

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your name? Fisher Norman
2. In what Town, Township or Parish, and in what Country were you born? Brownsburg Que
3. What is the name of your next-of-kin? Mary Roberts (mother)
4. What is the address of your next-of-kin? 1703 St James St Montreal
5. What is the date of your birth? June 12th 1896 Canada
6. What is your Trade or Calling? Quarryman
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? and innoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? 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

Signature of Man: P Fisher, Signature of Witness: Pte H S Robb

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Norman Fisher, 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.

Date: Oct 27th 1915. Signature of Recruit: P Fisher, Signature of Witness: Pte H S Robb

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman Fisher, 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.

Date: Oct 27th 1915. Signature of Recruit: P Fisher, Signature of Witness: Pte H S Robb

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 Montreal this Oct 27th 1915. Signature of Justice: W D Burkhall

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

Signature of Approving Officer: Lieut. C. C. (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Description of Fisher Norman on Enlistment.

Apparent Age 19 years 5 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 6 ft. 6 ins.

Mole lower back

Chest measurement: { Girth when fully expanded 35 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Grey

Hair Blonde

Religious denominations: { Church of England.....
 Presbyterian X.....
 Wesleyan-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 Oct 28 1917.

Place Montreal

[Signature]
 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.

N. Fisher 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.

[Signature] Lieut.-Col. (Signature of Officer)
 O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Date OCT 28 1915 1917.



R. O. No.

H. Q. No.

DISCHARGE DOCUMENTS

- 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 enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

103

Name Fisher Norman

Regt. No. 133148 Rank Pte

Corps 73rd Bn 1 Royal Highlanders

"Missing" now presumed to have "Died" on or since 4.9.14.

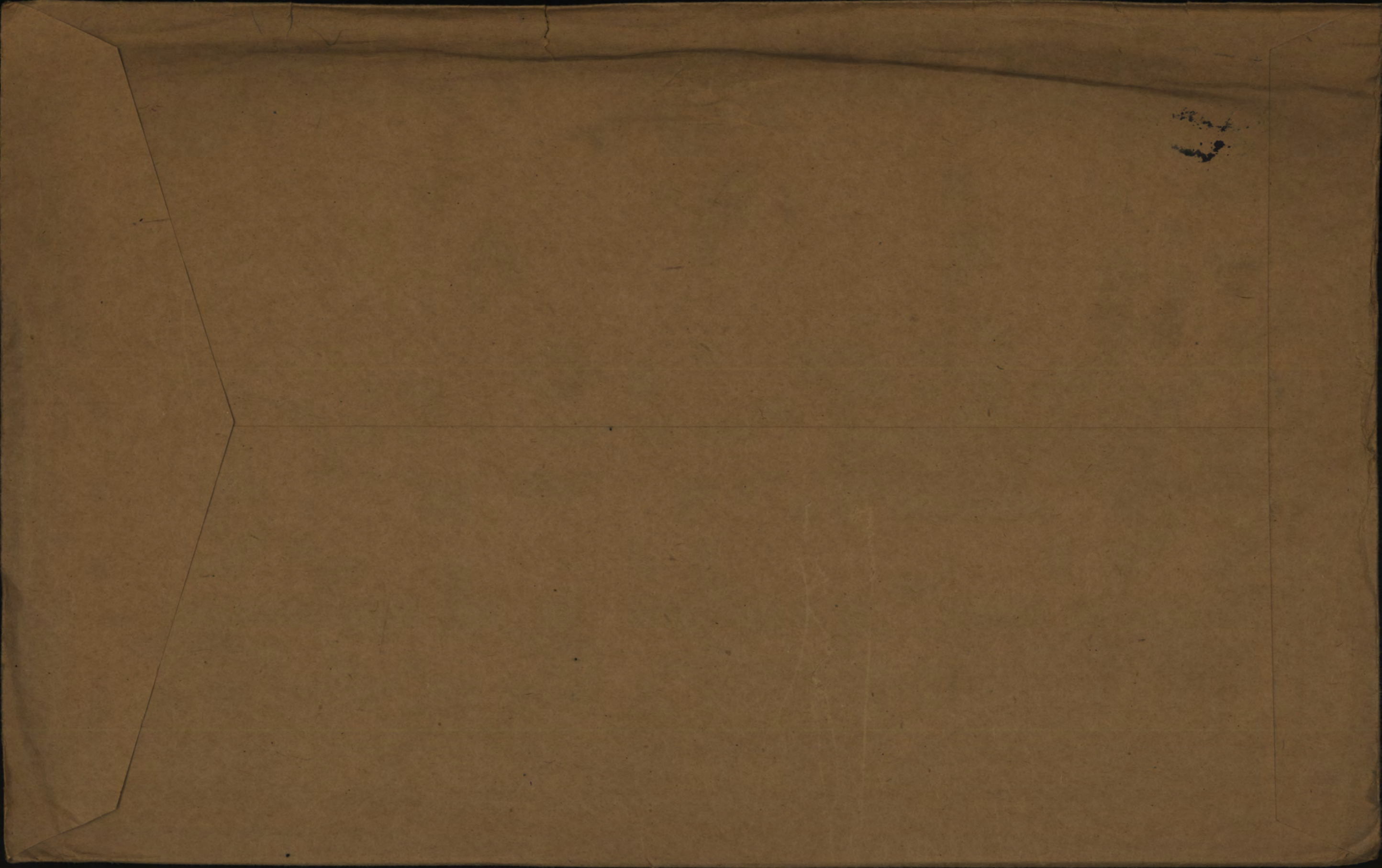
08031



1 case book 90-1
 1 case
 Will - 2
 R. 122 pay B

2
 4-21
 4-21
 11-21

[Handwritten signature]



Name **FISHER** Rank **Norman** **fte.** Reg. No. **133048**
 Unit **13th. Battn.**
 Next of Kin **Canada** **7879**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-9-16 <i>do</i>	RR REPT. FROM Base <i>do</i>		Wounded A476 <i>at 7</i> <u>Missing</u> Q496			5-20 02098 <i>28-0</i> 03768
<i>Pr.</i>	Dead	4-9-16	at 704			

NAME

Fisher. Norman

H. Q. FILE No. 649-

REGT'L No. 133048

RANK AND CORPS

Plt. 13th Bu. (Form. 73rd Bu)

CABLE

NO.

DATE

NATURE OF CASUALTY

CABLE NO.	DATE	NATURE OF CASUALTY
02097	4-10-16	Wounded Sept. 4 th 1916. ←
03768	27-10-16	prev reported wounded now reported wounded, missing Sept 4 th 1916. ←
Cas B. Rept	10-4-17	Prev rept Wounded & Missing, now for official purposes presumed to have died on or since 4-9-16
A.D.B. 20910	20-9-17.	" " " "
		(Rec'd 3/11/17)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 446	Reported from Base	4-9-16	wounded
a 496 ²	presumpt " "	4-9-16	wounded & missing
a 754	Prev. rep. w/d & missing, now for official purposes presumed to have died on or since 4-9-16 (H.L. dated 7-7-17)		

Name **FISHER**

Rank



Reg. No.

Norman

Pte.

133048

Unit

13th. Battn.

P.L. 25-7 879

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-9-16	WOUNDED & MISSING			A496		03768
Apr 10	X-trace from car. Pres X of Canada.					
	Presumed Dead ✓	A704	5/2/17			

SUR. NAME.

Fisher.

649-7-2935

CARD NO.

CHRISTIAN NAMES

Norman.

FO

D

REGL. No.

133048.

RANK

Pte.

UNIT

*73rd**Batt.*

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Roberts, Mrs. Mary

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

*~~1703 St. James St., Montreal~~
487 Green Ave.
P.Q.**(auth. 649-7-2935. 17-5-17)*

COUNTRY OF BIRTH

Canada, Brownsburg, P.Q.

DATE

June 12th, 1896.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

*Oct. 28th, 1915.**Sailed from Halifax Per ~~SS~~ Adriatic. 31-8-16. ³⁶²7*

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Quarry-man.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

19 YEARS

5 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

2 INCHES

COMPLEXION *Fair.*

EYES *Grey*

HAIR *Blonde.*

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Oct. 28th, 1915

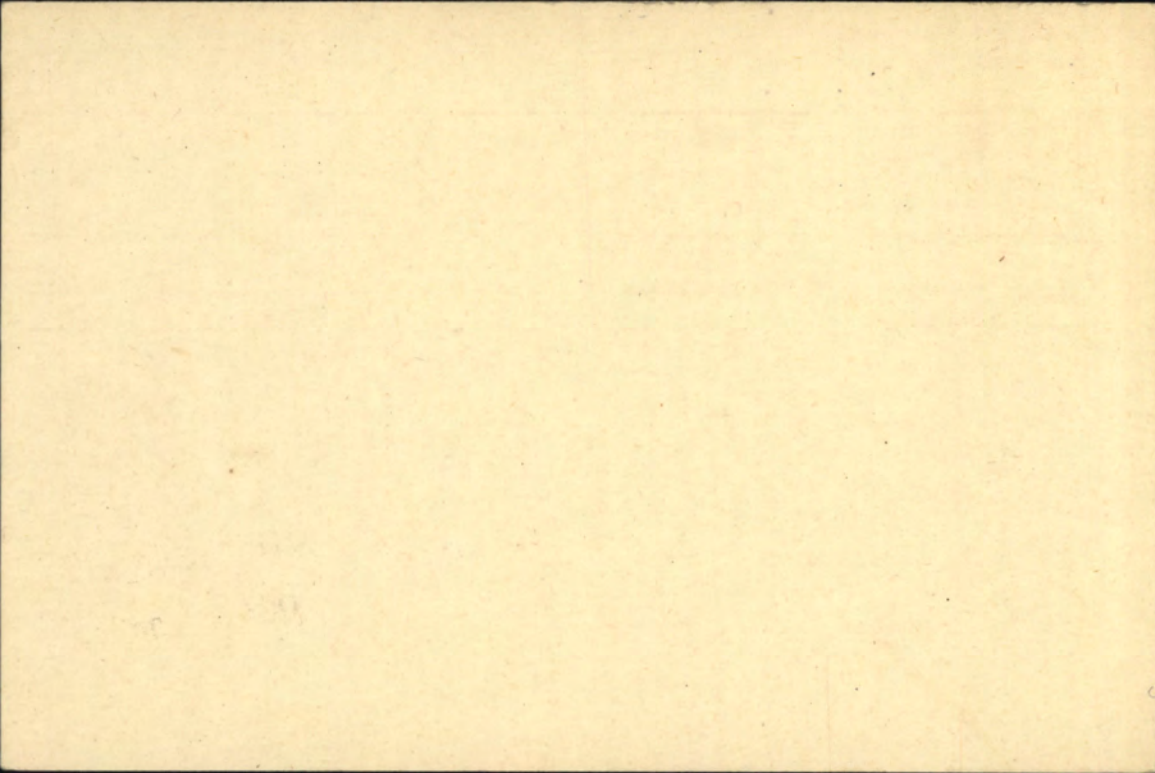
No. 133048, RANK *etc.*

NAME *Fisher N.*

T. O. S. *28-10-15 (28-790) UNIT 75rd. Battalion C.E.F.*
29-10-15

M. D. *4,*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915.</i>			
<i>Oct. 28.</i>	<i>Nov. 30.</i>	<i>✓</i>		
<i>1916.</i>	<i>1916.</i>			
<i>Jan.</i>		<i>u.</i>	<i>Forfeits 1 day pay,</i>	<i>(B0.12307.20-12-15.)</i>
<i>Feb.</i>		<i>u.</i>		
<i>Mar.</i>		<i>u.</i>	<i>Forfeits, 1 day pay.</i>	<i>(B0.5207.2-3-16.)</i>
<i>Apr.</i>		<i>✓</i>	<i>" " "</i>	<i>(UNIT SAILED)</i>
			<p>UNIT SAILED</p> <p>MAR 31 1916</p>	



Woman
FISHER, N. Pte. #133048, 13th Bn.

not eligible for star
Medals (Mother)

&
Dec.

M
Mrs. M. Roberts,
Brownsburg, P.O.

P. & S. "

(Ser. # 766540)

" "

Memorial "
Cross

" "

14698

Scroll Date JUN 1 1922 Reqn. No. 2.46735

Plaque Desp. JAN 27 1922 Reqn. No. P 26954

at 5/7/20

af:

742

8-7-20
M 644567 FEB 9 1921

MITCHELL, A. Sgt. #439417, 52nd Bn.

5331

2003

Number

133048

Rank

10/14

Surname

WISHER

Christian Name

Chorman

Units

13th Bn Can Inf

Theatre of War

France

Date of Service

19.6.16

II

Remarks

(M) Mrs. M. Roberts

Latest Address

Browneburg, P.O.

Roll No.

B. Page 17656

200m.-2-21.M.

OCT 13 1922
REGN. NO. GAH3717

Surname *Fisher* Christian Name or Names *N* Reg. No. *133048*
 Rank *Pte* Unit *13th Bn.* Troop Batty.

Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Wd.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Now for official purposes presumed to have

Died on or since 4.9.16.

Rw.

DISPOSITION

Date

et. 5-10-16 #A476'

REMARKS

28-10-16 A496'

Rel'd from Base Wd 4-9-16

5. 7. 17 A704

now Reft Wd & missing 5-9-16

A.M.D. 2 Dept.

Bch. of D G M S O M F C London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



28/10/15
2nd ContingentMILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

397

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.CJ
To Whom *Mrs Mary Roberts*
Address *1703 St James St
Montreal, P.Q.**(Mother)*
By Whom Assigned *Fisher, N.*
Regtl. No. *133048*
Rank *Pte*
Corps *73rd O'S Bn R.H.C.*Rate *\$ 20⁰⁰* APR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <i>Cassidy's</i> <i>Stop Payments</i> <i>1/12/16</i> <i>Missing 3M. 4/11/16 200. 6/12/16</i> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Pensions Notified Date <i>15/6/17</i> Killed in Action } Date <i>4/9/16</i> Died of Wounds } Missing } O. L. <i>3-11/6/17</i> Clerk <i>Greynolds</i> Date Noted <i>15/6/17</i> 191<i>7</i> </div> <i>Missing Sept 5/16 to 27/10/16 C.A.F.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1977 10 10
RIPPA 50

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Fisher Christian Name Norman

Examined { on 6th day of Oct 1915
at Montreal
Birthplace { City or Town Brownsburg
County Due

Approved by [Signature]
Rank 2nd Lieut M.O.

Apparent age 19 yrs 5 mths
Trade or occupation Quarryman
Height 5 Feet 6 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.
Physical development None Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number 1

Date	Result	VACCINATIONS.
<u>MAR 15 1915</u>		<u>57</u> M.O.
		M.O.
	<u>Negative</u>	M.O.

When Vaccinated last As a boy
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>NOV 5 - 1915</u>	<u>Good</u>	M.O.
<u>NOV 19 1916</u>		M.O.
<u>NOV 29 1915</u>		M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on day of OCT 28 1915 at MONTREAL

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.</u>	<u>133048</u>		
Transferred to.. ..	<u>13th Battalion</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.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

390

M. F. W. 12a.
 15m.-3-16.
 H. Q. 1772-39-819.

Mrs. *Mary Roberts.*
 Sheet No. 2.

PAYMENTS.

Name of Soldier

Fisher N.

L. L. Job 95618-M. & D. 6555.

#133048.

73rd O.S. Bn R.A.C.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	V 1665	20	<i>£20.00</i> <i>Contingents</i>
May		V 5710	20	
June		T 8004	20	
July		P 9095	20	
Aug.		P 14369	20	
Sept.		Q 16680	20	
Oct.		A 21192	20	<i>Stop pay 1/12/16 C.A.C. by 30th 6/17</i> <i>Stop Nov. 30/16. last.</i>
Nov.		P 27421	20	
Dec.				<i>6/11/16 30/11/16 1600 Reynolds 15/6/17</i>
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

nl

F. X. Bond. Date *9/21/16* By *9/16/16*
 E.F.X. " Date *15/1/17* By *15/1/17*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

FORM OF WILL

I, Norman Fisher (Name in full)

Regimental Number 133048 serving in 13th Battn. C. E. F.

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

I devise all my real estate unto

~~step~~ Mrs
(Mother) Mary Roberts
1703 St. James St.
Montreal, P. Q.

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

absolutely, and my personal estate I bequeath to

~~step~~
(Mother) Mrs Mary Roberts
1703 St. James St.
Montreal P. Q.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this ninth day of June A.D. 1916

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

N. Fisher

Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness R. W. Gee Sergt.

Address of Witness 73rd Bn. Royal Highlanders of Canada C.E.F.
Bramshott Camp
Hants.

THE TWO
WITNESSES

Occupation of Witness R. G. Browningsergt.

MUST
SIGN HERE

Signature of Second Witness

Address of Witness 73rd Royal Highlanders of Canada C.E.F.

Occupation of Witness

Handwritten signatures:
G. Mary Lewis
Edith Pearce

322.

Rank Name FISHER Norman. Reg'l No. 133048
 Unit 73rd. Battn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Montreal, Oct 27th. 1915. Place of Birth Brownsburg, Que.
 Name and Address, Next-of-Kin Mary Roberts,,
 1703, St. James St., Montreal^{PC.} Canada. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to RL25 5 879 Relationship
 Discharge, Date and Place Reason Character

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>auth</i>	S.R.O. 594 10.4.16.	<i>Arrived in England</i>	10 APR 1916		<i>SS Adriatic</i> <i>A.F.B. 103. ckd. 22. 6. 16.</i>
	19-6-16 73rd Bn.	<i>S.O.S. on transfer to 13th Bn.</i>	<i>Bramshott.</i>	18-6-16	<i>Pl. I.D.O. #148.</i>
	30. 6. 16 7c13	<i>Taken on strength</i>	<i>Field</i>	12.6.16	<i>" 26</i>
	5.10.16 13 th	<i>Rept from Base Wounded</i>		4.9.16	<i>Pl. 0496</i>
	28.10.16 "	<i>Not rept Wounded and Missing</i>		4.9.16	<i>0496.</i>
	24-10-16 "	<i>Wounded & Missing</i>		4.9.16	<i>Pl. II 063.</i>
	5. 4. 14 411-	<i>presumed to have</i>			
		<i>died on or since</i>		4-9-16	<i>019 404.</i>

15609

2-6-10-17.

FORM OF WILL.

I, Norman Fisher (Name in full)
Regimental Number 133048 serving in 43rd Battalion C.E.F.

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

I bequeath all my real estate unto

Mrs Mary Roberts } Name & Address
1403 St James St } of person or
Montreal P.Q. } persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Mary Roberts } Name & Address
1403 St James St } of person or
Montreal P.Q. } persons to receive
personal estate* } (see note).

In Witness whereof I have hereunto set my hand

this 2nd day of June A.D. 1917.

N. Fisher Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.



Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

ESTATES BRANCH
OCT 10 1917
MILITIA DEPT.

Name of Witness R. G. Brown
Address of Witness 73rd BN. ROYAL HIGHLANDERS OF CANADA, C. E. F. Brampton Camp
Occupation of Witness Sgt
Name of Witness R. G. Brown
Address of Witness 73rd BN. ROYAL HIGHLANDERS OF CANADA, C. E. F.
Occupation of Witness Hants

23083

3

Occupation of _____
 Address of _____
 Name of _____
 Occupation of _____
 Address of _____
 Name of _____

I, **Norman Fisher** (Name in full.)

Regimental Number **133048** serving in **73rd Battn C.E.F.**

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

I bequeath all my real estate unto

Step Mrs
(Mother) **Mary Roberts**
1703 St James St
Montreal P.Q.

Name and address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Step
(Mother) **Mrs Mary Roberts**
1703 St James St.
Montreal P.Q.

Name and address
of person or
persons to receive
personal estate.
(See note. X)

In Witness whereof I have hereunto set my hand
this **Month** day of **June** . A.D.191**6**.

N Fisher Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness **R W Gee Sergt**
Address of Witness **73rd Bn. Royal Highlanders of Canada, C.E.F.**
Occupation-of-Witness- } **R.G. Browning Sergt.** **Hants**
Name of Witness }
Address of Witness **73rd Bn. Royal Highlanders of Canada, C.E.F.**
Occupation of Witness

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

.....
Lieut.
.....Sept.1917. for Officer i/c Estates, O.M.F.C.

NOTE. Died Presumed dead 4-9-1917.

Transferred from living 3-9-1917.

RM. Pte. N. Fisher, No. 133048, 13th Battalion.

(Name in full)

Residing in

Regimental Number

of the Canadian Expeditionary Force. As hereby revoked all former wills by me made and declare this to be my last will.

I bequeath all my real estate unto

Name and address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Name and address of person or persons to receive personal estate. (See note.)

In Witness Whereof I have hereunto set my hand

A.D. 1911.

day of this

Signature.

Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last will in presence of us both present at the same time, who in his presence at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness

Address of Witness

Occupation of Witness

Name of Witness

Address of Witness

Occupation of Witness

I hereby certify the above to be a true copy of the original will

now on file in Her Majesty's Office.

Notary Public for Ontario, O.M.S.C.

Sept. 1911.

NOTE: Died

Transferred from living

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

Casualty Form—Active Service.

CERTIFIED CORRESPONDENT F. W. 54.
 150M. 10-15.
 H.Q. 172-39-620.
 Canadian Post Office,
 Westminster House,
 7, Millbank, S.W.

Unit, Regiment or Corps 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Regimental No. 133048 Rank Private Name Fisher, Norman

24-10-18 Duration of War C.E.F.

Enlisted (a) 24/10/18 Terms of Service (a) _____ Service reckons from (a) 24/10/18

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) Quarryman

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				
Embarked at Halifax on R.M.S. "Adriatic", March 31st, 1916. Arrived at Liverpool, April 9th, 1916.					
Proceeded overseas for service with 13 th Bn. June 18 1916					<u>W. S. Selous</u> Lt. Colonel, Adj. 73rd Bn. Canadian Infantry, Royal Highlanders of Canada.
<u>19/6/16</u>	Can Base Arrived in France for Depot.	} 13th Canadian Battn. Left for Unit.	} Can. Base Depot Filed.	<u>19/6/16</u>	<u>N.R. Pt. in Ord. 26. 30/6/16</u>
<u>30/6/16</u>	13th Bn. Joined Unit.				
<u>15/9/16</u>	<u>OC 13th Bn</u> <u>Wounded</u>		<u>Field</u>	<u>4/9/16</u>	<u>B. 213</u> <u>2. 2. 2. 10. 29/9/16</u>
<u>14/10/16</u>	<u>Now reported Wounded Missing</u>			<u>4/9/16</u>	<u>N.P. 12/1653</u> <u>2. 2. 2. 4. 21. 24/10/16</u> <u>Pr. Ord. 63. 24/10/16</u>

Perhogan Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(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.

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				
5-7-17	13 th Bn.	Presumed to have died on a Cruise	France	49-6	Ch ^a 704 <i>[Signature]</i> Lieut. for Colonel i/c Records, 017FC

RECORDED IN THE OFFICE OF THE ADJUTANT GENERAL
 APRIL 1918
 S.M.S.

