

239

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet 1.....
- Compulsory Stoppages.....
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- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet 2.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet 1.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

### DISCHARGE DOCUMENTS

Name Boyle Norman Harold

Regt. No. 889813 Rank Pte.

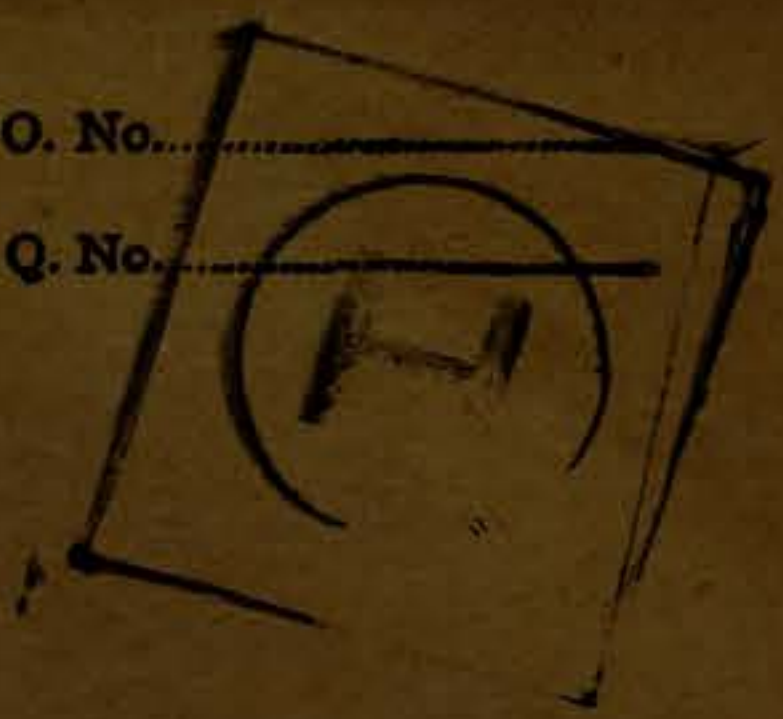
Corps 189<sup>th</sup> Bn.

D. of W. 18-11-17.

R. O. No.....

H. Q. No.....

34609



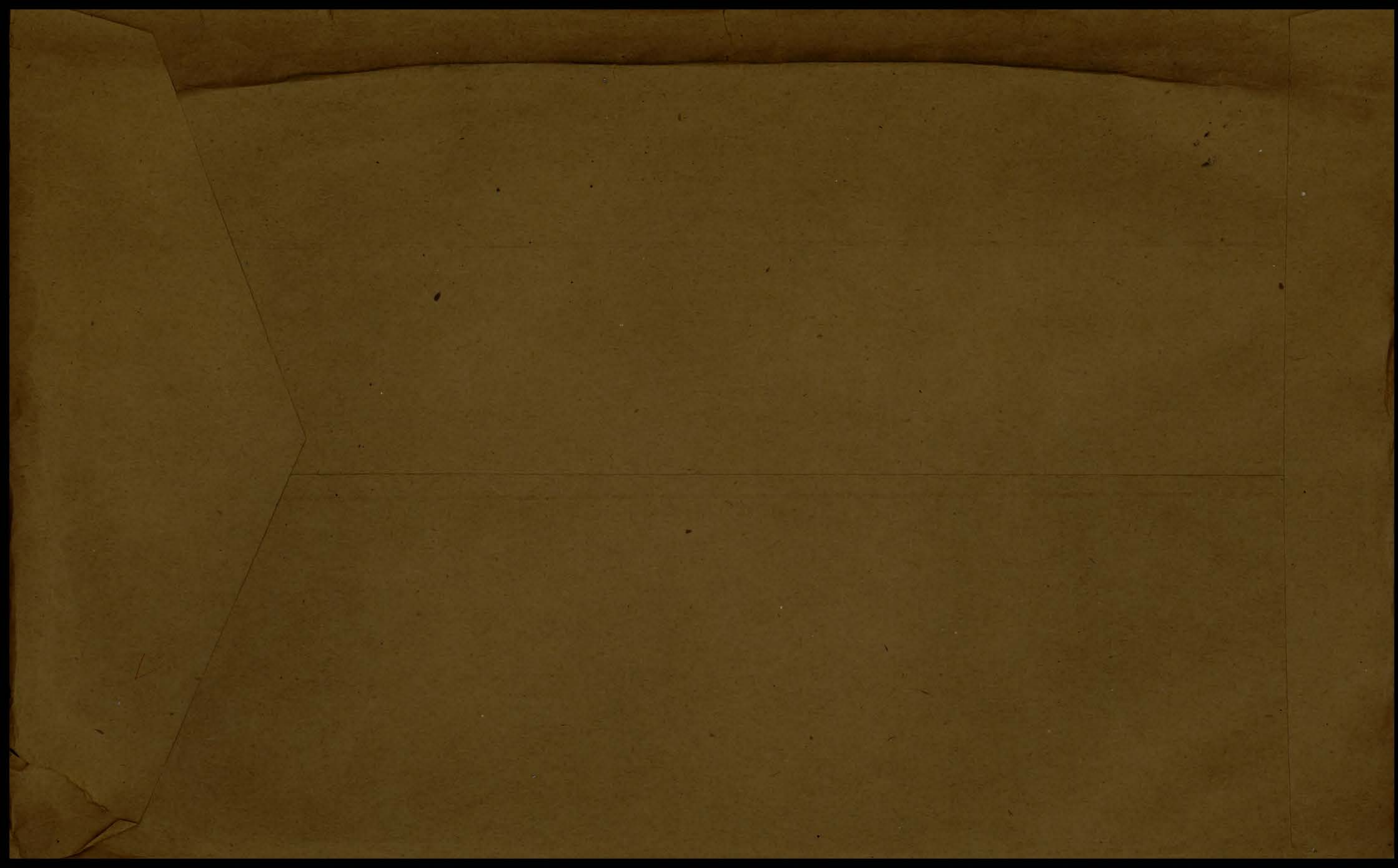
*Boyle*

8-12  
22-13  
34-13  
2

mx  
24-21

M. F. W. 62.  
50M-1-10  
H. Q. 1772-30-935.







889813

Original

ORIGINAL

# ATTESTATION PAPER

No. 889813

1890 B.A.L. F.F.C.

Folio

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name?.....
2. In what Town, Township, or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your trade or calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

Norman Harold Boyle  
 Gaspé, Canada -  
 John H. Boyle  
 Gaspé Ave. Can.  
 Dec 18<sup>th</sup> 1883  
 Lumberman  
 No 34  
 yes  
 no  
 no  
 yes  
 yes

Norman Harold Boyle (Signature of Man.)  
 J. Mesnager (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Norman Harold Boyle, 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.

Norman Harold Boyle (Signature of Recruit.)

Date Dec 27<sup>th</sup> 1915 J. Mesnager (Signature of Witness.)

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

I, Norman Harold Boyle, 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.

Norman Harold Boyle (Signature of Recruit.)

Date Dec 27<sup>th</sup> 1915 J. Mesnager (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 Gaspé Que this second day of December 1915.

J. Richmond (Signature of Justice.)

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

J. Mesnager (Approving Officer.)



DESCRIPTION OF Boyle, Norman H ON ENLISTMENT.

Apparent Age 33 years..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height..... 5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded..... 34 ins.  
 Range of expansion..... 2 ins.

Complexion..... Dark

Eyes..... Brown

Hair..... Brown

Religious Denominations { Church of England..... X  
 Presbyterian..... —  
 Methodist..... —  
 Baptist or Congregationalist..... —  
 Other Protestants..... —  
 (Denomination to be stated.)  
 Roman Catholic..... —  
 Jewish..... —

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..... Dec 4<sup>th</sup> 1915

J. W. Macartney

Place..... Gaspe

Gaspe

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

Norman Harold Boyle 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.

Date..... MAY 15 1916 1916.

[Signature]  
 Lt.-Colonel.  
 4. 8. 1933 Battalion, C. F., F. E. C.

(Signature of Officer.)

**MALCARTIER**



Getm & Co,

D of W

18. 11. 17

T. from

2. 1. 18

A70. 205/1

KILLED IN ACTION.

TAKEN FROM LIVING.



# MEDICAL HISTORY SHEET

Surname Boyle Christian Name Norman Harred

Examined { on 4th day of December 1915  
at Gaspé

Approved by [Signature]  
Rank Capt M.O.

Birthplace { City or Town Gaspé  
County Gaspé

Apparent age 33

Trade or occupation Lumberman

Height 5 feet 5 1/2 Inches

Weight \_\_\_\_\_ lbs.

Chest measurement { Minimum 32 inches  
Maximum expansion 34 inches

Physical development \_\_\_\_\_

Small-pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left  
Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenial peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>3/7/16</u>	<u>[Signature]</u>	M.O.

Enlisted on 2nd day of December 1915 at Gaspé

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>189th C.E.F.</u>	<u>889813</u>		
Transferred to	<u>[Signature]</u>			

## 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.







21696

R2133

**FORM OF WILL.**

Name in full. I Norman Hardi Boyle

Regimental Number 889813 serving in C.M.G. Depot.

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto my sister

Miss Mildred Boyle

Caspe Basin, Quebec, Canada.

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my sister

the aforesaid Mildred Boyle

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Third day of March A.D. 191 7.

N..H. Boyle.

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness G.H. Marron

Address of Witness C.M.G.D.

Occupation of Witness Soldier.

Name of Witness J.F. F. Murphy.

Address of Witness C. M. G. Depot.

Occupation of Witness Soldier.

*Certified as a true copy of the original will of*

*for Lt.-Col. Boyle*

REGISTRY O.M.F. OF C. ARBOUR HOUSE, OLD BARRY, LONDON, E.C. 4.  
18 JAN. 1918  
ACTED ON

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. Dtd of wounds 18-11-17. A.70.205/1.

B. Trans. from living. 2-1-18. 9th M.G.Co.

54.



FORM OR WILL



**FORM OF WILL.**

Name in full.

I Norman Harold Boyle

Regimental Number 889813 serving in C.M.G. Depot

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto my sister

Miss Mildred Boyle  
Gaspe Basin, Quebec, Canada

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my sister  
the aforesaid Mildred Boyle

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Third day of March A.D. 1917.

N H Boyle (Signature) ✓

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

ESTATES BRANCH,

FEB 1 1918

MILITIA DEPT.

Name of Witness E. H. Mar

Address of Witness 67.4.10.

Occupation of Witness Soldier

Name of Witness J. J. Murphy

Address of Witness C.M.G. Depot

Occupation of Witness Soldier

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.







Casualty Form—Active Service.

Regiment or Corps 189<sup>th</sup> Battalion CEF Regimental Number 889813  
 Rank Pte Surname Boyle Christian Name Norman Harold  
 Religion Church of England Age on Enlistment 33 years  months.  
 Enlisted (a) 2-12-15 Terms of Service (a) 10y Service reckons from (a) 2-12-15  
 Date of promotion to present rank  Date of appointment to lance rank   
 Extended {  } Re-engaged {  } Qualification (b) (Lumberman)  
 or Corps Trade and Rate Master Gunner  
 Signature of Officer i/c Records. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<u>Canada</u>	<u>27-9-16</u>	
		Disembarked...	<u>England</u>	<u>6-10-16</u>	<u>245</u>
<u>8-10-16</u>	<u>B.O. 3796</u>	<u>Transferred to 69 Bn CEF</u>	<u>Dibgate</u>	<u>6-10-16</u>	<u>DIP 11-0-245</u>
<u>7-10-16</u>	<u>B.O. 12154</u>	<u>Transferred to 69 Bn</u>			<u>[Signature]</u>
<u>8-10-16</u>	<u>B.O. 12154</u>	<u>Transferred to M.G. Depot</u>	<u>Dibgate</u>	<u>8-10-16</u>	<u>DIP 11-0-245</u>
<u>9-10-16</u>	<u>Com</u>	<u>Taken on Strength,</u>	<u>Crowborough</u>	<u>9/10/16</u>	<u>Auth. Depot Order Pt. II No. 132</u>
		<u>C. M. G. Depot.</u>			<u>[Signature]</u> <u>A/Adjutant C.M.G. Depot</u>

(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.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. **[P.T.O.]**



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16/6/17	Com. C.M.G.D.	Transferred to <i>M.G. Pool</i>	<i>Montenap</i>	16/6/17	Depot Order Pt. II No. 67 <i>A. W. B. Smith</i> A/Adjutant, C.M.G. Depot.
29.6.17	3 Div M.G. Coy	Posted to 9 Coy M.G.	Field	24.6.17	Pt. II. 95
25.6.17	M.G. Pool	S.O.S. of M.G. Pool	—	<del>27-6-17</del>	52
					<i>D. D. Russell</i> LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.
17-6-17	06 Pool	ARRIVED IN FRANCE and TO S C.M.G.R. Pool	CHAMBERS	17-6-17	Pt. II. 0.52 8/25-6-17
23-6-17	00	S.O.S. to 9th M.G. Coy	2 dies	23-6-17	Pt. II. 0.53 8/30-6-17
23-6-17	00	TO S 9th M.G. Coy.	✓	24-6-17	Pt. II. 0.45 8/29-6-17
1-7-17	about (9 boys)	Jaines unit for duty	✓	24-6-17	B. 213 No. 175
19-11-17	47 bus. belg. div	died of wounds	47 bus	18-11-17	Rg 16-32519 Pt. II. 0.185. 8/28 1/17
		<i>A. D. Johnston</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			



2nd Lt. Du. Inf. Coy

R-122  
8,401-50,000-21-10-16  
889813

TLH. Rank *Pre* Name *BOYLE, Norman Harold,* Reg'l No. *889813.*  
 Unit *189th. Bn.* If in perm. Corps, } Married or Single *Single.*  
 What Unit? }  
 Place and Date of Enlistment *Gaspe, Que. Decr. 2nd. 1915.* Place of Birth *Gaspe, Canada.*  
 Name and Address, Next-of-Kin *Felix W. Boyle*  
*Gaspe, Que. Canada.* Relationship  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character



N/E, R.B. No. *1081*  
 File No. *25-13-4734*  
 Category *old*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>4/6</i>		<i>Arrived in England.</i>	<i>S.S. Lapland.</i>	<i>6.10.16</i>	
<i>8.10.16</i>	<i>69th</i>	<i>Taken on strength.</i>	<i>Debate</i>	<i>6.10.16</i>	<i>PK 11.245</i>
<i>8.10.16</i>	"	<i>S.O.S. Trans to Can Machine Gun Depot</i>	"	<i>8.10.16</i>	<i>245.</i>
<i>9-10-16</i>	<i>Recd T.O.P from 69th</i>	<i>Chiffe</i>	<i>Chiffe</i>	<i>8.10.16</i>	<i>132</i>
<i>16.6.17.</i>	<i>3rd div</i>	<i>Posted to mg school of the</i>	<i>Chiffe</i>	<i>15.6.17.</i>	<i>v 167 - mg school 52. 30.6.17.</i>
<i>29.6.17.</i>	<i>mg school</i>	<i>Posted to 9th mg Coy</i>	<i>Field</i>	<i>24.6.17.</i>	<i>v 95. - mg school 53 30.6.17.</i>
<i>22-11-17.</i>	<i>9th M.G. Coy.</i>	<i>47 Casualty clearing Station Died of Wounds.</i>	<i>Field.</i>	<i>18-11-17.</i>	<i>E.L. A. 70. S.W. 2 Arm. Long. back</i>
<i>28-11-17</i>	<i>L.C.M.Y.</i>	<i>Died of Wounds.</i>	<i>Field.</i>	<i>18-11-17</i>	<i>P.I.O. 185</i>

A.F.B. 103 CHECKED  
 1 OCT 1917







Register No. DB 1760

WAR SERVICE GRATUITY

A.P. File No. 01968-N-1

TO

DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 889813 Name Norman H Boyle  
(Christian Name) (Surname)  
 Unit 189th Bn Rank Ote Date of enlistment.....  
 Date of casualty 8-11-1917 B.P.C. File No. 28761  
 Was service performed overseas? yes

DEPENDENT

Name Ms Annie Boyle Relationship Mother  
 Address Gaspé Bay South  
Que

Amount of Special Pension Bonus \$ DB \$180 Abstracted by H. Maher

Eligible for Gratuity ..... \$ 180.00  
 Less amount of Special Pension Bonus paid..... \$ ✓  
 Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ ✓

Balance due \$ 180.00

Cheque No. 21901290 Date issued 8/8/20

Clerk W Mitchell

REMARKS :  
.....  
.....  
.....

Audited by  
Geoff Howard \$180  
 Date 11-8-20

M.F.W. 2652  
 25M-6-20,  
 H.Q. 1772-39-1473

DB 18



# 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. 53961—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		

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs Felix W. Boyle*  
 Address *Gaspe Basin*  
*Gaspe Co*  
*Sue.*

By Whom Assigned *Boyle W.H.*  
 Regtl. No. *889813*  
 Rank *Pte*  
 Corps *189<sup>th</sup> Battrn*

Rate *15.*

*OCT - 1 1916*

PAYMENTS

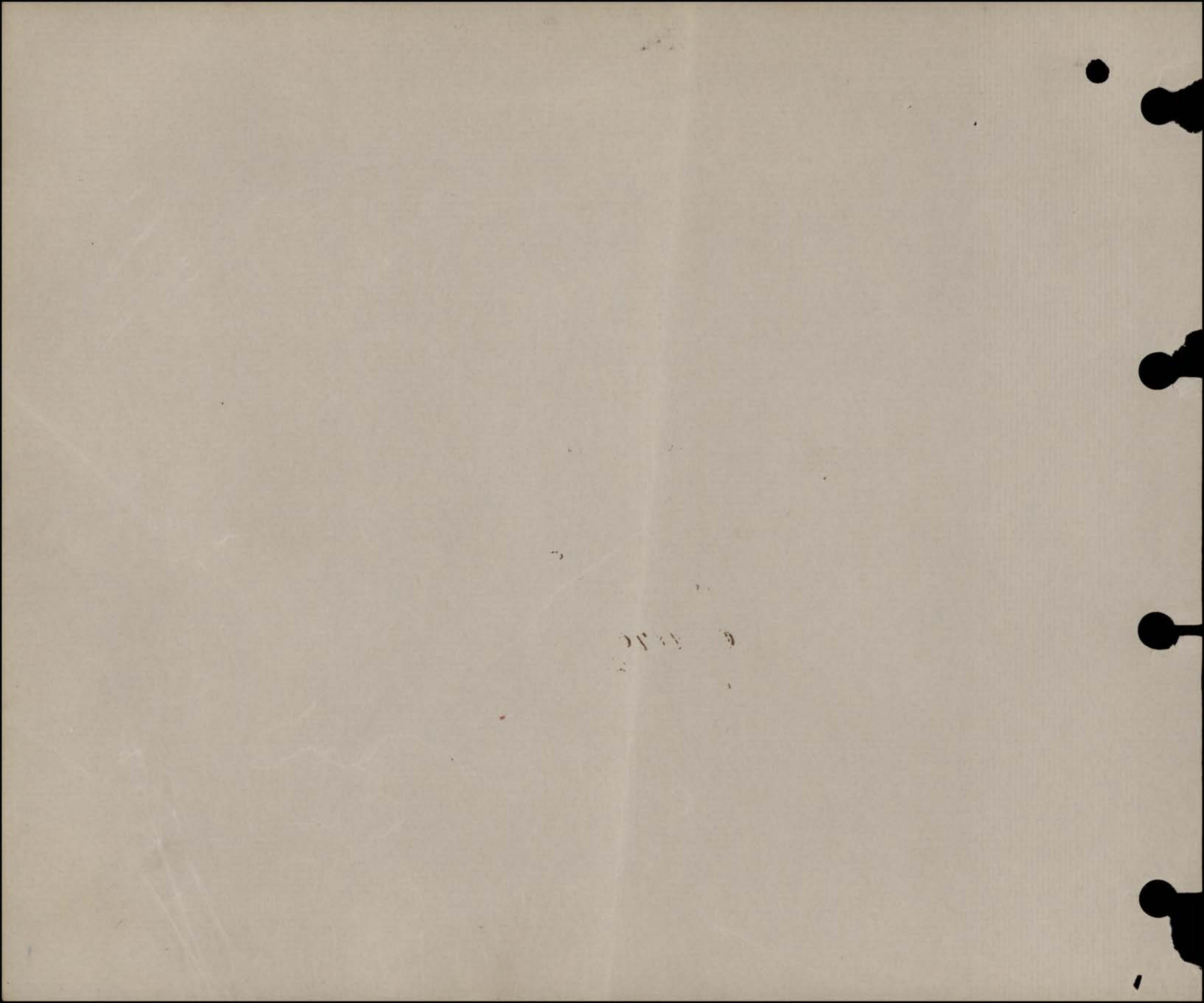
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



PENSION GRANTED *1-5-18*

PER NO. ....







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2; *Mrs F. W. Boyle*  
 (Assignee)

Name of Soldier *Boyle W. A.*

PAYMENTS.

*# 889813 Pte 189<sup>th</sup> Batta*

L. L. Job 5470—Req. 6888.

*\$15.00*      **Remarks.**      *OCT - 1 1916*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L 24305</i>	<i>15</i>	
Nov.		<i>H 29348</i>	<i>15</i>	
Dec.		<i>g 34303</i>	<i>15</i>	
Jan.	1917	<i>B 37155</i>	<i>15</i>	
Feb.		<i>B 42828</i>	<i>15</i>	<i>15 (W)</i>
March		<i>C 49770</i>	<i>15</i>	<i>15 (Ch)</i>
April		<i>L 733</i>	<i>15</i>	<i>15 B.</i>
May		<i>g 6961</i>	<i>15</i>	
June		<i>H 13371</i>	<i>15</i>	<i>15-B.</i>
July		<i>e 19870</i>	<i>15</i>	<i>B</i>
Aug.		<i>G 27275</i>	<i>15</i>	<i>B</i>
Sept.		<i>F 38572</i>	<i>15</i>	<i>20</i>
Oct.		<i>S 48689</i>	<i>15</i>	<i>15 → #180</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*DR ✓*

*JER*

*✓*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amnt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



SEPARATION ALLOWANCE

Name *L. W. Boyle* Name of Soldier *Boyle, N. H.*  
 Address *Gaspe Bassin* Regtl. No. *889813*  
*Gaspe Co* Rank *Pte*  
*P. Q* Corps *189<sup>th</sup> Batt*  
 Relation to Soldier }  
 wife, child or mother } *Dependant Mother* when called out } ✓✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



PENSION GRANTED *1-5-18*

PER NO.....



10 April 10

10 April 10

10

10

10 April 10



# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

*Mother*  
PAYMENTS.

Name of Soldier

*Boyle, N. H.*

Sheet No. 2.

*L. W. Boyle*

L. L. Job 4503. Req. 6832.

*Pte*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		J 13708	80	Trailed 26-8-16
Sept.		C 15241	20	20
Oct.		B 18291	20	20
Nov.		C 21925	20	20
Dec.		C 25482	20	20
Jan.	1917	B 28715	20	20
Feb.		B 31526	20	20
March		B 34618	20	20
April		D 532	20	20
May		B 4096	20	20
June		E 7461	20	20
July		X 12681 <del>C 10911</del>	<del>20</del>	20 <i>c 10911 cancelled</i>
Aug.		B 13157	20	R
Sept.		O 19147	20	T
Oct.		D 24292	20	Hd ✓
Nov.				340
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

*Oct 1st/16.*

*1-5-16*

RATE OF SEPARATION ALLOWANCE

<i>20</i>	<i>112/17</i>		
	<i>25</i>		

*P.C. 3257.*

RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *889813.*  
 Rank *Plt.* Promoted Reverted Discharge  
 Soldier's Name *N. H. Boyle.*  
 Battalion *189<sup>th</sup> Batta.*  
 Beneficiary *F. W. Boyle*  
 Relationship *Dep Mother.*  
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Felix W. Boyle.*  
 Address *Gaspe Basin, Gaspe Co Que.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept. 30-17</i>	<i>J. 48687</i>	<i>340</i>	<i>180</i>	<i>5-20</i>
<i>Oct</i>	<i>D. 24292</i>	<i>20</i>	<i>15</i>	<i>35</i>
<i>Nov.</i>	<i>B. 55794</i>	<i>20</i>	<i>15</i>	<i>35</i>
<i>Dec</i>	<i>D. 59864</i>	<i>20</i>	<i>15</i>	<i>35</i>
<i>Jan</i>	<i>Q. 66110</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>Feb.</i>	<i>M. 74933</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>"</i>	<i><del>W. 83431</del></i>	<i><del>25</del></i>	<i><del>15</del></i>	<i><del>40</del></i>
<i>"</i>	<i><del>W. 74933</del></i>	<i><del>25</del></i>	<i><del>15</del></i>	<i><del>40</del></i>
<i>May 4.</i>	<i>4011</i>	<i>50</i>	<i>30</i>	<i>80</i>
		<i>505</i>	<i>285</i>	<i>790</i>

*B.L. 25/4/18*

Pension Granted *1-5-18*

B.P.C. to Recover \$.....

Clerk *J. P.L.* Date *16-4-18*

Pensions Notified DATE.....

*Wid of wounds* DATE *18/11/17*

*Ch 24/11/17*

*Too Late. M74933 cancelled 28/2/18 - 11/1/18. 74933 mailed.*

*40<sup>00</sup> overpayment. 7083931-40<sup>00</sup> mailed 25/3/18*

*to adjust M74933 U 83931 returned & cancelled 10/4/18*

*M74933 returned & cancelled Feb 6-5-18 OK.*

*Pay S.O. & A.P. to 30-4-18 and close*

*Routing S.O.B. File 01968-N-1 Feb 6-5-18*

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 22320-M. & D. 1583.



*MRO 2<sup>a</sup> Rendered*







SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Boyle

V. H.

889813

RANK

UNIT

Co.

TROOP

BATTY.

Pte

M. G. C.

(9)

HOSPITAL

DATE OF ADMISSION

47 bus bldg stat

18.11.14

HOSP.

2.

HOSP

3.

HOSP.

4.

HOSP

DIAGNOSIS

1.

S.W. 2 Arm. Penet Back.

2.

3.

Died of Wounds 18.11.14  
Dw.

DISPOSITION

DATE

62.23.11.14.20

REMARKS



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



NAME

Boyle Norman Harold

REG'TL No.

889813

RANK AND CORPS

Pvt. 3rd Div W. G. S.

H. Q. FILE No. 649.

CABLE

NO. 22-3

DATE

NATURE OF CASUALTY

FOLLOWS  
No.

FOLLOWS

M6400

24-11-17

Died of wounds # 47 Cas. Co.  
Stat Nov. 18th 1917. W. G. S. left  
arm back ✓

B2090 A Raven

28-11-17

Died of wounds # 47 Cas. Co. in the  
field France or Belgium 18-11-17.  
Rec'd 2-2-18. 4-10-4-18







File No 649-B-22710

BOYLE Pte. Norman H. #889813

*9th M.G. Co.*

*M*

M & S, Sister, Miss Mildred Boyle, Gaspé Que

P & S, Father, Mr. Felix W Boyle

"

*(Ser. # 755266)*

Mem X Mother, Mrs. Annie Boyle

"

~~Scroll Desp. Reqn. No. 244510~~

~~Plague Deso. Reqn. No. P4085~~

*AUG 26 1921*

*not elig. 14/15 star  
elig. O.M.  
" " B.W.M.*

*215097*



723

FEB 1 1924

M 643440

ccc



No. 156 RANK *Pte*  
88903 (Mar Confir<sup>2</sup>)

NAME *Boyle Norman Harold*

(889813) <sup>2</sup> April paylist.

T. O. S.

UNIT *189th Battalion*

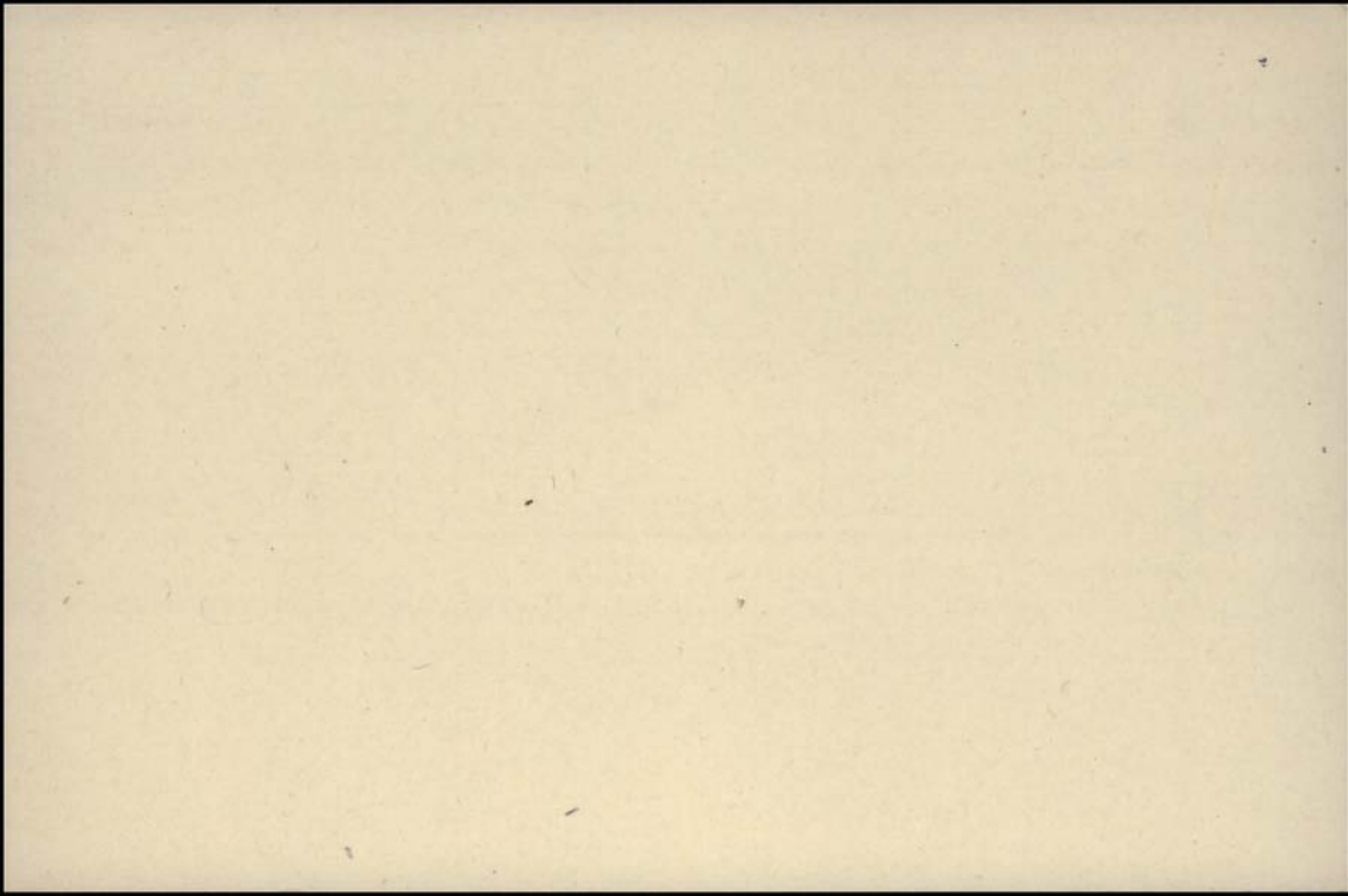
M. D. *5*

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan</i>	<i>1916</i> <i>Jan 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept-</i>	<i>n</i>		

UNIT SAILED

SEP 23 1916



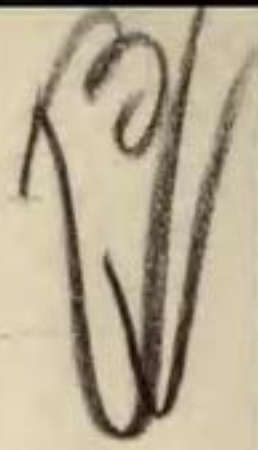




273  
JH

Number 889813

Rank Cde.



Surname BOYLE

Christian Name Norman Harold

Units Can M. G. Bde Theatre of War France

Date of Service 17-6-17

Remarks (Sister) Miss Mildred Boyle, D.

Latest Address Gaspe, Que.

Roll No. B. Page 19865

200m.-6-21.



DESP  
REON. NO. *112*  
DEC 18 1922  
*S. J. ...*



*Norman.*  
BOYLE, L. *H. Arnold*  
Name Rank

*Pte.*

889813

Reg. No.

Unit

9th. C. M. G. CO.

Next of Kin

Canada.

*R. 25-B-4734.*

*PH*

1917

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-11-	No. 47. Cas. Clear. Station.					
	<u>DIED OF WOUNDS. SW L. Arm. Pent. Back.</u>					
	W.O. TEL. NO. P. 93096 <i>0.9181.</i>					
	<i>U70 m 6400.</i>					







D

CARD NO. ✓

SURNAME.

*Boyle*

CHRISTIAN NAMES

*Norman Harold*

FOLL.

REGL. NO.

*889813*

RANK

*Pte.*

UNIT

*189<sup>th</sup>*

*On*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Boyle, Melia, W.*

RELATIONSHIP TO SOLDIER

*R. N.S.*

ADDRESS

*Gaspé, P.Q.*

COUNTRY OF BIRTH

*Canada, Gaspé, P.Q.*

DATE

*Dec. 18<sup>th</sup> 1883*

PLACE OF ATTESTATION

*Gaspé, P.Q.*

DATE

*Dec. 2<sup>nd</sup> 1916*

*0123/9/16 549/5*



MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Lumberman*

RELIGION

*Church of England,*

DESCRIPTION.

APPARENT AGE

*33* YEARS

MONTHS

HEIGHT

*5* FEET

*5 1/2* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Dark*

EYES

*Brown,*

HAIR

*Brown*

DISTINGUISHING MARKS

*Nil,*

MEDICAL EXAMINATION.

PLACE

*Gaspe, P.I.*

DATE

*Dec. 4<sup>th</sup>, 1915,*

*Present Address: not stated,*







# 889813

Mc Boyle, N.H.

\$15.00 Assigned.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
Sep. 30	12	33							346.50										82.45	51.09	165	24	299.08	44.42			
									33	491	1976									9.73		15		24.73	85.69		
									409.50											92.48	51.09	180	24	323.81	85.69		
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLG. ENG.																
Oct.				Bal. for d					85.69																		
				A.R. 1608 22-6-17 1 <sup>st</sup> Can. Gen. Insp.	5.35																						
				A.R. 21 13-9-17 9 <sup>th</sup> M.C.	2.68																						
"	P.P.	34	10	" 457 12-7-17 52 <sup>nd</sup> Bn.	2.68																						
				C.A.P.	10.71				15.94.08																		
Nov.	P.P.	34	10	Can. Ass. Pay					15																		
		33		34 <sup>th</sup> 1/17 9 M.S.Co.	4.46																						
				482 <sup>nd</sup> 1/17 4 C.M.H.	2.68																						
				390 <sup>th</sup> 1/17 52 Bn.	2.68																						
				63650 A.R. 2 <sup>nd</sup> 1/17 9 M.S.Co.	2.64																						
				66 <sup>th</sup> 1/17 9 M.S.Co.	4.46																						
				49 <sup>th</sup> 1/17 9 M.S.Co.	3.54				91.56																		
		33		balance transferred to N.E. Branch					91.56																		
									91.82																		
									86.47																		
									53.35																		
									91.82																		
									535																		
									535																		
									535																		

11/18  
 12/18  
 1/18  
 2/18  
 3/18  
 4/18  
 5/18  
 6/18  
 7/18  
 8/18  
 9/18  
 10/18  
 11/18  
 12/18

1918  
 Bal fwd.  
 Aug. 1918

264  
 Cash found in