A12819

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Harry Fred Norman
2. In what Town, Township or Parish, and in what Country were you born? — Chicago Illos U.S.A
3. What is the name of your next-of-kin? — Wife Lillie Norman
4. What is the address of your next-of-kin? — 12 Durham St E Lindsay Ontario
5. What is the date of your birth? — 7th Oct. 1891
6. What is your Trade or Calling? — Foreman
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes

H. F. Norman (Signature of Man).

H B MacCormac (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Fred 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 by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

H. F. Norman (Signature of Recruit)

Date FEB 24 1915 191 . H B MacCormac (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Fred 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, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

H. F. Norman (Signature of Recruit)

Date FEB 24 1915 191 . H B MacCormac (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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 Lindsay this 24 day of FEB 1915 191 .

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

LT. COL. (Approving Officer)

COM. 39TH BN. C.E.F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Harry Fred Norman on Enlistment.

Apparent Age 24 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 37½ ins.; Range of expansion 3½ ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

Religious denominations:
- Church of England —
- Presbyterian Pres
- Wesleyan —
- Baptist or Congregationalist —
- Other Protestants (Denomination to be stated.) —
- Roman Catholic —
- Jewish —

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 13th March 1915 J McCullock

Place Lindsay Lt

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Fred Norman having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

F H Kesler LT. COL. (Signature of Officer)
COM. 39TH BN. C.E.F.

Date 23rd April 1915.

REGIMENTAL DOCUMENTS

NAME NORMAN, Harry Fred REGT. NO. 412819 UNIT H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			C7965		
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Payroll					

1
2-13
2-13

W. 2589
100M-11-19
1772-39-1377

NORMAN, Harry (Pte) #12819, 39th Bn. Died mD 3 29-6-15 60-N-59.

MEDALS & DECORATIONS. (Widow) Mrs. A. Bate,
10 Francis St.,
Lindsay, Ont.

#3

PLAQUES & SCROLLS. (Widow) Mrs. A. Bate,
Address as above.

MEMORIAL CROSS. (Widow) Mrs. A. Bate,
Address as above.

(Mother dead)

Canada only
28

52018

B.

appr.

SURNAME. Norman, m/45 Reg't PL. 1/2/15 m/s Reby 24 Lindsay

CARD NO. V

CHRISTIAN NAMES Harry, Fred

FOLL.

REGL. No. 12819 RANK Pte

UNIT 39th

Bw.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Norman, Mrs. Lilly

RELATIONSHIP TO SOLDIER Wife

ADDRESS 12 Durham St. E. Lindsay, Ont.

1 AP

COUNTRY OF BIRTH U.S.A. Chicago, Ill. DATE

PLACE OF ATTESTATION Lindsay, Ont. DATE Feby. 24th. 1915

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

A 12819

MEDICAL HISTORY SHEET.

Surname Norman *Christian Name* Harry Fred

Examined { on 13th day of March 1915
at Lindsay

Birthplace { City or Town Chicago
County Ill. U.S.A

Apparent age 24 Years

Trade or occupation Fireman

Height 5 Feet 6 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 33½ inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. None Left One
Number One

When Vaccinated last August 1914

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by A R Inwood
Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19-2-15	Good	Lt	M.O.
1-3-15	Good	Lt	M.O.
			M.O.

Enlisted on 1st *day of* February 1915 *at* Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Overseas Co 45th Victoria Rgt			
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
50M—8-14.
H. Q. 1772—39—439.

Surname Norman Christian Name Harry Fred

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Belleville	1.4.15	31	March	15				C. S. M.			

Original not available.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s.)
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 39th Overseas Battalion

Regimental No. 12819 Rank Pte C. E. F. Name Norman, Harry Fred

Enlisted (a) 1.2.15 Terms of Service (a) Dufu Service reckons from (a) 1.2.15

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. 36, or other official documents
Date	From whom received				
	—	SOS 45 Regt Ofs Recruits	Lindsay	1.2.15	Auth Telt. D. L.
27.3.15	39th	SOS 39th Bn	Belleville	26.3.15	WO 26
	O/C 3rd Div.	SOS Deceased 3 D-44-3-274-d/1.7.15	"	29.6.15	Auth 60-N-59-73 BPC Tabe

Clyde L. Scott
for WO/R

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Register No. D 77

A.P. File No. 13705-A-35

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 12819 Name Harry (Christian Name) Norman (Surname)

Unit 39th Bn Rank Pte Date of enlistment

Date of casualty 29-6-1915 B.P.C. File No. 1636

Was service performed overseas? No

DEPENDENT

Name Mrs Adelbert Bate (nee Norman) Relationship Widow

Address 10 Francis St
Lindsay Ont.

Amount of Special Pension Bonus $ 64 Abstracted by J Maher

Eligible for Gratuity $ 90-

Less amount of Special Pension Bonus paid $ 64

Less Debit Balance of S. A. or A.P. $

Total deductions $ 64

Balance due $ 26-

Cheque No. 9.190356 5 Date issued NOV 24 1920

Clerk B Clark 2/11/20

REMARKS:

Audited by

Date 22/11/20 26.00

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

3-11-20

DG 134
2-12-20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53061—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1712-39-1140

41560 THE MORTIMER SYSTEMS
OTTAWA, CANADA

1/2/'15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

160

Name Lillie Mabel Norman

Address ~~12 Durham St East~~ ~~Lindsay~~ Crookston, Ont.

Relation to Soldier wife, child or mother: Wife.

Name of Soldier Norman Harry Fred

Regtl. No.

Rank Pte.

Corps 39th Battn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May		N.5840	80	80	
June		E 11393	20	20	
July		E 13392	90	20	
Aug.		N.2384	20	20	
Sept.		A13687	20	20	Granted Pension June 29th-15
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

ACCOUNT CLOSED
DATE FEB 14 1916 PER

MEDICAL HISTORY OF AN INVALID.

1.—Station. Belleville

2.—Regiment of Corps. 39th Batt. C.E.F. Transferred to 15th Regt.

3. Regimental No. and Rank. 12819 - Pte - in 39th Batt

4.—Name. Harry Norman

5.—Age last Birthday. 25

6.—Enlisted { on 1.2.15 / at Lindsay

7.—Former Trade or Occupation. Fireman

8.—General remarks on his:

(a) Conduct. good

(b) Habits. regular

(c) Temperance. temperate

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date 22-6-15

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
0		
39th Batt C.E.F	~~April~~ 1-4-15	17-6-15
Transfer to 15th Regt	17-6-15	

10.—Disease or Disability. Cerebro Spinal Meningitis

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. 31-3-15. Contracted from contact with carriers in Barracks. Service

Has it been aggravated by intemperance, vice or misconduct? no

M. F. B. 227.
5m.—3-15.
H. Q. 1772 39-117.

[OVER]

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

—

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Exposed to contagion in barracks otherwise

14.—If aggravateed, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

—

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes, will probably die

16.—Full particulars of medical treatment of case up to date of invaliding.

Lumbar puncture

Serum used but some days after disease was contracted, as it could not be obtained

Morphia at first when restless. Lately tonics and kept out in the fresh air as much as possible.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

18.—State if for discharge on account of unfitness for service.

A. E. Innes Coll Capt
M.O. 116th Bn

Medical Officer by whom the case is brought forward

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in above Report.)

The board, having met pursuant to order proceed to examine No 12819. Pte. Harry Norman formerly 39th Batt. C.E.F. transferred to 16th Regt. concur in the above report. and recommend that he be kept in the hospital.

Signatures :— A. E. Innes Coll President.

Station Bellevile — F. B. Carron Major and Members.

Date 22-6-15 — R. J. McCulloch Capt

Date 26.6.15 — R. J. Gardiner Major and Assistant Director of Medical Services.

Approved.

Date ..... Director of Medical Services.

[OVER]

(At Station or Hospital where finally disposed of)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How finally disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

SUMMARY of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

5m.—3-15.
(H. Q.—1772-39-117.)

DETAILED MEDICAL HISTORY OF INVALID

Station

Corps

Regimantal No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.