete periods at \$7.50
30

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 186 less 15 ineligible days equal to 171 days @ 25¢ per day

\$ 42.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.85
Subsistence or Lodging \$ 1.45
and Provision Allowance
Additional Pay S.D. \$.15
~~H.M.~~ \$.25
H.L.M. \$.25

Dependents' Allowance 1/30 of \$ N.K.

Total 3.70 x 7 = \$ 25.90

No. of days 186 x \$ 25.90
183

\$ 26.32

D. WAR SERVICE GRATUITY

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

OTHER DEDUCTIONS \$ nil

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ _____
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 IF 6 IF
2 IF 7 IF
3 IF 8 IF
4 IF 9 IF
5 IF 10 IF

Toronto, Ont., 12,
June 11, 1945

Secy. Naval Board,
H. S. Headquarters
Ottawa, Ont.,

#4251

919858

Dear Sir. Answering your letter of June 5th
I wish to advise that I am the one authorized
to act on behalf of the estate of my late son
Alan Dietson Campbell, Able Seaman,
V-22882, R.C.N.V.R.

I authorize you to make payment of
his gratuity to his Estate.

Thanking you, I am, Sincerely,

(Mrs.)

Nobel Campbell

28 Oriole Gardens,
Toronto, Ont. 12.

NAVAL PERSONNEL RECORDS
10159
JUN 14 1945
WAR SERVICE GRATUITY SECTION



610228

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MMB

NAVY

Name: CAMPBELL Surname Alan D. Christian Names No.: V22882

Rank A.B. Unit R.C.N.V.R. Date of Death 10-2-42

AMOUNT

W.S.G. 159.07
L.P.C. 72.97

Date: 26-7-45

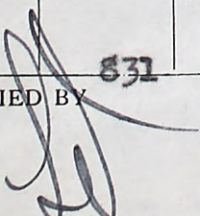
Other Credits 135.91

Total 367.95

Prev. dist. 208.88
This dist. 159.07

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Isobel Campbell, 28 Oriole Gardens, Toronto 12, Ont. (Sole beneficiary per will) P4. TO TREAS. 30/7	159.07

WSC

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$159.07
CLASSIFIED BY 			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name CAMPBELL No: 7-22852
Surname Christian Names

Rank Unit Date of Death

AMOUNT

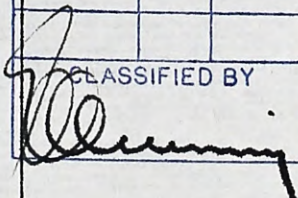
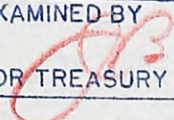
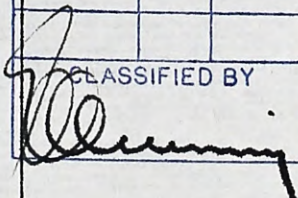
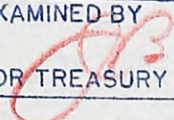
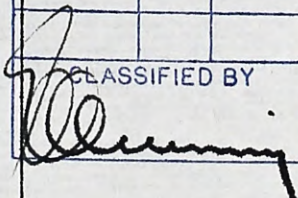
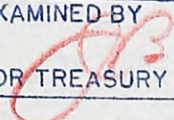
L. P. C. \$ 67.57

Date October 6, 1942

Other Credits 2111.31

Total \$208.88

Prev. Dist. \$133.16
This Dist. \$75.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT																																																																																
All	Mother	Mrs. Isabel H. Campbell, 28 Oriole Avenue GARDENS, Toronto, Ontario. (sole beneficiary under Will)	\$75.72																																																																																
<table><tr><th colspan="8">AUTHORITY</th></tr><tr><th>H.Q. F.E.No.</th><th>DIV. ...</th><th>EST. ...</th><th>VOTE ...</th><th>PRI. ...</th><th>D.A. OR H.Q. SUB.</th><th>OBJ. ...</th><th>AMOUNT</th></tr><tr><td>9999</td><td></td><td></td><td>831</td><td>10</td><td>30</td><td>000</td><td>75.72</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">CLASSIFIED BY </td><td colspan="3">EXAMINED BY </td><td>75.72</td></tr><tr><td colspan="4"></td><td colspan="3">FOR TREASURY OFFICER</td><td>TOTAL</td></tr></table>				AUTHORITY								H.Q. F.E.No.	DIV. ...	EST. ...	VOTE ...	PRI. ...	D.A. OR H.Q. SUB.	OBJ. ...	AMOUNT	9999			831	10	30	000	75.72																																									CLASSIFIED BY 				EXAMINED BY 			75.72					FOR TREASURY OFFICER			TOTAL
AUTHORITY																																																																																			
H.Q. F.E.No.	DIV. ...	EST. ...	VOTE ...	PRI. ...	D.A. OR H.Q. SUB.	OBJ. ...	AMOUNT																																																																												
9999			831	10	30	000	75.72																																																																												
CLASSIFIED BY 				EXAMINED BY 			75.72																																																																												
				FOR TREASURY OFFICER			TOTAL																																																																												

Distribution approved and authorized

AUDITED FOR PAYMENT

W. Whitcher per
for Chief Treasury Officer

L. M. Firth
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

IN THE NAME OF GOD, AMEN

JUN 21 1941
112-C-7264
N.S. of His
CANADA

I, *Alau Hickson Campbell*
Majesty's Ship *Toronto Division R.L.N.V.R.*
(now a Patient* in

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my *Mother*

P 76301

Mrs. Alau Campbell
28 Oriole Gardens
Toronto
Ont.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money,
as now are, or hereafter may be due to me for my service on board the said
Ship, or any other Ship or Vessel, of the Royal Navy, together with all other
my Estate and Effects whatsoever and wheresoever.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint

Alau Campbell (father)
28 Oriole Gardens
Toronto

Executors of this my last Will and Testament; and hereby revoking all former
Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at *Toronto* hereunto set my hand,
this *sixteenth* day of *June*, in the Year of Our Lord
One Thousand Nine Hundred *forty-one*

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

Witnesses

Chas. B. Gardner
J. H. King

PAY LIEUT. R.C.N.V.R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by *L.S.*

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words " I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.



Signature of the person
by whom the Will was prepared.

NAVY

OR

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name CAMPBELL Allan D. No. V.22582 37

Surname Christian Names

A.B. H.M.C.B. "SPRINGHARD" 10/2/42

Rank Unit Date of Death

AMOUNT

L. P. C. \$ 67.57

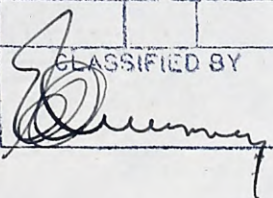
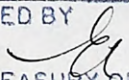
Other Credits 65.59

Total 133.16

Shares Retained _____

NET TOTAL 133.16

Date April 22, 1942

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT				
all	mother	Mrs. Isabel M. Campbell, 28 Oriole Gardens, Toronto, Ont. (sole beneficiary under will)	\$133.16				
FISCAL YEAR 1942-43							
AUTHORITY							
H.Q. F.E. No.	DIV. ..	EST. ...	VOTE ...	PRI ..	DA OR HO SUB	OBJ. ...	AMOUNT
9999			821 00	50	000		13316
SHARES RETAINED							
CLASSIFIED BY 				EXAMINED BY 			13316
				FOR TREASURY OFFICER			TOTAL

Distribution approved and authorized

AUDITED FOR PAYMENT

[Signature]

For Chief Treasury Officer

[Signature]
 (L.M. Firth) Major,
 Administrator of Estates.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

113-C-1264

F069242

R.C.S. SPIKENARD

AT ST. JOHN'S NEWFOUNDLAND

Name..... CAMPBELL, Alan Dickson

(Christian Names in full)

Rank or Rating..... ABLE SEAMAN

Official Number..... V-22882

(If unknown, date of first entry)

Place of Birth..... BOWMANVILLE ONTARIO

Date of Birth..... 17th November 1920

Occupation in Civil Life..... STUDENT

Religion..... CHURCH OF ENGLAND

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)

One year, 9 days Active Service R.C.N.V.R.

Date of Death..... 10th February 1942

Place of Death..... At Sea

Cause of Death..... Loss of H.M.C.SHIP

Nearest known (Name..... Mrs. Isobel CAMPBELL

Relationship..... MOTHER

relative or friend

(Address..... 28 Oriole Gardens, Toronto, Ontario

Date on which the above was informed by Ship.....

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 London, Edinburgh or Dublin, according to the nationality

Place of burial..... (if known) Date of burial..... (if known)

Location, Number, etc., of grave..... (if known)

Undertaker employed..... (If any)

If borne for discipline only, date D.S.Q. or invalidated.....

C. J. Hope
Commanding Officer
for Captain R.C.N.
27th February

194. 2

The Naval Secretary
Department of National Defence
Ottawa, Canada.

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

Distribution: File, Imp. N.G. Com., Dom. Stat., Register

C.N.S. 1121

MEMORANDUM FOR

P. 64

Mrs. Isobel Campbell,

28 Oriole Gardens,

Toronto, Ontario.

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

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

and the following number quoted:—

H.Q. N.S. 113-C-1264 FD. 382.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

30

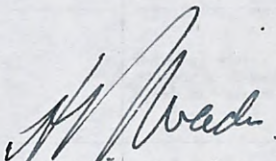
March 9th, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Able Seaman Alan Dickson CAMPBELL, O.N. V-22882.

R.C.N.V.R. H.M.C.S "SPIKENARD".

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.


(H.R. Wade) Lieut. Cdr. RCNVR,
for (L.M. Firth) Major,
Administrator of Estates.



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 inquired for	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.....	Alan Campbell	52	28 Oriole Gdns. Toronto, Ont
4	Mother of the Deceased.....	Isabel Mary Campbell	51	28 Oriole Gdns. Toronto, Ont.
5	Brothers of the Deceased	Full Blood	Gordon Ronald Campbell, B. Peter Campbell,	26 28 R.C.A.F. Manning Pool, Toronto, Ont. 380 O'Connor Drive Toronto, Ont.
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Alan Dickson Campbell
11	Give the month and year of his birth.	November 17th, 1920
12	Where and when were his parents married?	Winnipeg, Man. Dec. 19, 1912. 29
13	If deceased was married, state place and date of marriage.	--
14	Did he leave a Will? If so, a copy should be attached hereto.	-- no
15	Did he leave a bank account? If so, give full particulars.	Dominion Bank, Yonge & St. Clair Sts Toronto, Ont. Savings No. 18463, \$65.62. ✓
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no
17	State your own postal address in full.	28 Oriole Gardens, Toronto, Ont.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Bowmanville, Ont.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Ontario, Canada.
20	What was the nature of his employment?	Attended school
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	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.	no
24	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, 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.)	--

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

* Father of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Alan Campbell

{ Signature
of
Informant

CERTIFICATE

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

*See above Alan Campbell { Name of Informant } is the * father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Toronto, Ont. this 12th day of March 1942

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public }

J. A. Henry
Address 220 Bloor St. E.
Toronto.

Qualification Notary Public
in and for the
Province of Ontario

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 enquired after is stated in its proper place in the Statement opposite.

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



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-C-1264

MAILED
FEB 25 1942
113-C-1264
34421

February 23, 1942.

21

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>
CAMPBELL, Allan Dickson, Able Seaman, ON V-22882, Royal Canadian Naval Volunteer Reserve.	High Seas, 10th February, 1942. Missing, presumed lost on Active Service. He was serving on H.M.C.S. "SPIKENARD" which was torpedoed and sunk.	Mother: Mrs. Isobel Campbell, 28 Oriole Gardens, TORONTO, Ontario.

ALLOTMENTS IN FORCE
IN FAVOUR OF

AMOUNT

No Allotments in force

NIL

WILL: Attached.

Yours truly,

R. A. [Signature]
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

February 23, 1942.

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
CAMPBELL, Alvan Dickson,	Able Seaman,	V-22882, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> - 27th January, 1941, (Active Service 1st February, 1941.)		
<u>DATE OF DISCHARGE</u> - 10th February, 1942.		
<u>HOSPITAL</u> - (If discharged in hospital under jurisdiction of D.P. & N.H.)		
<u>SERVICE</u> - Canada & the High Seas.		
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		
Reason for discharge and - when and where any disability was incurred, or where death occurred.		Missing, presumed lost on Active Service. He was serving in H.M.C.S. "SPIKENARD"
which was torpedoed and sunk by enemy action on the 10th February, 1942.		

(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. Isobel Campbell,
ADDRESS 28 Oriole Gardens, TORONTO, Ont.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -\$ NIL PAID TO NILMARRIAGE ALLOWANCE AT \$ NIL PER DIEM PAID TO NILDEPENDENTS ALLOWANCE AT \$ NIL PAID TO NILTOTAL MONTHLY PAYMENT TO - WIFE \$ NILComputed by [Signature]
Checked by [Signature]DEPENDENTS \$ NIL[Signature]
SECRETARY,
NAVAL BOARD.The Secretary,
The Canadian Pension Commission,The Secretary,
The Dept. of Pensions & National Health.

(See reverse side for further instructions.)

19th February, 1942. 9

AIR MAIL

Dear Madam:

It is with deepest regret that I must confirm the telegram of the 18th February from the Minister of National Defence for Naval Services informing you that your son, Allan Dickson Campbell, Able Seaman, R.C.N.V.R., O.N. V.22882, is missing and must be presumed lost on Active Service.

Your son was serving in H. M. C. S. "SPIKENARD" which was torpedoed and sunk by enemy action on the 10th February 1942. Details of the action are not, however, available at this time.

The possibility of your son having been rescued by other ships cannot be estimated but it has been established that he was not among the survivors landed at a United Kingdom port and very little hope is held out for the survival of the remainder. You will be informed immediately should any further information be received.

I wish to express the sincere sympathy of the Chief of the Naval Staff, Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

Rai
CWD Secretary, Naval Board.

Mrs. Isobel Campbell,
28 Oriole Gardens,
TORONTO, Ont.

OCCUPATIONAL HISTORY FORM

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 ALAN DICKSON (b) Reg'l. No. V22382
 2. (a) Arm of service NAVAL (b) Unit RECORDED (c) Rank POB 500
 3. (a) Date of birth NOV 11/20 (b) Have you any dependents? NO (c) Place of residence at time of enlistment TORONTO
 4. (a) Place of enlistment TORONTO (b) Date of enlistment JAN 29/41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 20 (b) Were you attending school or college up to the time of enlistment? Yes
 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.) 5 1/2 years High School Senior Matric
 7. If you attended a university, give name of university and standing or degree secured 1 year
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? —

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

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 — Address —
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
 20. (a) Your specific occupation — (b) Number of years' experience at this occupation with any employer —
 21. (a) Did your employer promise definitely to give you employment on discharge? — (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? —

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 — (b) Where was it located? —
 23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? FRUIT
 25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 1 (c) In what provinces did you have experience? ONTARIO

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.) —
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Remain in the Naval Service



DATE June 10 194 1 SIGNATURE [Signature]

Copy To
VWD
ES

JUL 4 1941

Original on 10/1/6

Copy for.

DEPARTMENT OF NATIONAL DEFENCE
R.C.N.V.R. Headquarters,
165 Lakeshore Boulevard,
Toronto, Ontario. 3

2-4-12

AUG 6 1940
N.S. 62-75
CANADA

2nd August, 1940.

From: The Commanding Officer. Toronto.
To : The Director of Naval Personnel. Ottawa. **M 49101**

//
Submitted:

Reference: HQ.NAVAL MESSAGE 1046/29 re Midshipmen for
our Merchant Cruisers with Royal Navy.

I would submit the names of the following young gentlemen with reference to the above Naval Message.

1. Mr. Stewart Dawson. 126 St. George Street, Toronto, Ont. Age 19 yrs. 5 mths. Has Senior Joint Board Oxford & Cambridge Certificate and has now completed 1st year of Law at Osgoode Hall. Father - G.L. Dawson, Barrister & Solicitor.
2. Mr. M.H. Cooke. 12 Peck Street, Galt, Ont. Age 18½ yrs. Has Senior Matriculation. Served for 3 yrs. in Collegiate Cadet Corps as Cpl., Sgt. and Lieut. Won Lord Roberts Trophy for best shot in M.D. #1. Takes part in all sports and has had about four seasons sailing his own 20 ft. sloop.
3. Mr. John A.G. Clarke 75 Highland Avenue, Toronto, Ont. Age 18 yrs. 7 mths. Attended Appleby School obtained his Senior Matriculation this year. Takes part in all Sports. Has had two summers sailing in schooner from Kingston to P.E.I.
4. Mr. Alan Campbell. 28 Oriole Gardens, Toronto, Ont. Age 19 yrs. 4 mths. At present attending Oakwood Collegiate has full Junior Matriculation. Wrote Chemistry & Trig. for Senior Matric. this year. Takes part in all sports. Has had 5 yrs. sailing experience on "Falcon" class Boats.

All these young gentlemen are well-known to me and I would recommend them as likely to become efficient officers. Medical forms B. 207 enclosed herewith.

Signed W.G. Shedden, Commander RCNVR
Commanding Officer.

Encs. 4.
gh

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
AUG 7 1940
REFERRED TO
<i>[Handwritten signature]</i>
<i>[Handwritten signature]</i>
<i>[Handwritten signature]</i>



DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940
REGISTRATION CERTIFICATE

*This certificate
must always be
carried upon the
person of the
registrant.*

Electoral
District
Polling
Division

No. 169

No. 35

St Paul's

(Name)

(Name if any)

THIS IS TO CERTIFY THAT

ALAN D. CAMPBELL

residing at 28 ORIOLE GARDENS

TORONTO was duly registered under the above-mentioned

Regulations this 19 day of AUGUST 1940.

Elizabeth Thomas

Deputy Registrar.

Signature of Registrant

Alan D. Campbell