



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 839

Name in full Henry Colleton Norman Age 25

Address 15 1/2 Cochrane St

Married  Single  Height 5-6 Weight 112

Color Bright blue Hair Dark Brown Eyes Blue

Other distinguishing marks \_\_\_\_\_

Nearest relative (Father) Edward Norman

Address 15 1/2 Cochrane St

Dependents \_\_\_\_\_

Occupation clerk Present Wage \$50.00

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment 30<sup>th</sup> Dec

I, Henry Colleton Norman, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Henry Colleton Norman

Declared before me this 30<sup>th</sup> day  
of Dec 1914

Wm. Shyne Lieut.





Regimental Number 839

Company F

THE  
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's  
Forces under the following conditions:

For the duration of the present war, or until my  
discharge.

Subject to the Army Act, the King's Regulations,  
and to such ordinances as may apply or may  
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,  
5 George V., Chapter IV.

Signed Henry C. Noonan

Witness R. Robertson

Dated at \_\_\_\_\_



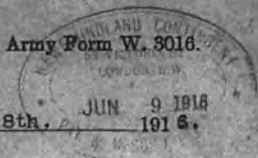
\_\_\_\_\_ 191

Loonan. A.

839

Gay sept

1721



Army Form W. 3016.

No. \_\_\_\_\_

Date June 8th, 1916.

(1) To the Officer i/c Records,

58, Victoria Street,

S.W. (Station).

(2) The Officer Commanding,

Newfoundland Contingent,

Ayr. (Station).

(3) The Paymaster,

58, Victoria Street

S.W. (Station).

Regimental No. 839

Rank and Name C.S.M. Noonan, H.

Regiment or Corps 1st Newfoundlands

has been granted a furlough from June 8th to June 17th

His address while on leave will be:—

58, Victoria Street,

S.W.

This man has been furnished with a Warrant to Victoria and given an advance of £1. (one pound)

I consider he is fit for <sup>(Duty.</sup> ~~Light duty.~~

A. Hope Gosse, Capt. R.A.M.C.T.,  
Registrar,

Officer in charge 3rd Ldn. General Hospital,

Wandsworth, S.W. (Station).

\* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

# DUPLICATE

## FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company } D Company  
 Regimental No. 839 Rank Company Sergeant Major



Surname NOONAN Christian Names H. C.

Died { Date Aug. 26th., 1917. Place 26th. Genl. Hosp., Etaples, France.  
 Cause of Death\* died of wounds received in Action.

Nature and Date of Report Ext. A 36, 26/8/17.

By whom made O.C., 26th. G.H., Etaples.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place \_\_\_\_\_ Date \_\_\_\_\_  
 By whom reported \_\_\_\_\_

State whether he leaves { (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand  
 a Will or not { (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the Deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } 30/8/17. Signature of Officer in charge of Section } [Signature]  
 Adjutant-General's Office at the Base }

MAJOR

O. /c No. 1 Reg. Infantry Section  
 G.H.Q., 3rd Echelon

Casualty Form—Active Service.



Regiment or Corps 1<sup>st</sup> Newfoundland Regt.

Regimental No. 839 Rank C.P.W. Name Koonan Henry

Enlisted (a) L. Johns Terms of Service (a) Duration Service reckons from (a) Dec 30, 1914

Date of promotion to present rank 7/12/17 Date of appointment to lance rank \_\_\_\_\_ Numerical position on roll of N.C.Os. \_\_\_\_\_

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

CERTIFIED TRUE COPY

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 24, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 26, or other official documents.
Date	From whom received				
		Embarked	Southampton	3. 6. 17	
		Dis do	Boulogne	3. 6. 17	
		found Batta		19. 6. 17	D. 213.
18. 8. 17	Ob. Unit	was dead in action.	Belgium	14. 8. 17	B 213.
19. 8. 17	4 <sup>th</sup> B.B.F.	Ad. C.P.W. L. High.		15. 8. 17	FD 9332.
28. 8. 17	26 <sup>th</sup> Hosp	Ad. C.P.W. L. High. sec.	Etaples	15. 8. 17	H.A. 13005.
29. 8. 17	do	Died of wounds	do	26. 8. 17	do 3034

*J. Allridge*  
Major  
sic No. 1/109  
G.H.A. *best*

1. In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
2. See Signaller, Shooting Smith, etc., also special qualifications in technical Corps duties.



PAY LIST. to 191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **Newfoundland**  
 No. **839** Rank **C. S. M.** Name **H. E. Noonan**  
 Died <sup>(a)</sup> **Intestate** at **France** on the **26** of **August** 1917.  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month .. 26/8/17 .....	12	16	7
	Cash issue (Date of each issue to be stated)				Pay days at from to .....			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to .....			
	191				Messing allowance days at from to .....			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"				Amount of Savings Bank balance including <i>checked</i>			
	Consolidated stoppage .....				<b>This account is, in accordance with information received at the Pay &amp; Record Office to 11/12/17 and is therefore subject to amendment if, and as may be found necessary.</b>			
	Balance due by the Paymaster	12	16	7	Balance due to the Paymaster .....			
		£		12		£		12
				16				16
				7				7

CHECKED.  
*Mc Peko*  
 11/17/17

I hereby Certify that the above account is correct in every particular, and that the ~~debit balance of £~~ is chargeable against the Public.

Dated at this day of 191 .



NEWFOUNDLAND CONTINGENT

(a) Here state whether the soldier died intestate, or whether he left a Will. If the latter state, give the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2950 or Army Form O. 1919.  
 (b) Words in Italics to be struck out when there is no doctor balance.

PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **Newfoundland**

No. **839**

Rank **C. S. M.**

Name **H. E. Noonan**

Died **Intestate**

at **France**

on the **26** of **August**

**1917.**

Deserted at

on the of

**191 .**

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
{ *Commanding Squadron, Troop,  
Battery or Company.*

**STATEMENT OF ACCOUNT.**

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month .....				Balance Cr. last month .....	<b>26/8/17</b>	<b>12</b>	<b>16</b>	<b>7</b>
	Cash issues (Date of each issue to be stated)				Pay days at from to				
		£	s.	d.	Proficiency, Service or good conduct pay days at from to				
	101				Messing allowance days at from to				
	"				Kit allowance .....				
	"				Amount produced by the sale of Effects from Form 2 .....				
	"				Amount of Savings Bank balance, including (if no balance, to be so stated)				
	Consolidated st				or Gratuity .....				
					Balance due to the Paymaster .....				
	Balance due by the Paymaster	<b>12</b>	<b>16</b>	<b>7</b>					
		<b>£</b>							
		<b>12</b>	<b>16</b>	<b>7</b>					
						<b>£</b>	<b>12</b>	<b>16</b>	<b>7</b>

CHECKED.  
*RLB BKO*  
*11/20/17*

I hereby Certify that the above account is correct in every particular, and that the

~~debit balance of £~~ ~~is chargeable against the Public.~~

Dated at

this

day of



191 .

**NEWFOUNDLAND CONTINGENT**

*H. E. Noonan*  
Paymaster

- (a) Here state whether the soldier died intestate, or whether he left a will. In the latter case, the will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no sector balance.

PAY LIST.

to

1917, Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Newfoundland

No. 850

Rank C. S. M.

Name H. E. Noonan

Died <sup>(a)</sup> Intestate

at France

on the 26 of August

1917.

Deserted at

on the of

1917.

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 3.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month .....				Balance Cr. last month 26/8/17 .....	12	16	7		
	Cash issues (Date of each issue to be stated)				Pay days at from to .....					
		£	s.	d.	Proficiency, Service or good conduct pay days at from to .....					
	191				Messing allowance days at from to .....					
	"				Kit allowance .....					
	"				Amount produced by the sale of Effects from Form 2 .....					
	"				Amount of Savings Bank balance included .....					
	Consolidated stoppage .....									
	Balance due by the Paymaster	12	16	7	Balance due to the Paymaster .....					
		£	18	16	7		£	12	16	7

This account is, in accordance with information received at the Pay & Record Office to 11/12/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.

H. E. N. K. O.

26/8/17

I hereby Certify that the above account is correct in every particular, and that the

Dated at

this

day of



1917

NEWFOUNDLAND CONTINGENT

(a) Here state whether the soldier died Intestate, or whether he left a Will. Intestate accounts will be approved hereafter, if not already sent to War Office, and Army Form B, 1920 or Army Form O, 1912.

(b) Works in Italy to be struck out of this list.

SEPARATION ALLOWANCE.

Claimant *Margaret Noonan* Mother  
On account of *Henry C. Noonan* No. *839* Rank *C.S.M.*

Decision *Approved*

Date *March 11/1920*  
*W. H. Keefe*  
*W. H. Keefe, Capt. Col.*  
*McDowley, Major*

Instructions

Allotment of *50¢* per day payable to *Margaret Noonan*  
his *mother* from *27/3/15* to *30/6/19*.  
Discontinued on account of *Pension Board*.

*Died of wounds 26/8/17*

*R. H. Sumner*

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- 37/3/15  
1/1/15  
30/1/15
- (1) Name in full of soldier      Rank      Reg't or Unit      Reg't No.  
*Henry Cocton Norman*      C.S.M.      Royal Nfld. Regt.      809
- (2) Age of soldier      28      Married or single      *Single*
- (3) Name in full of mother      Age      Occupation      Permanent Address  
*Margaret Norman*      64      widow      15 1/2 Cochrane St.
- (4) Give name of your husband      Age      Occupation      Where employed  
*Edward Norman*      deceased
- (5) If your husband is not supporting you give the reason.      *deceased*
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).      *not applicable*
- (7) If you are a widow, state date and place of death of your husband      *St. John's, June 15<sup>th</sup> 1915*
- (8) Have you married again since death of above mentioned husband?      *no.*
- (9) Names of your other children.      Address in full      Age      Occupation, Married or single  
*Kitty*      15 1/2 Cochrane St.      30      keepsome in home      *Single*
- (10) State amount earned by (a) Yourself      *Practically nothing*  
(b) Your husband
- (11) State amount and source of any other income      *Pension from militia Dept. \$30 per month*

- (12) State value of real property belonging to you and your husband *None*
- (13) State value of personal property belonging to you and your husband *Furniture \$ 300.00*
- (14) If husband is dead state value of real and personal property left by him *None*
- (15) Actual amount contributed by soldier during the year prior to his enlistment *\$ 200.00 per year*
- (16) Was this amount contributed weekly or monthly *At different times when he came home from Belee Island*
- (17) Did this amount include payment of son's board, etc? *No*
- (18) State your son's trade or occupation prior to enlistment *Clerk at  
I.S. Steel Co.*
- (19) State amount of his wages per week *I cannot say.*
- (20) State name and address of his last employer *Dominion Iron Steel Co.  
Belee Island*
- (21) State amount of monthly support from son since enlistment *\$ 15.50*
- (22) State amount of allotment received by you from son since enlistment *From March 1915 to  
August 1917 = about \$ 450.00*
- (23) State from what date did you receive allotment? *March 1915 to  
August 1917*
- (24) Actual amount contributed by other children *Weekly Monthly*  
*None*
- (25) Are any of these children in the employ of you or your husband? *No*
- (26) If not receiving support from other children, state cause. Explain fully. *My only daughter helps me.*
- (27) With whom are you residing at present? *Myself.*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

no. I did not know about it!

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

\$30 per month, already referred to

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

no

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

no

(32) In what capacity and in what place?

not applicable

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

not applicable

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant-----

Margaret Noonan  
St. John's

Place of Residence-----

St. John's

Declared and subscribed before me at-----

this 2<sup>nd</sup>

day of February 1920

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

Chas E Hunt

Notary Public

This application must be signed by two responsible parties one of whom must be a Clergy man, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

*[Signature]*

Edwin Dickie

Minister

Mar. 23, 1920

Mrs. Margaret Noonan,  
15 $\frac{1}{2}$  Cochrane St.,  
City

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for six hundred and ninety three dollars and thirty three cents (\$693.33), being amount due you to date of your son's discharge.

Yours truly

Major

Raymaster.



June 18th, 1918.

Mrs Margaret Noonan,  
15 $\frac{1}{2}$  Cochrane Street,  
City.

*J.P.A.*

Dear Madam,-

I enclose herewith cheque for \$68.93, being the balance of the estate of the late No. 829, C.S.M. H.E.Noonan, payable to you as Administratrix. I also enclose Letters of Administration.

Yours faithfully,

Capt. & Paymaster &  
Officer i/c Records.

Encl.2

J/H



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

*Henry Colton Noonan*, Regl. No. *839*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and *fifty* Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>822</i>	<i>Mother</i>	<i>Margaret Noonan</i>		<i>50</i>
		<i>Mark Chapter</i>	<i>15/2 Cochrane St</i>	
		<i>Water St City</i>		<i>20</i>
		<i>up to the amount of \$24.00</i>		
		<i>to Mr Chapter</i>		
		<i>H. Noonan</i>		
		Total Allotment, \$		

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

Officer Commanding

Company

(Sig.)

(Rank)

*Mar 5<sup>th</sup> 1911*

*Henry Colton Noonan*  
*Corporal*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$68.<sup>93</sup>/<sub>100</sub>

June 13<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixty Eight <sup>93</sup> ~~100~~ Dollars.  
on account of Pay Estate  
balance

Ch. No. 7618	Initials JN
Pay Ledger 350	Initials LJP
Gen. Ledger 21	Initials JN

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 839

Rank C.S.M.

Name A. C. Noonan

Margaret Noonan

15 1/2 Cochrane St.

H. C. Norman.

839

P.R.O



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

*Henry Colton Noonan*, Regl. No. *39*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and *fifty* Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>8822</i>	<i>Wife</i>	<i>Mrs Margaret Noonan</i>		<i>50</i>
		<i>Mark Chapin</i>	<i>15 1/2 Cochrane St. West St City</i>	<i>20</i>
<i>up to the amount of \$24.00          to Mr Chapin</i> <i>H. Noonan</i>				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.)

*[Signature]*  
 Officer Commanding

Company

(Sig.)

(Rank)

*St. Johns*  
*Mar 5<sup>th</sup> 1912*
*[Signature]*  
*Corporal*

JUN - 9 1916

No. \_\_\_\_\_

Date June 8<sup>th</sup> 1916

(1) To the Officer i/c Records,

58 Victoria StSW

(Station.)

(2) The Officer Commanding,

Newfoundland Contingent.City

(Station.)

(3) The Paymaster,

58 Victoria StSW

(Station.)

Regimental No. 839.Rank and Name Csm. Noonan H.Regiment or Corps 1<sup>st</sup> Newfoundlands.has been granted a furlough from June 8<sup>th</sup> to June 17<sup>th</sup>.

His address while on leave will be:—

58 Victoria StSW

This man has been furnished with a Warrant for Victoria  
and given an advance of £1. (one pound)

I consider he is fit for  Duty.A. Hope Gosse Capt. R.A.M.C.T.Officer in charge Registrar, Hospital,5<sup>th</sup> London General Hospital,WANDSWORTH, S. W. (Station.)

\* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

# MEDICAL HISTORY

OF

Surname Ronan

Christian Name Clayton



Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on	29 <sup>th</sup> day of Dec	on	day of
	at	St John's	at	
Declared age		25 years		years
Trade or Occupation		6 clerk		days
Height		5 feet 6 inches		feet inches
Weight		137 lbs.		lbs.
Chest Measurement	Girth when fully expanded	33 inches		inches
		Range of expansion	3 6 inches	inches
Physical Development				
Vaccination Mark	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated	1914			
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by	Clayton Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	30 <sup>th</sup> day of Dec	on	day of
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	12 <sup>th</sup> Fed Regt 839			
Transferred to				
Became non-effective by				
	on	day of	on	day of
(Signature)				
(Rank)				





Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	31	5	16	5	6	16	Keratitis	9	Went sick with inflamed eyes. Nuchal tenderness + diffuse L. cornea. Both eyes quiet.	Wagon Capt RANKIN
Wine Hoop Camp	15	9	16	27	9	16	Iritis	12	Empyema Otitis media. Had Binocular vision for bettering. Sub. S. S. S. S. S.	W. J. Lanning M.D.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
	<p><u>T.D.</u> 2</p> <p><u>Obd.</u> 2</p>
	<p>Vacc.</p> <p>Fit for Foreign Service</p>
26. 3. 16	<p>Fit for active Service <i>Approved</i></p> <p>Gr. R. aided by + 3 D. 190. 4/11. Still iritis in left - ultra-pine, 190 night morning. Admitt. and signed</p> <p>MAJOR R.A.M.C. (F.)</p> <p><i>W. W. B. / 30. 4. 17.</i> 2 <i>9. 5. 17.</i> <i>W. W. B. /</i></p>



TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. John's, Newfoundland	Dec 30. 15	20 Mar. 15			
T.S. "Stephano"	20 Mar. 15	22 Mar. 15			
T.S. ORDUNA	22 Mar. 15	30 Mar. 15			
Edinburgh Castle	30 Mar. 15				

PAY LIST.

to

191 Voucher No.

Army Form O. 1625.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No.

839

Rank

C.S.M.

Name

McGowan J.B.

Died (a)

Intestate at

France.

on the

26

of

August 1917.

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month .....			
	Cash issues (Date of each issue to be stated)				Pay days at from to .....			
	£ s. d.				Proficiency, Service or good conduct pay days at from to .....			
	191				Messing allowance days at from to .....			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	Consolidated stoppage .....				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster			1276 7	Balance due to the Paymaster .....			
		£		1276 7		£		1276 7 ✓

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 1276 7 is correctly chargeable against the Public (b).

Dated at

this

day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.





TRIPPLICATE.

FIELD SERVICE.

Army Form B. 2090a.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT ) NEWFOUNDLAND REGIMENT. Squadron, Troop, } D Company  
OR CORPS ) Battery or Company }

Regimental No. 889 Rank Company Sergeant Major

Surname HOONAN Christian Names H. C.

Died { Date Aug. 28th., 1917. Place 28th. Genl. Hosp., Staples, France.  
Cause of Death Died of wounds received in action.

Nature and Date of Report Ext. A 28, 28/8/17.

By whom made O.C., 28th. G.H., Staples.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place \_\_\_\_\_ Date \_\_\_\_\_

By whom reported \_\_\_\_\_

State whether he leaves a Will or not { (a) in Pay Book (Army Book Not to hand) (b) in Small Book (if at Base Not to hand)  
(c) as a separate document. do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date | 30/8/17. Signature of Officer in charge of Section | S. de la Roche  
Adjutant-General's Office at the Base

(1432) W5287/M 30 500,000 10/16 JFW (2322) Form B.2090a.2



MAJOR

O. i/c No. 1 Reg. Infantry Section  
G.H.Q., 3rd Echelon

FIELD SERVICE.

ORIGINAL.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company D Company

Regimental No. 639 Rank Company Sergeant Major

Surname NOONAN Christian Names H. G.

Died Date AUG. 26th., 1917. Place 26th. Genl. Hosp., Etaples, France.

Cause of Death Died of wounds received in Action.

Nature and Date of Report Ext. A 36, 26/8/17.

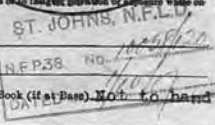
By whom made O.C., 26th. G.H., Etaples.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or in full or part of the course of military duty, or from injury while on military duty.

Burial Place \_\_\_\_\_ Date \_\_\_\_\_

By whom reported \_\_\_\_\_

State whether he leaves (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand a Will or not (c) as a separate document do



All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date 30/8/17. Signature of Officer in charge of Section Salvage Adjutant-General's Office at the Base

MAJOR





Write to Mr. Staples  
Newfound  
and send copy of  
his letter

10205/3

Congregational Parsonage,  
St. John's,  
NEWFOUNDLAND.

11:18:1917

To The Pay & Record Office  
Newfoundland Contingent  
58 Victoria Street, London.

Gentlemen:

In no 839 Co. Sergt. Major Henry C. Noonan  
died of wounds at 26<sup>th</sup> General Hospital  
Staples, Aug. 26<sup>th</sup>.

The above leaves a mother & sister who are  
naturally distressed at his death. They would very  
much welcome any details that you may be able  
to gather concerning his last moments. Did he leave  
a last message? Are there any effects? Where  
is he buried &c.?

Mr Noonan has asked me, her pastor,  
to write for any information which you can  
gather, that may tend somewhat to assuage  
her grief & satisfy the natural curiosity of a  
mother regarding the last moments of her  
only son & sole support.

Feeling sure you will do your best  
to meet her wishes & thanking you in anticipation

Believe me to remain

Yours Sincerely  
W. Henry Thomas.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
No. 5636
10 OCT 1917
10/10/17
5836

HTA

26 You Hop Staples.  
Ref No 26.817.

1ST N.W. ISLAND REG.	9, Wallace St.
PAY & RECORD OFFICE	
Ref. No.	5009
Rec'd.	SEP - 6 1917
Ack'd.	
Ans'd.	9263 ✓
File	

Ayr. N.B.  
Sept. 5<sup>th</sup> 1917.

Record Office.  
58, Victoria St.  
London.

If it is possible, will you  
let me have the address of the  
Hospital in France, in which  
no 839, C.S.M. H.C. Noonan  
1<sup>st</sup> Newfoundland Regt.  
died of wounds on August 16<sup>th</sup> 1914.

Yours faithfully  
(Miss) Jean M<sup>c</sup> Culloch,  
9, Wallace St.  
Ayr, Scotland.

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records.

***The Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

**NO STAMP REQUIRED**

Dept. of Militia,  
St. John's.

August 20, 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 839 Rank C. S. H.  
Name Henry Cotton Coonan  
Royal Newfoundland Regt.

Margaret Noonan (Sgd.)  
Mother Relationship.

Address 15 1/2 Cochrane Street

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here



839

839 B.S.M. Keenan

Received Memorial  
of croll.

with thanks

---

C.R. 939

15 $\frac{1}{2}$  Cochrane Street  
St Johns  
Newfoundland  
Oct 24<sup>th</sup> 21.

H. G. Rendell.

Chief Staff Officer.  
Sir:

photographs of grave of my boy, thank  
you.

I received the  
Yours sincerely  
Margaret Noonan



Receipt for Army Book 64

No. 839 Name H. C. Noonan

To certify that I have received the <sup>2</sup> AB 64 of the above named soldier.

Date August 2<sup>nd</sup>

Name Margaret Noonan

Place .....

H.B. For completion and return to the Department of Militia insert in corner of envelope "AB 64"

C.R. 839

THIS IS TO CERTIFY THAT I HAVE THIS DAY  
RECEIVED FROM THE DEPARTMENT OF MILITIA WARRANT  
APPOINTING ME A WARRANT OFFICER CLASS II

NO.....RANK.....

NAME.....

DATE.....

*Margaret Hoonan*

THIS IS TO CERTIFY THAT I HAVE THIS DAY

RECEIVED FROM THE DEPARTMENT OF MILITIA WARRANT

APPOINTING ME A WARRANT OFFICER CLASS

Received  
10/20

NO.....RANK.....

NAME.....

M

August 29, 1917.

Dear Madam,

I regret to inform you Record Office of the First Newfoundland Regiment, London, to-day reports No. 839, C.S.M. Henry C. Noonan, died of wounds at the 26th General Hospital, Etaples, August 26th.

Yours sympathetically,

Colonial Secretary.

Mrs. Edward Noonan,  
15 $\frac{1}{2}$  Cochran St.

839 C.S.M. Henry Noonan. ✓

C.R. 3501

Ext. of Casualty list received Aug. 29th 1917.

"Died of wounds at 26th General Hospital Etaples  
August 26th."

No. 839 C.S.M. H.C. Noonan.

820

Extract of casualty list received August 29th. 1917.

"Seriously ill at 46th. Casualty Clearing Station, France.  
August 26."

C.R. 839

Extract from Casualties received from P.&.R. Office, London,  
Aug. 23, 1917.

25th Canadian General Hospital Etaples..Aug. 19th

G839 Noonan.

Dangerously ill G.S.W. left thigh.

August 23, 1917.

Dear

Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 839, C.S.M. Henry C. Noonan, was at the 26th General Hospital, Etaples, August 19th, dangerously ill, suffering from gunshot wound in the left thigh.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mrs. Ed. Noonan,  
15 $\frac{1}{2}$  Cochrane St.

839 C.S.M. Henry Noonan.

870

Extract of telegram dated Aug. 23rd. 1917

G.S.W. Left thigh.

Admitted to 7th. ~~xxxxxx~~General Hospital Etaples, Aug 15th



C.R. 839

Extract of Daily Orders part 11, by Lieut. Col. A.L.  
Hadow, C.M.G., Commanding Newfoundland Regiment.  
dated June 21, 1917.

#839 C.S.M. H. Noonan,  
is appointed to C.S.M. D.Co., vice No. 1637 Sergt.  
(a/C.S.M.) F. Smallwood.

C.R! 839

Report from Central Hall of Draft No. 24; from 2/1st Newfoundland Regiment  
Station en Avry to 1/1st Newfoundland Regiment, B.M.F. 1/6/17.

859 C.S.M. Noonan, H.C.

74  
JUN 24 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 839, Lance Sergeant H. C. Noonan, who was previously reported at the Third London General Hospital, Wandsworth, June 5th, suffering from ulcerative keratitis, is now fit for duty and was granted furlough June 8th.

This information has been received by Mail.

Yours faithfully,

Colonial Secretary.

Mrs. E. Noonan,  
15<sup>1</sup>/<sub>2</sub> Cochrane St.

## SICK AND WOUNDED H.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 839

PERTH RECORD OFFICE

15987 Pte. Smith, K.	5-Cameron High	Skin Disease . . . .	Adm. 26 Gen. Hos. Etaples 31st. May. '16.	LIST No. H. 9305
4408 " Brisbane, H.	9-Gordon "G"	S.W. Arm R. . . . .	To Eng. Class "C" ex 2 Can: Gen. Hos. 31st. May. '16.	
26486 Cpl. Powling, R.	1-R. High. . . . .	. . . . .	Dis. to Base Dtls. "Pit" ex 1 Con: Dep. Hos. Boulogne 3rd. June '16.	
8068 Pte. Mahoney, M.	10-A. & S. High.	Wounded . . . . .	Adm. 1 Con: Dep. Hos. Boulogne ex Hos. 3rd. June '16.	
8419 " Black, E.	9-Gordons	C.O. Poisoning	To Eng. ex 1 Aust. Gen. Hos. 1st. June '16.	
18604 " Munn, A.	7-Cameron's	Bomb. R. Thigh	do.	
3689 " Lapere, T.	1-A. & S. High.	P.U.O. . . . .	Dis. to Duty ex 1 Aust. Gen. Hos. 1st. June. '16.	

TERRITORIAL FORCE - PERTH RECORD OFFICE

2745 Pte. Kemp, M.	7-A. & Suth. Hrs.	Abscess Buttock . . .	To Eng. ex 26 Gen. Hos. 1st. June '16.	LIST No. H. 9305
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HAMILTON RECORD OFFICE

8895 Pte. Leslie, R.	7-8 K.O.S.B.	Skin Disease . . . .	Adm. 26 Gen. Hos. Etaples 1st. June '16.	LIST No. H. 9305
3785 " Divers, J.	M.G.C. 52-Co. late 1-	G.S.W. Face . . . .	To Eng: ex 26 Gen. Hos. 1st June '16	
	Scots. Rifle			
12227 " Pentony, J.	8-H.L.I. "A"	Myalgia . . . . .	Trans. to 5 Con. Dep. Le Treport ex 2 Can: Gen. Hos. 1st. May '16.	
8744 Cpl. Duffield, G.	2-R. Scot. Fus. "D"	S.W. Head F'arm R. Thigh L	To Eng. Class "C" ex 2 Can: Gen. Hos. 31st. May. 16.	
19958 Pte. Ewan, J.	2- do. "D"	S.W. Head & Arm	do.	
23146 " Murphy, P.	12-H.L.I. "C"	G.S.W. F'arm R.	do.	
19811 " Shorrock, H.	6-R. Scot. Fus. "A"	Sublingual Cyst. . . . .	do.	
11894 Sgt. Anderson, W.	9-Scots. Rif.	Wounded . . . . .	Adm. 1 Con: Dep. Hos. Boulogne ex Hos. 3rd. June '16.	
7751 L/O. Brennan, L.	2- do.	Pyorrhoea. . . . .	To Eng. ex 1 Aust. Gen. Hos. 1st. June '16.	
17657 Pte. Mason, G.	15-R. Scots.	P.U.O. . . . .	do.	
11518 Gnr. Dickie, G.	7-R. Scots. Fus.	Furunculosis	do.	
15224 Pte. Watkins, A.	R. Scots. Fus.	Ulcer on Leg	do.	
27204 " Antrobus, W.	15-R. Scots.	G.S.W. Side & Thigh Slt. . . . .	do.	

TERRITORIAL FORCE - HAMILTON RECORD OFFICE

15224 Pte. Watkins, A.	R. Scots. Fus.	Ulcer on Leg . . . .	To Eng. ex 1 Aust. Gen. Hos. 1st. June '16.	LIST No. H. 9305
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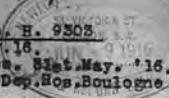
1st. LIFE GUARDS RECORD OFFICE HYDE PARK S.W.

2724 Tpr. Henning, L.G.	1-Life Guards	Epididymitis . . . .	Adm. 26 Gen. Hos. Etaples 1st. June '16.	LIST No. H. 9305
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NEWFOUNDLAND CONTINGENT

839 C.S.M. Noonan, H.	1-Newfoundland "D"	Ulcer Cornea L. . . .	To Eng. Class "C" ex 2 Can: Gen. Hos. 31st. May. 16.	LIST No. H. 9305
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1728



C.R. 839

Extract of Cablegram received from London, dated  
June 5, 1916.

#839 Pte. Noonan.

Ulcerative Keratitis. at Wardsworth. ✓

C.R. 839

Extract from Code Velgnaa from Capt. Timewell received 5th.  
June 1916.

839 H. Noonan

Wandsworth, ulcerative keratitis.

N<sup>o</sup> 21

June 5th, 1916.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 839, Lance Sergeant Henry C. Noonan, has been admitted to the Third London General Hospital, Wandsworth, suffering from ulcerative keratitis.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mrs. E. Noonan,  
15<sup>th</sup> Cochrane Street.

## C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Srd. London General

HOSPITAL, at

Wandsworth, S. W.

Affiliated to

NOMINAL ROLL of Sick and Wounded from the \* France Expeditionary Force  
admitted on May 31st. 1916. from Hospital Ship Newhaven Southampton  
or  
Dover.

\* Here insert which Expeditionary Force.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

(a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.

(b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., not later than the day after admission; envelopes to be marked C. 2, Casualties; rolls are not to be telegraphed in advance. The duplicate of the rolls should be sent to the Officer in charge of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
838	C.S.M.	Hoonan, H.	1st. Newfoundland	Ulcerative Keratitis.
<p>(Sd.) A. Hope Gosse, Capt. R.A.M.C.T. Registrar, Srd. London General Hospital, Wandsworth, S. W.</p>				



SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE



MOTOR MACHINE GUN CORPS

14152 Cpl. Tomlinson, J. MGC.45 Co.15 Div. Constipation..... Adm.2 Can. Gen. H. Le Treport 14th May 16.  
10859 Pte. Cantrell, E. 2/QRWS. MGC. "A" GSW. Hands Arm. R. & Thigh R. -do-  
4355 Pte. Knight, C. MGC.19 Div.56 Co. PUD -do- 15th May.16.  
17542 Pte. Gray, J. 1/R.S. Fus. att. 9 Bde. MGC. .... Dis. to Base Dtls. Fit. ex 1 Con. Dep. Boulogne. 17th May 16.  
15091 Pte. Corlett, R. 71/Bde. MGC. Sick..... Adm.1 Con. Dep. Boulogne ex H. 17th May 16.  
7060 Dvr. Lewis, F. MGC.76 Bde. Contn. Back..... Adm.12 Gen. H. Rouen. 17th May 16.  
11155 Dvr. Gillespie, R. MGC.48 Co. Infect. and L..... Adm.2 Can. Gen. H. Le Treport 14th May.16.  
18112 Pte. Finneth, W. 13/North'd Fus. att. 62 MGC.

MILITARY POLICE LIST NO.H. 8776  
P/1293 L/C. Harris, W.A. MFP. A.P.M. Stf. VDG..... Trans. to 9 Sty. H. Havre ex 12 Gen. H. 17th May 16.

2nd LIFE GUARDS RECORD OFFICE

2682 Tpr. Mellish, T.J. 2/Life Gds. A. Sqd. Frac. Fibula L..... To Eng. Class C ex 2 Can. Gen. H. 15th May 16. Accident.

ROYAL HORSE GUARDS

1630 Pte. Butler, F. R. Horse Gds. .... Dis. to Base Dtls. Fit. ex 1 Con. Dep. Boulogne 17th May 16.

NEWFOUNDLAND CONTINGENT.

839 CSM. Noonan, H. 1/Newfoundland D. Co. ✓ Corneal Ulcer, .... Adm.2 Can. Gen. H. Le Treport. 14th May 16.

SOUTH AFRICAN EXPEDITIONARY FORCE

2325 Pte. Aikman, J.B. 4/S. Africans. Sick..... Trans. to Havre ex 1 Con. D. 17th May 16.  
1426 Pte. Fenton, G. 4/ -do- Sick. -do-  
5805 Pte. Booynes, W.H. 23/ -do- .... Dis. to Base Dtls. Fit. ex 1 Con. Dep. Boulogne. 17th May 16.

1640

CR 939

C.R. 839

Extract from Nominal Roll of Draft No.3 from 2nd Bn.,  
Depot, to 1st Bn., B.E.F. Embarked 28-5-16.

839 C.S.M. H.C. Noonan.

Extract from Nominal Roll of Draft embarked for  
Overseas per S.S. Stephane March 20th 1915.

No. 7. Plateon.

Corporal 839 H. Noonan.

PROMOTIONS.

Extract of Regimental Orders.

By Lieut. Col. Sir W. B. Davidson, K.C.M.G. Officer Comdg.

Dated Feby. 24th, 1915

PTE. H. NOONAN.

To be Corporal.

C.R. 839

Extract from Orders by Lt. Col., SIR W. L. DAVISON, F. C. M. G.,  
REGIMENTAL ORDERS, 24th February 1916.

#Pte H. Noonan.

TO BE ~~FORWARDED~~ CORPORAL.

C.R. 839

H.C.Noonan was attested for General service  
with the NEWFOUNDLAND REGIMENT on ...December.30th.1914  
Regimental No839 was allotted to Pte. H.C.Noonan

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.

839  
 Regiment or Corps 1st. Newfoundland.  
 Regimental No. 639. Rank C.S.M. Name Moore, Henry Colton. 694  
 Enlisted (a) 30.12.14 Terms of Service (a) War. Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank 17.12.15. Date of appointment to lance rank \_\_\_\_\_ Numerical position on roll of N.C.O.s. \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embark'd Southampton		28.3.16	
		Disembark'd ROUEN		30.3.16	
	87.4a	Admitted to service's Hospital	D.R.S	7.5.16	E 29729
	S.M. accs	-n- Ophthalmic.		8.5.16	E 2070-810 25.5.16.
	La 4A.	-n- Coma	Det. Hospital	14.5.16	A 2776
	Moore	"Inward England"	Burma	31.5.16	W 3083.
<p><i>gnd</i>  <i>10/6/16</i>  <i>W. Moore</i>  <i>Officer of Casualty Records</i>  <i>3rd Battalion P.S.F.</i></p>					

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



Army Form B. 103.

Regimental Number 239

**Casualty Form - Active Service. C.R.**

Regiment or Corps 1 - Newfoundland Reg

Rank C.S.M. Surname Noonan Christian Name Henry L.  
 Religion Cong Age on Enlistment 25 years 0 months.  
 Enlisted (a) St. John's Terms of Service (a) duration of war Service reckons from (a) see 800 1914  
 Date of promotion to present rank 7.12.15 Date of appointment to lance rank ✓  
 Extended  Re-engaged  Qualification (b) ✓  
 or Corps Trade and Rate ✓  
 Signature of Officer. [Signature]

*[Handwritten flourish]*

Report		Record of promotion, reduction, transfers, casualties, etc., during active service, as reported on Army Form B. 103, Army Form A. 25, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 103, Army Form A. 25, or other official documents.
Date	From whom received				
			Embarked	<u>Falkland 2.6.17</u>	
			Disembarked	<u>Boulogne 3.6.17</u>	
			Joined Battalion	<u>19 JUN 1917</u>	<u>B 213</u>
<u>18.8.17</u>	<u>OC Unit</u>	<u>Wounded in Action</u>	<u>Belgium</u>	<u>14 AUG 1917</u>	<u>B 213</u>
<u>19.8.17</u>	<u>4 L. C. S.</u>	<u>Ad. Slew. L. High</u>		<u>15.8.17</u>	<u>C.A. 9332</u>
<u>28.8.17</u>	<u>26 S. Hoop</u>	<u>Ad. Slew. L. High as Staples</u>		<u>15.8.17</u>	<u>H.A. 13008</u>
<u>29.8.17</u>	<u>DO</u>	<u>Died of Wounds</u>	<u>DO</u>	<u>26.8.17</u>	<u>118 2034</u>

COPY SENT TO  
 O.C. HQ.  
 ST. JOHN'S, N.F.E.D.  
18/8/17

[Signature]  
 MAJOR

G. 1/6 No. 1 Reg. Infantry Section  
 G.H.Q., 3rd Echelon

(a) In the case of a man who has re-engaged 54, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shipping-Office, etc.



Squadron, Troop, Battery and Company Conduct Sheet.

Form B. 121.

Regiment of Newfoundland

Signature of O. G. Company W. H. M. H. H.  
Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No. <u>889 Noonan N.C.</u>		Age on <u>25</u> years - months		<u>clerk</u>	<u>5</u> G.C.B.		
Joined <u>25/1/13</u> R.F.D. Date <u>Dec 30, 1914</u>		Place and Date of Enlistment <u>St John Dec 30 1914</u>		Religion <u>Cong.</u>	<u>Capt</u>	<u>July</u>	<u>1915</u>
Joined <u>25/1/13</u> R.F.D. Date <u>June 19, 1916</u>		Period of (with Colours) <u>2</u> years		Place of Birth <u>St John</u>	<u>Supt</u>	<u>Oct.</u>	<u>1915</u>
Joined _____ Date _____		(with Reserve) <u>365</u> years			<u>Com.</u>	<u>Dec.</u>	<u>7, 1915</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or order dispensing with trial	By whom awarded	REMARKS
<u>Newton</u>	<u>4/1/15</u>	<u>Capt.</u>		<u>Neglect of duty, while on the first Parade</u>	<u>R.S. M. H. H.</u>	<u>devoidly Reprimanded</u>		<u>Majr. White</u>	
<u>Halifax</u>	<u>9/6/17</u>	<u>C.S.M.</u>	<u>1</u>	<u>Drunk on Active Service</u>	<u>Capt. Simpson</u> <u>C.S.M. Palmer</u> <u>Capt. H. J. H.</u>	<u>Honorably acquitted</u>	<u>4/1/17</u>	<u>D.C. H.</u>	
				<u>Died of Wounds</u>	<u>26/17</u>				

To be carried over