



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2046 Name William H. Norman Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William H. Norman</u> |
| 2. What is your full Address? | 2. <u>Bay Roberts C.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>21</u> Years..... <u>5</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Bank Clerk</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, William H. 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.

W. H. Norman SIGNATURE OF RECRUIT.

J. G. A. Rendell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William H. 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 at St John's on this 21 day of December 1915.

Signature of the Attesting Officer. J. G. A. Rendell

† 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.

† 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, the 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) _____

2046

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name William H. Norman
 Apparent age 21 years 5 months. Height 5 feet 5 1/2 inches.
 Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 3 1/2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Henry Norman
Bay Roberts C. B. | Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed for fixing the rate of pension		Signature of Officers certifying correctness of entries
					years days	years days	
Service towards limited engagement reckons from _____							<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Joined at _____ on _____</div> <div style="margin-bottom: 5px;"><u>A.A. 23/4/17</u></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
Total Service forfeited as above							

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " " Pension " _____ (") _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2046 Name William H. Norman Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>William H. Norman</u> |
| 2. What is your full Address? | 2. <u>Bay Roberts C.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>21</u> Years <u>5</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Bank Clerk</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, William H. 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.

W. H. Norman SIGNATURE OF RECRUIT.
E. Deas J. A. Reader Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William H. 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 at St. John's on this 21 day of December 1915.
J. A. Reader
 Signature of the Attesting Officer.

† 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 1915 _____
 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, the 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) _____

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

William H. Norman

Age 21 years 5 months. Height 5 feet 5 1/2 inches.

Measurement { Girth when fully expanded 36 inches.
 Range of expansion 3 1/2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Henry Norman
Bay Roberts C. B. | Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>28-12-15</u>									
Joined at <u>St John's</u> on <u>December 28 '15</u>									
				<u>Embarked St John's S.I. Section for N.A. 24 '16</u>					
				<u>Embarked for N.S. 9-7-16</u>					
				<u>Joined 13th Battalion 21-7-16</u>					
				<u>Killed in Action 9-1-17</u>					
				<u>23-4-17</u>					
Total Service forfeited as above									

Total Service towards Engagement to 23-4-17 (date of discharge) 1 years 17 days
 " " " Pension " " " " " " " " " " " "



REGIMENTAL NUMBER 2046

COMPANY H

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 W. H. Norman

Witness J. C. H. [Signature] Lieut

Dated at Racecourse Ave

June 20th 1916

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)

Handwritten signature: J. R. Bennett

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **6th May, 1917.**

To **Rev. A. B. S. Stirling,**

Rector,

Bay Roberts.

Regret to inform you Record Office London today reports that No. 2046, Private William H. Norman, son of Mr. Henry Norman, was Killed in Action on the twentythird April. Kindly inform relatives.

J. R. BENNETT,
Colonial Secretary.

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 *Frederick M. ...* Address _____

Line Number	Recd	by	Check
		<i>pro Dep. Sec. Sec.</i>	

Dated **6th May, 1917.**
To **Mr. Henry Norman,**
Bay Roberts.

Regret to inform you Record Office London today reports that No. 2046, Private William H. Norman, was Killed in Action on the twentythird April.

J. R. BENNETT,
Colonial Secretary.

C.R. 2046

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 23, 1916.

2046 Pte. W.H. Norman.

C.R. 2046

William H. Norman was attested for General Service with
the NEWFOUNDLAND CONTINGENT on Dec. 28th 1915.

Regimental No. 2046 was allotted to Pte W.H. NORMAN.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

Wm. H. Norman.

C.R.

2046

P. & R. O.

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

MEDICAL HISTORY

OF

Surname Norman

Christian Name William H.

Table I.—GENERAL TABLE.

Birthplace:—Parish

County St. John's

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Nov</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St John's St. John's</u>		at _____	
Declared Age	<u>21</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet	<u>5 1/2</u> inches	_____ feet	_____ inches
Weight	<u>126</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	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 (Signature)	<u>J.W. Under</u>		_____	
(Rank)	<u>Lieut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191		at _____ on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>1st St. John's Regt</u>	Corps.	_____
	Regtl. No.	<u>2046</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	
(Rank)	_____		_____	

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination 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
February 9/16	1 st Inoculation. } sw. B.
March 27/16	2 nd " " } sw. B.
26.6.14	Vaccinated successfully N.Y.W.
6.7.16	Fit for foreign Service.

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 Field	23/3/16	9/4/16			



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Hayward Norman, Regl. No. 2046
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins March 22nd, 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1897	Brother	Lewis Norman	Bay Roberts	.70
Total Allotment, \$				

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

(Sig.) S. J. O. Russell
 Lieut
 for
 Officer Commanding
 H Company
St John's
March 20 1916

(Sig.) W. H. Norman
 (Rank) Private

No. *2046* Name *Notman, W. A.* Sqn., Batty., or Company

X *A* Corps *Newfoundland Reg* Date of enlistment } *28*

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *1*

Signature O.C. Company, etc. }

W. Keudick
Major

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

W. Keudick
Major
23.4.12

Army Form B. 122

ORIGINAL. FIELD SERVICE.

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 other official documentary sources.



REGIMENT } NEWFOUNDLAND REGIMENT. Squadron,
or } Troop, Battery
CORPS } or Company

Regtl. No. 2046 Rank Private

Name NORMAN, W.H.

Died { Date April 23rd., 1917.
Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213, 25/4/17.
By whom made O.C., Unit.

DUPLICATE.

SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
I.F.P. No. 17 MAY 1917

* 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.

Place _____

Burial Date _____

By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not to hand.
(b) in Small Book (if at Base) do
(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.

Signature of Officer in charge } [Signature] Lieut. for Lt. Col.,
of Section Adjutant-General's } Officer i/c Records Reg. Inf. Sec. 1,
Office at the Base } 3rd. Echelon, G.H.Q., B.E.F.

Station and Date 3rd. Echelon, 4/5/17.

TRIPLICATE FIELD SERVICE.

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, } **A Company**
 or } Troop, Battery }
 CORPS } or Company }

Regtl. No. **0048** Rank **Private**

Name **NORMAN, W.H.**

Died { Date **April 23rd., 1917.**
 Place **France.**
 Cause of Death* **Killed in Action.**



Nature and Date of Report **B 213, 25/4/17.**

By whom made **O.C., Unit.**

* 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 64) **Not to hand.**
 (b) in Small Book (if at Base) **do**
 (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.

Signature of Officer in charge
 of Section Adjutant-General's
 Office at the Base

[Signature]
 Officer i/c Records Reg. Inf. Sec. 1,
 3rd. Echelon, G.H.Q., B.E.F.

Station and Date **3rd. Echelon, 4/5/17.**

FORM K

Nº 1959



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Howard Norman, Regl. No. 2046 hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins March 22^d, 1916.

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1897	Brother	Lewis Norman Bay Roberts		70
Total Allotment, \$				

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

(Sig.) Frank A. Rendell
 Lieut
 Officer Commanding
 Co. Company
St John's
March 20 1916

(Sig.) W. H. Norman
 (Rank) Private.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *2046* Rank *Pte.*

Name *Norman W.H.*

Died (a) *Intestate* at *France.*

on the *23rd* of *April* 191 *7.*

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 <i>23. 4. 17</i>	<i>7</i>	<i>18</i>	<i>6</i>
	Cash issues (Date of each issue to be stated)				Pay days at from to	<i>8</i>	<i>18</i>	<i>6</i>
	£ 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 interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster	<i>7</i>	<i>18</i>	<i>6</i>	Balance due to the Paymaster	<i>7</i>	<i>18</i>	<i>6</i>
		<i>8</i>	<i>18</i>	<i>6</i>		<i>8</i>	<i>18</i>	<i>6</i>
		£ <i>7</i>	<i>18</i>	<i>6</i>		£ <i>7</i>	<i>18</i>	<i>6</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *7 18 6* is correctly chargeable against the Public^(a).

NEWFOUNDLAND CONTINGENT.

Dated at *VICTORIA 31* this *day* of *April* 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.

CHECKED.
11.6.17
A.C.



Casualty Form—Active Service.

Certified true copy

Regiment or Corps 1st Newfoundland Regt.

Regimental No. 2046 Rank Pte Name Norman W. H.

Enlisted (a) Dec 28/15 Terms of Service (a) Duration of War Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____



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. 86, or other official documents.
Date	From whom received				
	Unit	Embarked Disembarked Joined Battalion	Southampton Rouen. Grand.	9.7.16. 10.7.16. 21.7.16.	
25.4.17	O.S. Unit	Killed in Action	With Batt. Grand	23.1.17. 23.4.17.	B213.

*J. Hoehill
Lieut.
Cor.
040 No 1 Reg. Inf. Legion
G.H.Q. 2nd Echelon.*

(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, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

DUPLICATE.

Army Form B. 2090A.

FIELD SERVICE.

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, Battery or Company } **A Company**
or
CORPS }

Regtl. No. **2046** Rank **Private**

Name **NORMAN, W.H.**

Died { Date **April 23rd., 1917.**

Place **France.**

Cause of Death* **Killed in Action.**



Nature and Date of Report **B 213, 25/4/17.**

By whom made **O.C., Unit.**

* 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 64) **Not to hand.**
(b) in Small Book (if at Base) **do**
(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.

Signature of Officer in charge of Section Adjutant-General's Office at the Base

[Signature] **Lieut. for Lt. Col., Officer i/c Records Reg. Inf. Sec. 1, 3rd. Echelon, C.M.C., B.E.F.**

Station and Date **3rd. Echelon, 4/5/17.**

NON-EFFECTIVE ACCOUNT

Regiment or corps

No. 2048

Rank

Pte.

Name

Norman, S.E.

Died (a) Intestate

at

France

on the 25th of April,

Deserted at

on the

of

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop
Battery or Company

STATEMENT OF ACCOUNT

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 25/4/17	8	18	6
	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			
	Consolidated stoppage							
	Balance due by the Paymaster	8	18	6	Balance due to the Paymaster			
		£	8	18	6			

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.



I certify that the above account is correct and that the balance is correctly paid.

1. This form is to be filled in by the Paymaster or other officer in charge of the Pay Office when a soldier or other person is killed in action or dies of wounds or disease or other cause during the war. It is to be filled in by the Paymaster or other officer in charge of the Pay Office when a soldier or other person is killed in action or dies of wounds or disease or other cause during the war. It is to be filled in by the Paymaster or other officer in charge of the Pay Office when a soldier or other person is killed in action or dies of wounds or disease or other cause during the war.

PAY LIST. to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps
 No. 2046 Rank Pte. Name Norman, W.H.
 Died (a) Intestate at France on the 23rd of April, 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 23/4/17.....	8	18	6
	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			
					This account is in accordance with information received at the Pay & Record Office to 27 / 7 / 17 and is therefore subject to amendment if, and as may be found necessary.			
	Balance due by the Paymaster	8	18	6	Balance due to the Paymaster			
		£	8	18		£	8	18
				6				6



that the above account is correct in every particular and that the balance of £ is correctly chargeable against the Public (b).

NEWFOUNDLAND CONTINGENT.

 PAYMASTER & OFFICER IN CHARGE
 Paymaster.

191

(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.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Hayward Norman, Regl. No. 2046
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins March 22nd, 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1897	Brother	Lewis Norman	Bay Roberts	1/10
Total Allotment, \$				

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

(Sig.) W. H. A. Russell
 for
 Officer Commanding
H Company
St John's
March 22 1916

(Sig.) W. H. Norman
 (Rank) Private



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of William Hayward Norman
aged 21 yrs - conducted at Grand Bank
Date: Nov 22/16 Recruiting Officer: G. H. ...

NO. OF TEST	FINDING
1	No
2	No
3	No
4	No
5	No
6	No
7	No
8	Yes
9	No
10	This test not applied
11	William Hayward Norman - 21 yrs - Foreign Service
12	Passed this test
13	Teeth in good condition
14	Right tonsil slightly enlarged, ✓
15	Normal in this region
16	Passed this test
17	" " "
18	" " "
19	Normal light in both eyes ✓ 6-6 both
20	Passed test
21	" "
22	" "
23	" "
24	" "
25	" "
26	" "
27	" "
28	Hearing normal
29	Passed test
30	" "
31	" "
32	Normal in this region
33	Nerves normal
34	5ft - 6 inches
35	130 lbs 120 lbs
36	35 inches 32 1/2 - 36
37	\$ 400.00
38	Father
39	to me

2046

For

Signature of Medical Examiner: Amos Donald
W. Borden

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$46 ²³/₁₀₀

Mar 2nd 1918

Received from the First Newfoundland Regiment
the sum of Forty six ²³/₁₀₀ Dollars.
on account of Pay Estate
balance

Ch. No. 1596	Initials. G.W.
Pay Ledger 186	Initials. G.W.
Gen. Ledger 51	Initials. G.W.

Regtl. No. J.A.H.

Rank

No. 2046

Rank Pte.

Name W. A. Norman

Henry Norman

Bay Roberts

March 11th. 1918.

Mr. Henry Norman,
Bay Roberts, C.B.

Dear Sir,-

I enclose herewith cheque for \$46.23,
being the balance of the estate of the late Pte.
W.H.Norman, payable to you as Administrator.
I also enclose Letters of Administration.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Enclosures 2.

J/H.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

21
NEWF'LD.

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. *2046* Rank *Private*
Name..... *William H Norman*
Royal Newfoundland Regt.

..... *Henry Norman* (Sgd.)

..... *Father* Relationship.



Address.....

..... *Bay Roberts*

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

OCT 11 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Mr. Henry Norman (Father)

in respect of his service as No. 2046 Rank Pte.

Name William H. Norman Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct. 13th 1921

Signature Henry Norman

Date _____

Address Capt. H. Norman
Bay Roberts

[P.T.O.]

R 2046

Extract from Memorial Roll of 8914, Regt. Embarked
Southampton, (Draft No. 6,) from 2nd Inf. Depot to 1st
Bn. B.S.P/ 9-7-16.

2046 Pte. W. Norman.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [6-6] W:017/2124 1000m 6/15ea 88 68

Forms
 B. 121.
 29.

Regiment of 2/1st Newfoundland Regiment

Signature of O. C. Company

Number of Sheets
 1
W. H. H. H. H. H.
Lucas H. C.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>2046 Norman W. H.</i>	Age on <i>21</i> years <i>5</i> months	<i>Bank Clerk</i>	
Joined _____ Date _____	Place and Date of Enlistment <i>St. John's Nfld. N.S. 28th 1915</i>	Religion <i>C. of E.</i>		
Joined _____ Date _____	Period of	Place of Birth		
Joined _____ Date _____	with Colours <i>1</i> 1/2 years.			<i>Bay Roberts Nfld.</i>
Joined _____ Date _____	with Reserve <i>3</i> 1/2 years.			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		<i>Pte</i>		<i>Killed in Action 23rd 17</i>					

To be carried over

C.R. 2046

Bay Roberts
Oct 25/1920.

Dear Sir:—

In connection with the enclosed I regret to say that I have never heard a sound as to where my son was buried. Although I have never heard officially yet I understand his body was never found.

Yours very truly

Henry Norman.