



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3674 Name William Nurse Corps R.F.C.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. William Nurse
2. What is your full Address? ..... 2. Chapman St. N.S.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 4 months
5. What is your Trade or Calling? ..... 5. Interpreter
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
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. Yes

I, William Nurse 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.

William Nurse ..... SIGNATURE OF RECRUIT.

W. H. ... ..... Signature of Witness.

William Nurse 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 73 on this 13 day of April 1915.

Signature of Attesting Officer W. H. ...

**†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..... } Approving Officer.  
Place..... }

† 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:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



3674



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3674 Name W. Nurse Corps Co. E.

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>William Nurse</u>            |
| 2. What is your full Address? .....  | 2. <u>Chapman St. N.S.</u>         |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Internan</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, W. Nurse 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. Nurse SIGNATURE OF RECRUIT.  
R. H. Edwards Signature of Witness.

273-4-17

I, W. Nurse 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 .....

on this 13 day of April 1911

Signature of Attesting Officer R. H. Edwards

### †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.....1911 ..... } Approving Officer.  
 Place..... }

† 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).....



C.R. 3674

August 17, 1918.

Mr. William Nurse,  
Chamneys East, T.B.

Dear Mr. Nurse:-

We have been notified by mail from our Record Office, London, who have received information from a German List dated 1-7-18 forwarded to the Newfoundland War Contingent Association by the Canadian Red Cross Society on the 22-7-18, stating that your son the late No. 3674 Pte. William Nurse of The Royal Newfoundland Regiment was buried by the enemy in the vicinity of Bailleul near Nieppe 20-4-18.

Assuring you of my deepest sympathy in your bereavement.

I am,

Yours sincerely,



Lieut.  
Casualty Officer.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World GR 3674

### 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	Recd	By	Sent	by	Check

Dated May 6th, 1918.

To William Nurse, Champneys East, T.B.

I regret to inform you that Record Office, London reports to-day No. 3674, Private William Nurse was killed in action on April 12th. Upon receipt of further information I shall immediately wire you.

J.R. Bennett

Acting Minister of Militia

**NOTE FOR OPERATOR:**

THIS MESSAGE IS NOT TO BE DELIVERED UNTIL RECEIVING OFFICE, NOTIFIES THAT MESSAGE TO CHURCH OF ENGLAND MINISTER OR SCHOOL TEACHER HAS BEEN RECEIVED AND ACTED UPON.

**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.

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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 Dept of Militia

Line Number	Recd	By	Sent	by	Check

Dated May 6th. 1918.To Church of England Minister or School teacher, Chamneys, East T.B.

Regret to inform you that Record Office, London reports to-day that No. 3674, Private William Nurse was killed in action April 12th. Please inform next of kin.

J.R. Bennett

Actg. Minister of Militia

CP 3674

Extract from Telegram received from London, dated May  
6th, 1918

#3674 Pte. Nurse.

Killed in Action April 12th.



C.R. 3674


March 24, 19.

WILLIAM NURSE, ESQ.,  
CHAMPNEYS EAST.

Dear Sir:-

I beg to acknowledge receipt of your letter of March 10th., regarding Personal Effects of the late #3674 Pte. W. Nurse, and in reply I beg to state that we have not up to date received any cloths belonging to the above mentioned soldier, but if at any time in the future that any effects belonging to him should come to hand, we shall immediately forward them on to you.

Yours faithfully,

  
Lieut.  
Casualty Officer.

WVW/BC.



No. 530

Received from

R 1578

Received as set  
addressed as on the  
Receipt Form bearing  
the above No.

Office }  
Stamp }

A REGISTERED POSTAL PACKET

Addressed—

Wm Nurse Esq.  
Champerne East  
P.O.

Received a Regis-  
tered Postal Packet  
addressed as above... }

RECEIVED FROM THE DEPARTMENT OF MILITIA.

ONE ENVELOPE CONTAINING EFFECTS WHICH BELONGED  
TO THE LATE No. 3674 Pte. W. Nurse.

SIGNED *W. Nurse*

DATE *Mar 10 - 3 - 19*

C.R. 3674

Feb. 14th 19.

Wm. Nurse Esq.,  
Chamneys East, T.B.

Dear Mr. Nurse:

It is my regrettable duty to have to forward to you one envelope containing the effects which belonged to your late son No. 3674 Pte. Wm. Nurse of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.


Assuring you of my deepest sympathy in your bereavement and in the added sorrow that the receipt of these effects must entail.

Yours sincerely,



Lieut.  
Casualty Officer.

No. of Paper 1383**PERSONAL EFFECTS.**Name Nurse W.**C.R.** 3674Rank PrivateRegiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
1 envelope containing:- 1 Disc.	  Final disposal	<i>Shipped to Newfoundland.</i>

Remarks :- *Killed in action 12/4/18*

*Next of Kin - Father: - William Nurse,  
 Champneys East  
 J.B.*

January 17, 1918.

Mr. E. Nurse,  
Port Rexton,

Sir:-

With further reference to your telegram of 12, Jan., in which you state that you heard that #3674 Pte. Wm Nurse, had been killed in action. I am directed to inform you that the Pay & Record Office London, report in reply to the enquiry of this department that he is at present with the 1st Battalion. I am glad to be able to tell you that the rumour you heard is incorrect.

I have the honour to be,

Sir,

Your obedient servant,

*W.F.R.*  
Major,

Chief Staff Officer.

WFR/JMF.

E.R. 3674

FORM NO. 10



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 32 Recd by \_\_\_\_\_ Check 18 No. \_\_\_\_\_

Place from \_\_\_\_\_

To John Bennett  
Marquette

ST

ANSWERED  
JAN 25 1918

Can you tell me  
 anything of William  
 Nurse no 3674  
 Champneys have heard  
 he was killed in action  
 Cape Nurse



C.R. 3674

Jan, 15th, 18

Mr. E. Nurse,  
Port Rexton,  
T.B.

Dear Sir:-

With reference to your enquiry of 12th Jan.,  
I am directed to inform you that no report has been received  
by this Dept. that 3674, private Wm. Nurse has been killed  
in action. A cable has been forwarded to the Pay & Record  
Office, London asking for further particulars of this  
soldier, and on receipt of reply you will be notified.

Yours faithfully,



Major, C.S.O.

C.R. 3674

Extract from Nominal Roll Draft No. 32: 113 Other Ranks from 2/1st  
Newfoundland Regt., Ayr, to 1/1st Bfid. Regt., B.C.F. Embarked  
Southampton 6/11/17.

3674 Pte. Nurse, W.

MP.

C.R. 3674

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

#3674 Pte. W. Nurse.

3674

C.R.

Extract from Daily Orders Part II Unit The Royal Mfld.  
Regt., St. John's, Apl. 23, 1917.

3674 Pte. Wm. Nurse.

Attested this day, posted to F. Coy, and assigned  
numbered as shown.

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

# MEDICAL HISTORY

OF

Surname Nurse

Christian Name William



Table I.—GENERAL TABLE.

Birthplace:—Parish Champneys East County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>April</u> 1917		on day of 191	
	at <u>Headquarters</u>		at	
Declared Age	<u>19</u> years <u>4</u> days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches.
Weight	<u>125</u> lbs.		lbs.	
Chest Measurement	Grith when fully expanded ... <u>56</u> inches		inches	
	Range of Expansion ... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/9</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>W.S. Poennies</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at	
	on <u>23</u> day of <u>April</u> 1917		on day of 191	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	<u>5674</u>	Regtl. No.	
Transferred to	<u>41st Rfld</u>			
Became non-effective by				
(Signature)	on day of	191	on day of	191
(Rank)				



et in case of Warrant Officers treated in quarters.

in the cause, nature or treatment of the case likely to be of interest or of future use. In cases of  
and re-admissions to hospital will be shown. The subsequent progress, including particulars  
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*W. S. ...*  
*Capt. ...*





No 4004



4/1 ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm Nurse, Regl. No. 3674

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2947</u>	<u>Wife</u>	<u>Wm Nurse</u>	<u>St John's</u> <u>10. B.</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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

(Sig.) Chas R. Ayles  
 Officer Commanding  
4. Company  
St John's  
May 16 1917

(Sig.) Wm Nurse  
 (Rank) No. 1st Lt.





This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

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 Charles Nurse*

aged *19 years* conducted at *Hdgers*

Date: *April 23<sup>rd</sup> /14* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *y*
- 8 *y*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *n 6 M. 6/9 left*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

*3674*

- 33 *no*
- 34 *5ft 6"*
- 35 *125 lbs.*
- 36 *33-86*
- 37 *\$300 per year*
- 38 *7 letter William Chapmans East*
- 39 *none*

*Di* Signature of Medical Examiner: *J. W. Gordon*

~~DUPLICATE MAIL COPY~~

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

Posted..... **NON-EFFECTIVE ACCOUNT.**

Regiment or corps

No. **3674**

Rank **Pte**

Name **Nurse W.**

Died (a) **Intestate**

at **France**

on the **12th** of **April**

**191 8**

Deserted at

on the of

**191 .**

I Certify to the correctness of above in every particular.

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

**STATEMENT OF ACCOUNT.**

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <b>12.4.18</b> .....	<b>10</b>	<b>5</b>	<b>4</b>
	Cash issues (Date of each issue to be stated)				Pay days at from to .....			
	£ s. d.				Proficiency, Service or good conduct pay days at from to .....			
	191				Messing allowance days at from to .....			
	"				Kit allowance .....			
	"							
	"							
	Consolidated stoppage .....							
	Balance due by the Paymaster	<b>10</b>	<b>5</b>	<b>4</b>	Balance due to the Paymaster .....			
		<b>£ 10</b>	<b>5</b>	<b>4</b>		<b>£ 10</b>	<b>5</b>	<b>4</b>

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED  
P.S.S.  
3 APR 1918

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 10 5 4 is ~~currently chargeable against the Public~~ **NEW ZEALAND CONTINGENT**

Dated at

this

day of **APR 1918** 191

CHIEF PAYMASTER *[Signature]* 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.

DUPLICATE  
MAIL COPY

~~PAY LIST~~

to

191 . Voucher No.

Posted

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. **3674**

Rank **Pte**

Name **Nurse W.**

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

at **France**

on the **12th** of **April**

191 <sup>8</sup>

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 <i>Dr.</i> last month .....				Balance <i>Cr.</i> last month .....	12.4.18	10	5	4
	<i>Cash issues</i> (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 .....				
	"								
	"								
	Consolidated stoppage .....								
	Balance due by the Paymaster	10	5	4	Balance due to the Paymaster .....				
	£	10	5	4	£	10	5	4	

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED  
P. D. A.  
3 APR 1918

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 10 5 4 is ~~not~~ <sup>not</sup> chargeable against the Public (b) CONTINGENT.

Dated at

this

LONDON, S.W.  
3 APR 1918

191

CHIEF PAYMASTER  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.

~~DUPLICATE MAIL COPY~~  
**PAY LIST**

to 191 . Voucher No.

Posted **NON-EFFECTIVE ACCOUNT.**

Regiment or corps  
 No. **3674** Rank **Pte** Name **Nurse J.**  
 Died<sup>(a)</sup> **Intestate** at **France** on the **12th** of **April** 191 **8**.  
 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. <u>last month</u> .....	12.4.18	10	5	4
	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 .....				
	"								
	"								
	Consolidated stoppage .....								
	Balance due by the Paymaster	10	5	4	Balance due to the Paymaster .....				
		£	10	5		£	10	5	4

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED  
 P.S.A.  
 3 APR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 10 5 4 is ~~correctly chargeable against the Public~~ **NEW ZEALAND CONTINGENT**

Dated at this day of **APR 1919** 191



\_\_\_\_\_  
 CHIEF PAYMASTER OFFICER IN CHARGE  
 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.

Ord B 249/5246/96

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

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**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT**  
 No. **3674** Rank **Plt** Name **Muse W.**  
 Died <sup>(a)</sup> *intestate* at **France** on the **12<sup>th</sup>** of **April** 1918.  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

( Commanding Squadron, Troop,  
Battery or Company.

**STATEMENT OF ACCOUNT.** Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <b>12.4.18</b> .....	<b>10</b>	<b>5</b>	<b>4</b>
	Cash issues (Date of each issue to be stated)				Pay days at from to .....			
	£ s. d.				Proficiency, Service or good conduct pay days at from to .....			
	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	<b>10</b>	<b>5</b>	<b>4</b>	Balance due to the Paymaster .....			
		<b>£ 10</b>	<b>5</b>	<b>4</b>		<b>£ 10</b>	<b>5</b>	<b>4</b>

CHECKED  
P. J. A.  
3 APR 1918

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 10 5 4 is correctly chargeable against the Public <sup>(b)</sup> Contingent.

Dated at **3 APR 1918** day of **APRIL** 191 . CHIEF PAYMASTER & OFFICER *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.

No. *3674*. Name *Nurse William* Sqr., Batty., }  
or Company } *1st* Corps *Newfoundland* Date of enlistment } *23. 11. 17.* G.C. Badges }  
 Date of last entry in Company Conduct Sheet } No. and date } Period not reckoning towards } Sheet No. *1.* Signature O.C. } *J. R. Steele* *21st* Service or Proficiency Pay }  
 of last drunk } freedom from extra fine } Company, etc. } Character *Good.*

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

*18*  
*11*  
*18*  
*18*

Army Form B. 122



# ORIGINAL

## FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT) Royal Newfoundland. Squadron, Troop, }  
OR CORPS } C. Co.  
Battery or Company }

Regimental No. 3674. Rank Private.

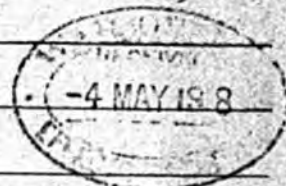
Surname Nurse. Christian Names W.

Died { Date 12-4-18. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report B 213 d/22/4/18.

By whom made O.C. Unit.



**COPY SENT TO** O.C. H.Q. 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.

**ST. JOHN'S FIELD** (d) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) not received

**N.F.P. 38.** a Will or not None received. (d) as a separate document

**DATED 30 MAY 1918** 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 I.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date) G.H.Q., 3rd. Echelon 29-4-18. Signature of Officer in charge of Section) Lieut. for MAJOR  
Adjutant-General's Office at the Base )

C. No. 1 Infantry Section  
G.H.Q., 3rd Echelon

Kurse, W.

3674

Sept.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 3674

Rank Pte

Name Nurse W.

Died (Intestate)

at France

on the 12th of April

1918.

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 12.4.18 .....	10	5	4
	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 .....			
	"							
	"							
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	5	4	Balance due to the Paymaster .....			
		£10	5	4		£10	5	4

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED P. D. 3 APR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £10 5 4 is correctly chargeable against the Public Account.

Dated at this day of

3 APR 1919

Signature of 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.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

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at France

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STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month 12.4.18 .....	10	5	4
	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 .....			
"								
"								
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	5	4	Balance due to the Paymaster .....			
		£10	5	4		£10	5	4

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED P.D.A. 3 APR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £10 5 4 is correctly chargeable against the NEWFOUNDLAND CONTINGENT.

Dated at this day of

Stamp: VICTORIA ST. LONDON, S.W. 3 APR 1919

Signature of 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.

**FIELD SERVICE.**

**DUPLICATE.**  
Army Form B. 2090.

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



REGIMENT OR CORPS } Royal Newfoundland. Squadron, Troop, Battery or Company } \_\_\_\_\_

Regimental No. 3674, Rank Private.

Surname NURSE. Christian Names W.

Died { Date 12-4-18. Place France or Belgium.  
Cause of Death\* Killed in Action.

Nature and Date of Report B 213 d/22/4/18.

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.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) not received  
(c) as a separate document None received.

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

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

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

Station and Date } G.H.Q., 3rd. Echelon Signature of Officer in charge of Section } [Signature] Adjutant-General's Office at the Base } Lieut. for MAJOR-

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

23, May, 1919

Mr. Wm. Nurse,  
Champney's East,  
T.B.

Dear Sir:

I enclose cheque for \$70.75  
balance of estate of late Pte. W. Nurse, due  
you as Administrator of his estate.

I am also enclosing Letters  
of Administration.

Yours truly,

Capt.  
PAYMASTER & O I/C RECORDS .

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 <sup>75</sup>/<sub>100</sub>

May 14 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy <sup>75</sup>/<sub>100</sub> Dollars.  
~~on account~~ of Pay. Estab.  
balance

Ch. No. 19860	Initials. J. G. W.
Pay Ledger. 110	Initials. J. G. W.
Gen. Ledger.....	Initials.....

Regtl. No. ....

Rank 

No. 3674 Rank Pfc

Name Nurse W



**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,  
St. John's.

August 29<sup>th</sup> 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 3674 Rank .....  
Name..... William .....  
Royal Newfoundland Regt.



.....(Sgd.)

(Mother) ..... Relationship.

Address..... ~~St. John's~~ ~~Bay~~ (Trinity Bay)  
Lehamphreys

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

1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Mr. William Nurse (Father)

in respect of his service as No. 3674 Rank Pte.

Name William Nurse Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received 14<sup>th</sup> of October

Signature Mr William Nurse

Date October 17 1921

Address Chamneys East

[P.T.O.]

**FIELD SERVICE.**

**C.R.** <sup>3674</sup>  
Army Form B. 2090A.

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

REGIMENT Royal Newfoundland. Squadron, Troop, } G. Co.  
OR CORPS } Battery or Company }

Regimental No. 3674. Rank Private.

Surname Nurse. Christian Names W.

Died { Date 12-4-18. Place France or Belgium.  
Cause of Death\* Killed in Action.

Nature and Date of Report B 213 d/22/4/18.

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.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) not received. (b) in Small Book (if at Base) not received  
(c) as a separate document None received.

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

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

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

Station and Date G.H.Q., 3rd. Echelon, Signature of Officer in charge of Section) Lieut. For  
Date 22-4-18. Adjutant-General's Office at the Base ) MAJOR

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

**Casualty Form—Active Service.**



Regiment or Corps *Newfoundland*  
 Rank *Pte.* Surname *Nurse* Christian Name *William*  
 Religion *Cofc.* Age on Enlistment *19* years *4* months.  
 Enlisted (a) *23.4.17* Terms of Service (a) *duration* Service reckons from (a) *23.4.17*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { } Re-engaged { } Qualification (b) .....  
 or Corps Trade and Rate .....  
*Oce. Fisherman.* *Harold Skynge 9/15* 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. 113, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ... <i>Saint John's</i>		
			Disembarked... <i>Rosier</i>		
			Joined Battalion <i>14-11-17</i>		
			WITH Bn. 30-12-17.		
		<i>89 7a 1st Bn.</i>		<i>4/4/18</i>	<i>809800</i>
<i>22 APR 1918</i>	<i>1st Bn</i>	<i>Killed in Action</i>		<i>12 APR 1918</i>	<i>B213</i>
			<i>J.T. Knight</i>	<i>1st Bn</i>	
			<i>Infantry Section</i>		
			<i>G.H.W. 3rd Echelon</i>		

(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) Signaller, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of 1st Newfoundland

Number of Sheet First

Signature of O. C. Company Mark Ayres

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Nurse. <u>Wm.</u>	Age on	19 years 4 months	Fisherman	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<u>C. of E.</u>	
Joined	Date	Period of	{ with Colours 355 years.	Place of Birth	
Joined	Date		{ with Reserve 365 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
				Killed in Action 12 <sup>4</sup> / <sub>18</sub>					
				To be carried over					

Army Form B. 121.

Champersey  
March 3/20

Dept. Military.  
Sir.

C.R. 3674

I beg to acknowledge the receipt  
of the Memorial Scroll also the words of  
condolance from Buckingham Palace.

This only came to hand two days  
ago. hence my delay in not sending  
acknowledgement before.

I am also in receipt of return Cemetery Register  
sorry I made such a mistake. I have scratched  
off the two last lines & leave three to be  
printed. hope this will be satisfactory.

Yours thankfully

William Hurse