



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2878 Name Norman Way Corps Inf.

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

1. What is your name? ..... I. Norman Way
2. What is your full Address? ..... 2. Newfoundland
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years 6 Months
5. What is your Trade or Calling? ..... 5. Labourer
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. Yes Name John Corps FPR
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? ..... } II. Yes

**THE DURATION OF THE WAR**

I, Norman Way, 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.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Way, 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 16 day of June 1915

Signature of Attesting Officer Charles Dyer

### †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, 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.

Name \_\_\_\_\_

Apparent age \_\_\_\_\_ years \_\_\_\_\_ months.      Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin \_\_\_\_\_ | Relationship \_\_\_\_\_

### 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	Promotion, 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [ " " ] _____ " "									

2883



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2883

Name Norman Way Corps

*Milit.*

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

1. What is your name? ..... 1. Norman Way
2. What is your full Address? ..... 2. Bonaville B.B.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 18 Years 6 Months
5. What is your Trade or Calling? ..... 5. labourer
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? ..... II. yes

I, Norman Way 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.

E. June 15

Norman Way SIGNATURE OF RECRUIT.

Chas. A. [Signature] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Way 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 16 day of June 1916.

Signature of Attesting Officer Chas. 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 .....  
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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Norman May  
 Apparent age 18 years 6 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Parents | 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	Promotion, 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>15-6-16</u>									
Joined at <u>St John's</u> on <u>June 15<sup>th</sup> 16</u>									
<del>Missing 14-4-17</del>									
<u>Embarked St John's S. S. Sicilian for UK</u>					<u>28-8-16</u>				
<u>Embarked for 13.6.17. 30-11-16</u>					<u>November</u>				
<u>joined 13.6.17</u>					<u>12-12-16</u>				
<u>Missing 14-4-17</u>									
Total Service forfeited as above,.....									
Total Service towards Engagement to <u>14-4-17</u> (date of discharge)					<u>1</u> years <u>304</u> days				
" " " Pension " " " " " " " " " " " "									



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 Norman Whay Way  
aged 18 conducted at B. L. B.  
Date: June 16/16 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no - no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 Both
- 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

2883

33 no  
34 5-74  
35 136 lbs  
36 55-38.  
37 \$ 1.70 per day  
38 Father Arthur Whay Bonavista Bay  
39 none.

JM

Signature of Medical Examiner:

Sw Borden Lieut.

C.R. 288<sup>3</sup>

Norman Way

was attested for General Service

with the NEWFOUNDLAND REGIMENT on ..June.15th.1916.

Regimental No. <sup>3</sup>288~~2~~ was allotted to Pte Norman Way

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 2883

Extract from Nominal Roll of 221st. Regt. Draft No. 14  
From 2nd Bn. Depot, to 1st Bn. B.M.F. Embarked South-  
ampton, 30-11-16.

2883 Pte. N. Way.

Extract of Communication received from Pay & Record  
Office, London, dated October 15, 1917.

#2883 Pte. N. Way.

Posted as "Missing" 14/4/17, and presumed Dead for  
official purposes 17/11/17.



C.R. 2883

Extract of Cablegram received from Pay & Record Office.  
London, dated May 13, 1917.

#2883 Pte. F. Way, B.Co.,

Reported Missing April 14th.

REGENT LINEN  
MADE IN U.S.A.

May 13, 1917.

Mr. Arthur Way,  
Bonavista.

No. 2883, Private

Norman Way, missing April fourteeth.

XX

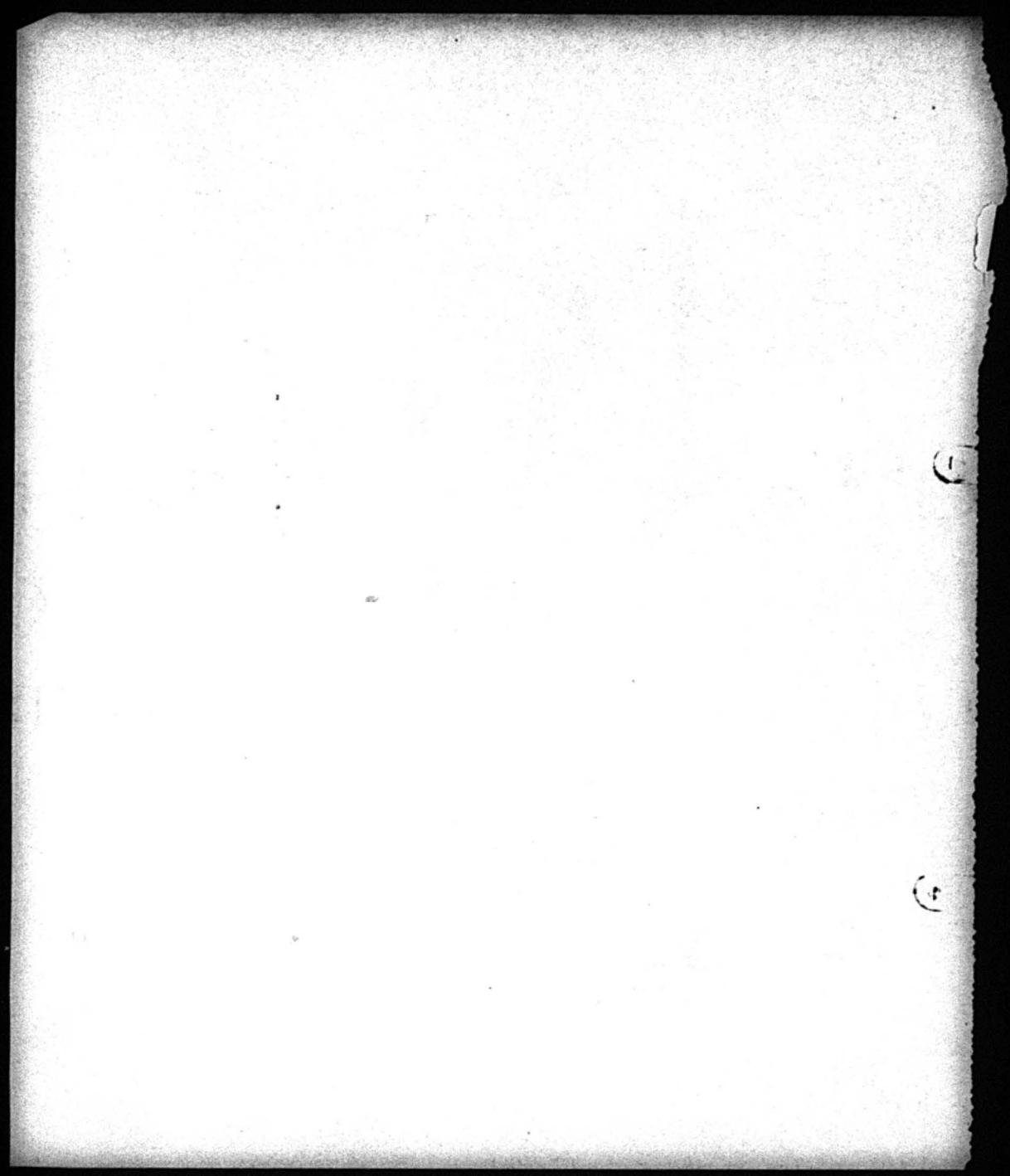
XX

C.R. 2883

Extract from Nominal Roll Draft (All Ranks) to 1st Bn.  
B&E.F. Embarked Southampton.

2883 Pte. N. Way.

30-11-16.



C.R. 2883

Contract with General Bell Librarian St. John's for Awards,  
18, 6, 13.

2883 Pte. N. Way.

A way

C.R. 2883

1190

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

# MEDICAL HISTORY

OF

Surname *May*

Christian Name *Roeman*

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined .....	16 day of June 1916	St John's RD.	day of	191
Declared Age.....	18 years	6 200 days	years	days
Trade or Occupation.....	Labourer			
Height .....	5 feet	7 inches	feet	inches
Weight .....		136 lbs.		lbs.
Chest Measurement {	Girth when fully expanded... 38 inches		inches	
	Range of expansion... 3 inches		inches	
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left.
	Arm .....			
Number .....				
When Vaccinated .....	6/16			
Vision .....	R. E.—V==	6/16	R. E.—V==	
	L. E.—V==	6/16	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)	<i>Samuel Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted .....	at	St John's	at	
	on	16 day of June 1916	on	day of 191
		18th Corps.		Regtl. No.
Joined on Enlistment .....		Right 2883		
Transferred to.....				
Became non-effective by.....				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature	
1-8-16	<u>1st</u> Inoculation	T & P LP
7-8-16	<u>2nd</u> " "	LP
21-8-16	<u>3rd</u> " "	LP
26/8/16	Vacc.	LP

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





3 1st. NEWFOUNDLAND REGIMENT //

ALLOTMENTS

I, Norman May, Regl. No. 2883

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty 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 Aug 1st/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2799</u>	<u>Brother</u>	<u>Heber May</u>	<u>Ronavista</u>	<u>60</u>
		<u>Commencing 1/16</u>		
Total Allotment, \$				

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

(Sig.) Chas. H. Ayre  
Officer Commanding  
Company  
Aug 10th C.  
St John's 1916

(Sig.) Norman May  
(Rank) Sgt.

**PAY LIST.**

to

**191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *Newfoundland*  
 No. *2883* Rank *Private* Name *Way Norman*  
 Died *intestate* at *France.* on the *14* of *April* 191*7*.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191*7*.

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>1st 17</i> .....	<i>6</i>	<i>10</i>	<i>8</i>
	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				Balance due to the Paymaster .....			
		£				£		

CHECKED.  
*46*  
*18/4/18*

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 . \_\_\_\_\_ Paymaster.

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

No. 2883 Name *Way, N.*

Sqn., Batty.,  
or Company

*S B Corps 2/1 1st Regt*

Date of  
enlistment

*15/6/16*

G.C.  
Badges

Service or  
Proficiency Pay

Date of last entry in  
Company Conduct Sheet

*clear* No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No. *1*

Signature O.C.  
Company, etc.

Character

*Medleyham Capt 1005*

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

**RETURNED.**  
Posted Missing 24/4/17  
B. 1917  
Sig.

Way, H

2883

Way & Co

# ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

## NON-EFFECTIVE ACCOUNT.

Regiment or Corps NEWFOUNDLAND REGIMENT.No. 2883 Rank Private Name Way, Norman.Died Intestate at France on the 14 of April 1917.Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1917.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,  
Battery or Company.

### STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <u>14/4/17</u> .....	<u>6</u>	<u>10</u>	<u>8</u>
	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 .....				This account is in accordance with information received at the Pay & Record Office to <u>21/4/18</u> and is therefore subject to amendment if, and as may be found necessary.			
	Balance due by the Paymaster	<u>6</u>	<u>10</u>	<u>8</u>	Balance due to the Paymaster .....			
		£	<u>6</u>	<u>10</u>		£	<u>6</u>	<u>10</u>

CHECKED.

22/4/18.I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ NEWFOUNDLAND CONTINGENT

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

this \_\_\_\_\_

day of \_\_\_\_\_



191 \_\_\_\_\_

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.  
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 of ~~ROYALS~~ NEWFOUNDLAND REGIMENT.No. *2883* Rank *Private*Name *Way Norman*Died *Intestate* at *France*on the *14* 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 .....			
	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 .....				Amount produced by the sale of Effects from Form 2 .....			
	Balance due by the Paymaster							
		£				£		

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.

*22/4/18*I hereby Certify that the above account is correct in every particular and that the ~~debit balance of £~~ **NEWFOUNDLAND CONTINGENT**

Dated at

this

day of

58, VICTORIA ST.  
LONDON, S.W. 1

24 APR 1918

191

CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS.  
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

Army Form O. 1625.

**PAY LIST.**

to <sup>MAY 1918</sup> 191 . Voucher No.

## NON-SUBJECTIVE ACCOUNT.

Regiment or Corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2883** Rank **Private** Name **Way Norman.**  
 Died **(Intestate)** at **France** on the **14** 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 <b>14/4/17</b> .....	<b>6</b>	<b>10</b>	<b>8</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 .....			
	Consolidated stoppage .....				This account is in accordance with information received at the Pay & Record Office to <b>22/4/18</b> and is therefore subject to amendment if, and as may be found necessary.			
	Balance due by the Paymaster			<b>6 10 8</b>	Balance due to the Paymaster .....			
		£		<b>6 10 8</b>		£	<b>6 10 8</b>	

CHECKED.  
**AC**  
**22/4/18.**

I hereby Certify that the above account is correct in every particular, ~~and that the~~ **NEWFOUNDLAND CONTINGENT,**  
~~debtor balance of~~ **is correctly chargeable against the Fund.**

Dated at **23, VICTORIA ST. LONDON, S.W. 1** this **24** day of **APR 1918** 191 . **Chief Paymaster & Officer in Charge of Records.**

- (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

Army Form O. 1625.

**PAY LIST.**

to MAY 1918 191 . Voucher No.

**NON-SUBJECTIVE ACCOUNT.**

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT.

No. 2883 Rank Private Name Way Norman.

Died Intestate at France on the 14 of April 1917.

Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1917.

I Certify to the correctness of above in every particular.

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

## STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <u>14/4/17</u> .....	<u>6</u>	<u>10</u>	<u>8</u>
	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 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	<u>6</u>	<u>10</u>	<u>8</u>	Balance due to the Paymaster .....			
		£	<u>6</u>	<u>10</u>		£	<u>6</u>	<u>10</u>

This account is in accordance with information received at the Pay & Record Office to 22/4/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.  
AC  
22/4/18

I hereby Certify that the above account is correct in every particular, ~~and that the~~ NEWFOUNDLAND CONTINGENT, ~~debt balance of \_\_\_\_\_ is due to \_\_\_\_\_ against the funds~~

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 1918



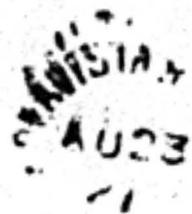
W. J. Munnell Maj.  
CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS.  
Paymaster.

- (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.



ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



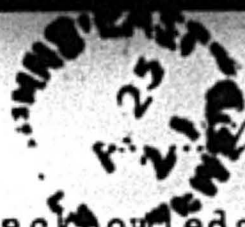
*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,  
St. John's.



Aug 22 ..... 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 2883 Rank *ALC*  
Name *Borman* *Hay*  
Royal Newfoundland Regt.

*Mr Arthur* *Way* (Sgd.)  
*Father* Relationship.

Address *Bonaville Nfld*

1500

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

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[9.7.0]

SEP 28 1921.

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

Mr. Arthur Way (Father)

in respect of his service as No. 2883 Rank Pte.

Name Norman Way Royal Nfld. Regt.  
~~Nfld. Fusiliers Corps~~

Receipt of the same should be acknowledged hereon

Received Oct 3/1921

Signature Mr Arthur Way

Date \_\_\_\_\_

Address Bonavista Nfld

[P.T.O.]

Army Form B. 103.

**Casualty Form—Active Service.**

Regimental Number **2883**

Regiment or Corps 2/1 Newfoundland Regt

Rank Pte Surname Way Christian Name h.

Religion meth Age on Enlistment 18 years 6 months.

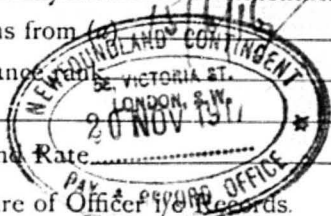
Enlisted (a) Stephens Terms of Service (a) Duration Service reckons from (b) 1/11/16

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance \_\_\_\_\_

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

or Corps Trade and Rate \_\_\_\_\_

Signature of Officer W. G. G. G. G.



Report Date	Report From whom received	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
		<b>Embarked</b>	<b>S'hampton</b>	<b>30 NOV 1916</b>	
		<b>Disembarked</b>	<b>Queen</b>	<b>1-DEC 1916</b>	
	<i>Unit</i>	<b>Joined Battalion</b>	<i>France</i>	<i>12/12/16</i>	<i>B213</i>
<i>2 APR 1917</i>	<b>OC. Bn.</b>	<b>MISSING</b>	<i>France</i>	<b>1 APR 1917</b>	<i>B213</i>
			<i>Said</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.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4  
 [696] W:017/2124 1000m 6/15ss 03 53

Forms  
B. 121.  
SP.

Regiment of

Newfoundland.

Number of Sheets

First  
Sheddingham  
Captn.

Signature of O. C. Company

Regimental Number and Name <u>7887</u> <u>Wayn</u>		Enlistment Age on <u>18</u> years <u>9</u> months	Trade <u>Labourer</u>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined <u>Sept</u> Date <u>5/9/16</u>	Place and Date of Enlistment <u>St. John's</u> <u>13/6/16</u>	Religion <u>Methodist</u>		
Joined _____ Date _____	Period of { with Colours <u>304</u> days with Reserve _____ years	Place of Birth <u>Bonaville</u>		
Joined _____ Date _____				

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
				<u>Missing 14/7</u>					

To be carried over

Army Form B. 121.

Box 49,  
Bonavista,  
13th April, 1928

Pay and Record Office,  
St. John's.

Sirs:-

Will you kindly send me the amount paid to Mr. Heber  
Way during the years 1916-17 on behalf of my brother  
Private Norman Way, 2883, killed in action April 14th, 1917?

I shall be very much obliged if you can give this  
matter your earliest attention.

Respectfully yours,

*J. Harold G. Way*  
J. Harold G. Way

*Commenced Aug 1/16*

*Aug 18.60*  
*Sep 18.00*  
*Oct 18.60*  
*Nov 18.00*  
*Dec 18.60*  
*Jan/17 18.60*