



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 35-12 Name Jessie Norman orps metk

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Jessie Norman</u> |
| 2. What is your full Address? | 2. <u>Catalina</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Jessie Norman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Jessie Norman SIGNATURE OF RECRUIT.

Arthur A. Burgess Signature of Witness.

E 5-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jessie Norman do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said recruit has made and signed the declaration, and taken the oath before me.

on this 5th day of March 1917

Signature of Attesting Officer Wesley A. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the metk

If enlisted by special authority, such will be attached to the original attestation.

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3512 Name Jessie Norman Corps meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Jessie Norman</u> |
| 2. What is your full Address? | <u>Catalina</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Jessie Norman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Jessie Norman SIGNATURE OF RECRUIT.
Arthur N. Burgess Signature of Witness.

E 5-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jessie Norman do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

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The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me on this 5th day of March 1917

Signature of Attesting Officer Mark Aye Cpt

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....
Place..... } Approving Officer.

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

MEDICAL HISTORY

Surname Norman OF Christian Name Jesse

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>5th</u> day of <u>march</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age	<u>20</u> years <u>3</u> months <u>_____</u> days		years _____ days _____	
Trade or Occupation	<u>Laborer</u>		_____	
Height	<u>5</u> feet <u>5 1/2</u> inches	_____	feet _____ inches	_____
Weight	<u>130</u> lbs.	_____	lbs. _____	_____
Chest Measurement	Grith when fully expanded ... <u>37</u> inches		_____ inches	
	Range of Expansion .. <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	Left	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/12</u> L.E.—V= <u>6/6</u>		R.E.—V= <u>_____</u> L.E.—V= <u>_____</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>F. W. Burden</u>		_____	
(Rank)	<u>Leut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>5th</u> day of <u>march</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps. <u>411st nfld</u>	Regtl. No. <u>3572</u>	Corps. _____	Regtl. No. _____
Transferred to	<u>Regt Newfoundland</u>		<u>ROYAL NEWFOUNDLAND REGIMENT</u>	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	





Table II.—Only for admission to hospital or to the sick list in 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					
	1	12	17	17	12	17	G.S.W. forearm (R.) Scabies		Dec: 16 Scabies developed Trans: Holborn Mil. Hosp. Hitcham	J. Allan R.M.O. C/o Richmond Military Hospital	
HOLBORN MILITARY HOSPITAL WESTERN ROAD, WITCHAMPTON	17	12	17	27	12	18	G.S.W. forearm Scabies	15	treated E. sulphur ointment & cured in 9 days. Transf to surgical block & rash all round elbow joint & superficial ul. treated. U. P. in carb. hydr. amp. late big zinc E. the Br. & Brim cream the best being most successful Transf to 8th London Genl Hosp.	H. A. B. Bentley C.M.O.	
St. Leonard's Hosp. Wandsworth Wandsworth Genl Hosp. Bolingbroke Wandsworth Scabies	11	1	18	5	4	18	G.S.W. R forearm perforating flesh.	814	Wound healed. Some dormetidin	G. C. Hall Capt H. A. B. Bentley	
	20	10	18	20	1	19	G.S.W. L. forearm	92	Wound on back of foot of forearm caught in fibrous tissue. Attempt made to free forearm - could shift, improved only. Considerable weakness of forearm & hand.	Discharged III 10 days leave.	H. A. B. Bentley R.M.O. (T.), Regist. 412 London General Hospital
	"	"	"	"	"	"	"	92			

3512.

C.R. ~~3512~~

Extract from Orders by Major G.T. Mathias, D.S.O.

Commanding 1st Battn. R. Mfld. Regt. 20-8-18.

The following joined the Battn. 19-8-18 and is posted to
B. Company.

3512 Pte. J. Norman.

C.R. 3512

Extract of Casualties from Pay & Record Office London.

The undermentioned, ex 4th London General Hospl. 20/1/19, reported at the P.& R.O. same date and was ordered to proceed immediately to Depot, Winchester, for repatriation to Nfld. Marked III Employment.

3512 PTE. J. Norman.

A. Fs. W.3016 from 4th L.G.H.

C.R. 3512

Extract from Daily Orders Part 11 By Lt. Col. B.J.
Barton. D.S.O., Commanding 2nd Bn., Royal 4th Flt. Regt.
20-1-19.

The following having reported back from the 1st
Bn., is taken on the strength and posted to H² Co.
from 20-1-19.

3512 Pte. J. Normore.

C.R. 3512

Nov. 6th., 18.

Mrs. Theresa Normore,

Catalina.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3512, Private Jesse Normore, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 38-12

Extract from War Office. List. No. C. 1733 1. 11. 18.

#3512 Pte. J. Norman.

Wounded 14. 10. 18.

BC.

Counter No. 3512

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 26th, 1918**

To **Theresa Norman, Cataline**

Regret to inform you that Record Office, London, officially reports **No. 3512, Private Jesse Norman** now **at Bowling Street Hospital, London**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

Counter No. 3512

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Oct 25th 1918

Dated

Theresa Norman, Catalina

To

Regret to inform you that Record Office, London,
officially reports **No. 3512, Private Jesse Norman**

at 2nd Australian General Hospital Wimereux Oct 15th
suffering from G.S.W. left arm.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

Chge Dept of Militia **FOR TYPEWRITER**

C.R. 3512

Extract from Casualties received from Pay & Record Office,
London, Oct. 25th, 1918.

Admitted to Bolingbroke Hosp. Wandsworth Common, 20/10/18.

3512 Pte. J. Norman.

G.S.W. Arm.

C.R. 3512

Extract from War Office List. No. H.A. 30441.

ADMITTED 2 AUST. GEN. H. BOULOGNE 15th OCT. 1918.

#3512 Pte. N. Morman

G.S.W. ARM. L. MILD.

BC.

C.R. 3512

Extract from Moninal Roll of Draft No. 30, 50 Other Ranks from
2/1st Newfoundland Regiment Barry N. B. to 1/1st.
Newfoundland Regiment B. E. F.,
Embarked Southsmp-ton 22nd September 1918.

#3512 Pte. J. Norman.

CR 3512

Extract of Casualties received from Pay & Record Office,
London, dated January 15, 1918.
O.C. 3rd London General Hospital, S.W.18 reports;

#3512 Pte. J. Norman. ✓

Admitted Hospital, 11/1/18. from Holborn Military
Hospital, Auth: Memo's from Hospital.

C.R. 3512

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Dec. 29th. 1917.

STRENGTH.

3512 Pte. J. Norman.

Invalided to U.K. 30/11/17. Wted.

C.R. 3512

Abstract of Casualty received from Pa & Record
Office, London, dated December 4, 1917.

#3512 Pte. J. Norman. ✓

Wounded 20/11/17.

VFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Red	By	Sent	by	Check

Dated 4th December, 1917.

To Mrs. Theresa Norman,
Catalina.

Record Office London today reports No. 3512, Private
Jesse Norman, at Richmond Military Hospital.

R. A. SQUIRES,

Colonial Secretary.

C.R. 3512

3512 Pte. Jesse Norman

Extract of Casualty list received December 4, 1917.
At Richmond Military Hospital, (Nature of Wounds.
previously reported).

NEWFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

L. M. Squires
For J. P. G. Squires

Address

Line
Number

Rcd

By

Sent

by

Check

Dated

November 30, 1917.

To

Mrs. Theresa Norman,

Catalina.

Regret to inform you that Record Office, London, officially reports No. 3512, Private Jesse Norman, was at Eighth General Hospital, Rouen, November twentysecond, suffering from mild gunshot wound in the right arm.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 3512

3512 Pte Jesse Norman.

Extract of Casualty List received November 30th 1917.

At 8th General Hospital Rouen Nov 22, Gunshot wound Right
Arm Mild.

C.R. 3512

Extract from Nominal Roll, embarked St. John's for Overseas 7/4/17

~~1000~~ Pte. J. NORMAN

3512

3512

C.R.

Extract from Daily Orders Part LI Unit The Royal Wfld.
Regt, St. John's, Mar. 5th, 1917.

3512 Pte. J. Norman.

Attached to the Strength from 5-3-17.

C.R. 3512

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date

June 18th 1919.

3512, Pte. J. Norman.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

3512

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 28th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 26-6-1919

3512 Pte. J. Norman.

C.R. 3512

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records 20m 10-7-19

3512 Pte. Jesse Norman.

R 3512

Extract from Report of Medical Board held on Saturday afternoon
June 21st.

8512 Pte. J. Norman

Recommended discharge ~~from~~ from the Army. REQUIRES TREATMENT.

C.R. 3512

Extract from Medical Board held on Saturday June 21st, 1919.

3512Pte. J. Norman

Recommended Discharge from the Army.

REQUIRES TREATMENT.

J. Norman

C.R.

3512

~~ASGD~~

~~2000 29-1-52~~

2/1/19

Bolingbroke Hospital

To the pay master of the R Newfoundland
Coast
of my
Credit
~~the honor~~

35/-

Rate of

homage

OK £1-0-0
Receipt
C.V. 3/1/19

Harvie
Acty. Supt
3/1/19

FOR BOLINGBROKE
HOSPITAL
INCORPORATED

24/1/18



Mr J Norman 3512
 1st Newfoundland Regt
 3rd Lan Gen St

£1.0.0.

OK.

Approved in Lt.

[Handwritten signature]

Registrar, R.A.M.C.F. 3512 Norman

3rd London General Hospital,
 WANDSWORTH, S. W.

No. 2512 Gk Norman J. 1st NY ED.

Please advance me £100 of my credit.

and oblige.

OK
£100.00
JNS 2/18
Receipt No
5570

Ward B4.

3rd London Gen. Hosp.

5th Feby. 1918

Approved
W. S. S. S. S.
Capt. P. S. S.



15/3/18



3rd Lou Gen Hon
Wandsworth
Ward B. 4

Sir

OK'd to 1.0.0
JRB 15/3/18
Receipt No 5708.

Please advance me the sum
of £1.00 and oblige

Yours Obedient

1/2 J Norman 3512
1st Newfoundland
Post

Approved
W. Murphy Captain
REGISTRAR, R.A.M.C.T.
58th London General Hospital,
WANDSWORTH, S. W.

AKB
R 1.0.0 / 3/18
JRB
R 5896

Approved
Museum
Committee

Sir

Would you kindly advance me the sum of one Pound
£1 from my account.

3512 Pt. J. Norman.

Royal Newfoundland Regt.



AKB

Sir

LONDON

Yours truly
C. J. [unclear]

Will you kindly advance
me the sum of £1 (One pound) from
my account and oblige

Yours truly

C/O. £1. - 3512 Pte

H.R.I.
11/3/18.

Rec. No. 6032

Royal Newfoundland



FILE	BRANCH
	INITIALS

To the paymaster
R Mea
58 Victoria St.

Dr. ~~3512 Ote J Norman~~
A Coy Lay Dock.
£ 3-2-11

This man is on draft leave
and can you pay the balance
due to the end of the period
please.

W. White Capt



117 P 22
110 205
KB
1/8/18

No. 3212 Rank Private Name Norman J

Pay	F.A.	Wkg	Total	N.F. DATES
100	10		110	<u>JRP</u>
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance		21 ¹² / ₁₇					6 11 10
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₁₇	5 ⁴ / ₁₈	105	50	52	50	10 15 9 ✓
Hospital Advances		2	16	6 ✓								17 6 ✓
A.B. 64.					Ration allow.							
P.&.R.O. Payments		5	00	✓	10 days @ 1/9							
Cash. 6437	5-11/18	10	8	0	19-8-7							

7-16-6

18-5-1 ✓

JRP
5/4/18

No. 3512 Rank Pte. Name Norman J.

Pay	F.A.	Wks	Total	N.W. 2473
100	10		110	<i>[initials]</i>
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d					
						From	To										
Balance					Balance		21	18				4	✓				
Acquittance Rolls					Pay @ Net Rate	22	18	31	18	40	50	20	00	4	2	2	✓
Hospital Advances																	
A.B. 64.																	
P.&R.C. Payments																	
Dr. H. Co. Pay Book		3	2	11													
Rec. Nos 574 Cash		1	0	0	19.7												

4.2.6 ✓

3.2.11

[Handwritten signature]

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. 5740^a Date Jan 20 1919

- * (1) To the Officer i/c Records } Newfoundland
- * (2) ~~The Officer Commanding~~ } 68 Victoria St.
- * (3) ~~The Paymaster~~ } Station.

* Strike out that which is inapplicable.

Regimental No. 3512

Rank and Name Pte Norman T

Regiment or Corps 1 R Newfoundland

has been granted a furlough from Admitted to Sick Convoy

His address while on leave will be Returned to Hospital

I consider he is fit for I. DUTY

* Strike out that which is inapplicable. II. COMMAND DETOT.

* III. EMPLOYMENT

Admitted to Hospital Officer in charge Hospital.

on 20/10/18 Station.

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

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, London, S.W. 1.

AC

Please remit to Pte J. Horman

1st Royal H.F.L. & Regt

the sum of 1 pounds shillings (£ 1)

on account of any balance that may be due to me.

Regtl No. 3512 Rank Pte

Name J. Horman

Approved [Signature]
Officer i/c.,

Bolingbroke Hospital
Dated at 22nd Nov

BOILINGBROKE
HOSPITAL

INCORPORATED

FILE BRANCH
INITIALS [Signature]

1918

*OK - DND
Receipt 9934
2/10/18*

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

17789/4

4/11/18.

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.



Please remit to 3512 Pte J. Norman
1st Royal Newfoundland Regt
the sum of 3 pounds — s. (3)

on account of any balance that may be due to me.

OK. for £3-0-0

J.E.H. 2-11-18.

Regtl. No. 3512 Rank Pte

Name J. Norman

Approved [Signature]
Officer I/C.,

Secty Rmpt
Bolingbroke Hospital.

Bolingbroke Hospital

Dated at 1st Nov.

1918

17789/4

FOR BOLINGBROKE
HOSPITAL
INCORPORATED

17789/4

Bolingbroke.
Wandsworth Common, S.W.

3512

J. Norman

3:0:0

TO, The Chief Paymaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
2512	Pte	Norman	2.50	J. H.

I have the honour to be, Sir,
~~Very truly yours,~~
Your obedient servant.

Date 12-7-18

J. Norman

20/12/18

Bolingbroke Hospital
Wandsworth Common

To the paymaster of the 4th & 7th D. Regt.
Sir: Will you please pay me 1 pound
of my credit

3512/18 - J. J. Norman

Royal. N. G. & D. Regt.

OK. £1-0-0

m. R 20/12/18

Receipt No 10440

Appd.
J. J. Norman
Society Infk

For BOLINGBROKE
HOSPITAL
INCORPORATED.

P.S.D.

Norman J.

3512

Ray Depp

July 10, 1919

#3512 Pte. Jessie Norman,

Catalina.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2919.

Yours truly

Captain
Paymaster & U.I. c Records

The Royal Newfoundland Regiment

Class for Demobilization:—

B

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *21-6-19*

Regimental No *3512*

Name *Ross* *John* Rank

Address *Catania*

Present Medical Category *E*

Recommended for:— (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board

RH Sait Major
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Signature of Man.

J. H. Snowbop
Signature of the Vocational Officer or his Representative.

Reg. No. 3512

Place

ST. JOHN'S.

J. Norman

Date

25-6-15

191

8369

Paymaster

Dept. of militia
St. Johns -

Fort Union

(Latina Bay
19th/26

S/S.

Claims for Siperation
in By 31st March 120

As Invoice acc.
allowance. - must be

own
to

which
Militia

Deptment

Please Forward me
I will Complete & Forward

Yours Respectfully

Jesse Norman.
No 3512

What relative?

February 27, 1920

Mr. Jesse Hoxman
Port Union
Catalina, T.B.

Dear Sir:

With reference to
your letter of Jan. 19th. re Separation Allowance
kindly inform us what relation applicant is to
you.

Yours truly,

Lieut.
For Paymaster

LM.

SEPARATION ALLOWANCE.

Claimant *Theresa Norman* *Mother*
On account of *Jesse Norman*..... No. *3512*, Rank. *Pte*.....

Decision *Refused*
Husband not incapacitated.....
.....
.....

Date *June 28/1920*.....

W. F. Keene *Senior Col*
Mr Bowley Major

Instructions.....
.....
.....

Allotment of *60⁰⁰* per day payable to *Mrs W^m J Norman*.
his *mother* from *1/4/17* to *10/1/19*.
Discontinued on account of *being discharged*.

R. Crumney.....

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.

- (1) Name of Reservist
(If more than one give all names) *Jesse Norman*
- (2) Name of applicant, and age *Theresa Norman 53 years*
- (3) State whether you are the natural mother, stepmother or foster-mother. *Natural Mother*
- (4) Name of applicant's husband and his age. *William John Norman 54 years*
- (5) If he is not supporting you state the reason ~~Income too small. Insufficient to support wife.~~
- (6) If you are a widow, state date of your husband's death.
- (7) Have you married again since death of the above mentioned husband?
- (8) State names, ages of your other children, whether married or single or widowers.

Name	Age	Occupation	Married or single
David Norman	34	Fisherman	Married
Edwin Norman	31	Mechanic in U.S.A.	Married
Elizabeth Norman	27		Married
John Thomas Norman	24	Labourer (Halifax)	Married
Walter Norman	15		
Jesse Norman	21	R. N. Regt.	Single
Gladys Norman	19	Domestic - Halifax	Single
Samuel Norman	17	Labourer	Single
Levi Norman	14	Child	
Emma Norman	9	"	

- (9) Have any of the children mentioned in "8", volunteered for service during the great war 1914 - 1918? If so state names, and where possible give official numbers and the units in which they enlisted, with dates of enlistment.

Name	Enlisted in	Official Number	Date
Jerse Thomas	Royal N.H.D Regt.	3512	March 1917

(10) State amount earned by

(a) Yourself
 (b) Your husband: 22 1/2 Cents per hour

(11) State amount and source of any other income.

No other fixed income

(12) State actual amount contributed by Reservist during the year prior to his enrollment (If more than one state amount for each separately).

\$ 250⁰⁰ per year

(13) Did this amount include the cost of his board, etc?

No

(14) State his occupation before enrollment, and his wages per month and the name of his last employer.

Sailor - \$35⁰⁰ per month.
Capt. J. Pike

(15) State amount received as Allotment and Separation Allowance, on his account since his enrollment.

\$ 18⁰⁰ per month

(16) From what date have you received this amount?

April 1917

(17) State amount contributed by your other children per week.

Nothing

(18) If not receiving support from other children, state cause

Only able to earn enough for themselves

(19) Have you received Separation

Allowance on account of ~~any~~ any son who may have enlisted in the land forces

No.

(20) If so, state his name and the unit in which he served giving his official number.

I make this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under oath.

Signature Thomas X Norman

Address Port Louis Box No 18

Declared before me at Port Louis this 6th day of April 1920

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

J. P. Bishop
Commissioner of Affidavits

We, the undersigned, have reviewed the replies given in the foregoing declaration, and to the best of our knowledge they are correct, and the applicant is mainly and totally dependent on the Reservist first mentioned.

Signature of Clergyman Y. P. Pitt

Signature of Member of Patriotic Fund Committee (Miss) Maudie Henderson

gmtt / Smo'R.

July 24, 1920.

Mrs. William J. Norman,
Box 18,
Port Union.

Dear Madam:-

With reference to your application for Separation Allowance, I am directed to state that same cannot be granted you because your husband is not incapacitated and consequently you cannot be totally dependent on your son.

Yours faithfully,

Major
Paymaster.

April 3rd 1920

Major Howley
O. I. C. Records

Please pay to J. Norman, 3512
the sum of fifty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$50.00

Pension

\$10.00

J. C. A.

ACCOUNT	33896	INITIALS	<i>J. C. A.</i>
CHK. NO.		INITIALS	
INS. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
C. L. E. L.		INITIALS	

J. C. A.

W. Mackall.
Vocational Officer

J. Norman

Box 18.
Port Union.
Trinity Bay.

To Paymaster
Department
of Militia

Sir

1010

3512

As my son Jesse made application
for separation allowance some time ago
I note you want to know what relation
the applicant was to him. I am his mother
the person making application for same
Kindly forward me forms which I will
fill in & forward to you.

Yours Very truly & oblige

Mrs William John Norman.

Army or Navy
Send up last letter.

March 27, 1920

William John Norman
Port Union,
R.B.

Dear Sir:

With reference to your letter of recent date, I enclose form which kindly have your mother complete in the presence of a Magistrate or a Justice of the Peace and return to this Office.

Yours truly,

Capt.
For Paymaster

LM/Enc.

ST. JOHN'S, June 17th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. J. Norman

Billeting Soldiers as undermentioned

from June 1st /19 to June 16th /19

3512 . Mr. J. Norman 16 60

ACCOUNT	<u>B. F. M.</u>
SH. NO.	<u>23841</u> INITIALS <u>[Signature]</u>
IND. LEDGER	INITIALS
PAY LEDGER	<u>16</u> INITIALS <u>60</u>
GEN. LEDGER	INITIALS

Certified correct for \$

A. McBlowden

R. J. for Billeting Officer.

J. Norman

ST. JOHN'S, June 28/19

Royal Newfoundland Regiment.

Billeting Account,

To Pt. J Norman

Billeting Soldiers as undermentioned

from June 1/19 to June 16/19

3512 Pt J Norman 16 60

Btm
24902. Rev

Certified correct for \$ 16.60

J. C. R.

J. A. Snow
Billeting Officer.

June Norman

2/15/19

Receipt for Army Book 64

No. *3512* Name *J. Norman*

To Certify that I have received the AB 64 of the above
named Soldier.

Date *August 13th*
Place *Fort Union* *19/20*

Name *J. Hormay*

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

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Rank Plc Surname Norman Christian Name Johns

Religion Methodist Age on Enlistment 20 years 3 months

Enlisted (a) 5-3-17 Terms of Service (a) Duration Service reckons from (a) 5-3-17

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Labourer

Ed F. Smith Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Shampton</u> <u>22.9.17</u>		
			Disembarked... <u>Rouen</u> <u>27.9.17</u>		
			Joined Battalion - <u>12 OCT 17</u>		
<u>19/11/17</u>	<u>88 LA</u>	<u>Ad 88 LA Mysajia 7/11/17 Des. D. Hunt</u>	<u>9/11/17</u>	<u>60 3261</u>	
<u>23 NOV 1917</u>	<u>91</u>	<u>WOUNDED IN ACTION</u>	<u>NOV 1917</u>	<u>A.F.B. 213</u>	
<u>21/11/17</u>	<u>377 A</u>	<u>Ad. G. W. ...</u>	<u>5 CES 21/11/17</u>	<u>833827</u>	
	<u>4/11/17</u>	<u>Transferred to England</u>		<u>W-30</u>	
		<u>J. Heany</u>	<u>2/11/17</u>	<u>MAJOR</u>	
		<u>O. I. C. No. 1</u>	<u>Infantry Section</u>		
			<u>G. H. Q., 3rd Echelon</u>		

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

2/11/17 21.6.18

16.4.18

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal T.F.F.P.*
2. Regtl. No. *3572* 3. Rank. *Pvt.*
4. Name *Norman Jesse*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *14 Oct. 1918*

12. Place of origin of disability. *Ypres*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*G. S W left for arm
 he was treated in Hth
 (S. G H) 92 days discharged
 to unit B III baty*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | YES | |
| (ii.) Previous active service.. .. | N.A. | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

long scar left front forearm. 2 in scar on back of left forearm.

16. Was an operation performed? If so, when and what was its nature?
 17. If not, was an operation advised and declined?
 18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. E. Proemier. Capt R.A.M.C.
 Medical Officer in charge of case.

Station .. *Hazley Hall*
 Date .. *26/3-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3512 Rank Plat Name Norman J.
 Date of Enlistment 5-3-17 Address Catalunga District Trinity
 Occupation Lubricator Classification for Discharge B Medical Category E1
 Recommendation S. M. B. Physically unfit Disability Rating 40% 3 Mos
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	do 2nd	" 3	3
B 179	D 400H	Form L	do 3rd	" 4	
B 179a	1 D 400C	Form K	do 4th	" 5	
B 179b	B 103	2 ME 2		" 6	
B 179c	B 120	M 93			

Date 24-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied None

Date 25-6-19

O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 1946 to his home at Alabama and Release Certificate No. 3031 issued.

Date 25-6-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-7-19

Date 25-6-19

H. J. News
Depot Paymaster.

Discharged approved for 26-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 25-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 26 1919

R.H. Sait MAJOR

O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3512 Rank Pte. Name Norman J.
 Intended place of residence Catalina, Trinity

2. Occupation Labourer
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 25 1919

H. M. S. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUN 25 1919

Date

J. Norman
 Signature of soldier

J. W. Chancey
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUN 25 1919

Date

J. Norman
 Signature of soldier

J. W. Chancey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5-3-17 No. of days on Military
 Discharged from service 26-6-19 Plus 14 days Service 858

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUN 26 1919

R. H. Last Major
 Officer-Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 10/1919

M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

27/8-20/9/1919



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Jesse Norman

Regiment from which discharged **Royal Newfoundland**

Regimental number

3512

Intended address

Catalina

Height on discharge

5 Feet *7*.

Color of hair on discharge

light

Complexion

Ruddy

Color of eyes

Blue

Descriptive Marks

1 Scar on Both Arms

Figure on discharge

Medium

Christian name of Father

John

Christian name of Mother

Teresa

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Catalina, 13th Nov, 1898

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Jesse Norman

Plt.
(Rank)

Station

St John's

Date

18-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

The Royal Newfoundland Regiment

3517

DEMOBILIZATION OF

Reg. No. 3512 Rank Plt. Name Hormans J.
 Date of Enlistment 5-3-17 Address Catalina District Trinity
 Occupation Lubricator Classification for Discharge B Medical Category E1
 Recommendation S. M. B. physically unfit Disability Rating +0% 3 Mos.
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	2		" 6	
B 179c	B 120	M 93				

Date 24-6-19 O. C. Discharge Depot. Mess H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$160
- (b) Clothing Supplied McL...

Date 25-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 1946 to his home at Arst. T. ... and Release Certificate No. 3031 issued.

Date 25-6-19

J.A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-7-19

Date ME 2019

Depot Paymaster.

Discharge approved for 26-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 25-6-19

J.A. Snow
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 26 1919

Robt. ... MAJOR

O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date July 9. 1919

J. ...
for Records

Reg. No. *3572* Rank *Pte* Name *Norman, J.*
Attested Address *Catalina*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsecan* Cause *Discharge*

23-6-19

*Recd. Discharge from Army
Requires Treatment*

25-6-19

PASSED TO DEMOBILIZATION OFFICER

26-6-19

DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No. **3512**, 3. Rank... **Pte.**.....
- 4: Name ... **Norman Jesse**.....
(Surname) (Christian Names)
5. Age last birthday... **21**.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. **14/10/18.**
12. Place of origin of disability. **Ypres.**
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. **G.S.W. L. FOREARM. 4TH. L.G.H. 92 days**

Dis. Bill.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war **Yes**.....
- (ii.) Previous active service.. ..
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Long scar on L. Front forearm. 2nd scar on back of L. Forearm.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— **Repatriation.**

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

(SGD) W.E. PROCUNIER, CAPT. R.A.M.C.

Medical Officer in charge of case.

Station ... **H.D.C.**

Date **26/3/19**

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **G.S.W. L. ARM.**
- (b) The present condition thereof.

G.S.W. Entered from back of forearm. between the bones. Long scar over Ulna side from operation. an attempt to free Tendons. Still adherent with weak grasp and perspiring hand.

22. State whether the disabilities are:—
- (a) Attributable to (b) Aggravated by
- (i) Service during the present war **Yes**.....
- (ii.) Previous active service.. ..
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier **No**.....
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? **G.S.W.**

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

40% 3 Months & treatment.

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes.

Opinion of Military Member in case of disagreement

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures :—

N. S. FRASER,.....

{ President or Chairman.

Station **ST. JOHN'S,**.....

J. S. TAIT,.....

{ Members.

Date **JUNE 21/19.**.....

L. PATERSON, MAJOR,.....

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

(SGD). CLUNY MACPHERSON, MAJOR
Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospitals.

Date

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date