

C122218
NORRIS
HERBERT WILLIA

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THE PENNSYLVANIA
COLLECTION CONTENT

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COLLECTION CONTENT

ORIGINAL } Copy designation to be shown
 DUPLICATE } by striking out terms not applicable.
 TRIPLICATE }

M.F.M. 2
 (Combining M.F.M. 103)
 750M-6-43 (9375)
 H.Q. 1772-39-1645

WSG
 COMPLETED

Corps No. 3-A DISTRICT DEPOT (A.F.)
 KINGSTON, ONTARIO. Regimental Number C-122218

CANADIAN ARMY
 ENROLMENT AND ATTESTATION PAPER

1. NORRIS (Surname) HERBERT ~~XXXXXXXX~~ WILLIAM (Christian Names)
2. Present Address GATINEAU MILLS QUEBEC
3. (a) Date of birth JULY 1st 1915
 (b) Place of birth CANADA (Country) QUEBEC (County or Province) FULL (Town or Township)
4. (a) Place of birth of Father ENGLAND
 (b) " " " " Mother ENGLAND (Country) (County or Province) (Town or Township)
5. Nationality CANADIAN
 (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) XXXX Anglican
7. Trade or calling (a) PAPER MAKER (a) Name and address of last employer:
CANADIAN INTERNATIONAL PAPER Co.
Gatineau Mills, Quebec.
 (b) How long employed SEVEN YEARS
9. Married, Widower or Single MARRIED If married, how many children (1)
10. Name of Next-of-Kin MRS BETTE NORRIS 11. Relationship WIFE
12. Address of Next-of-Kin GATINEAU MILLS QUEBEC
13. Previous Service (Navy, Army or Air Force) Units and dates NO
14. (a) Former war service NO
 (b) In the armed forces of what country NO
 (c) Dates of such Service NIL
15. Decorations and medals, if any
16. I do solemnly declare that the above particulars are true

FINGERPRINTED
 PHOTOGRAPHED

Herbert Norris
 Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the above named 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,

at Kingston, Ont this 8th day of September 1943

Quarke
 DOCUMENTS & RECORDS
 R.C.A. DEPOT
 KINGSTON, ONTARIO

{ Signature of Magistrate, Justice Attesting or Enrolling Officer.
 Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, HERBERT X. NORRIS, hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 8-September-43

Herbert William Norris
 (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, HERBERT X. NORRIS, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness William (W. J. (W. J.)) (Name) (Rank)

Herbert William Norris
 (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at Kingston, Ontario this 8th day of September 1943

Quarke
 DOCUMENTS & RECORDS
 R.C.A. DEPOT
 KINGSTON, ONTARIO

(Signature of Magistrate, Justice or Attesting Officer.)

(Office or Rank and Unit or appointment)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON WILFULLY MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Record of Service of

NORRIS

HERBERT WILLIAM

Regimental Number **C-122218**

(Surname)

(Christian Name)

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military Nil

High School } 2 yrs. High School } Graduation } No
 or } (years completed) } or } (specify)
 Collegiate }

Business or Professional Nil

Trade or Civil Paper Maker

*College Nil

Technical Nil

*University Nil

Languages English & French

* (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT		Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		TOS 3A-DD for R.C.A.S.C. (REINF.)	Pte.	8-9-43	3A-DD	K'ton	D.O. 247	11-9-43
		SOS O/T to A-19 T.C. CAMP BORDEN, Ont.	"	7-10-43	3A DD	K'ton	D.O. 271	7-10-43
		TOS A-19 C.A.S.C.T.C. (REINF) EFF 8-10-43, Pt. 11	#244 d/	9-10-43				
		Higher rates of pay. \$1.40 per diem.	"	8-1-44	"	"	Pt 11 Or# 38	14-2-44.
		Qualified Driver (I/C) class 111 wheel	"	19-2-44	CASCO TC	C. Borden	Pt. 11 Or# 47	24-2-44.
		Granted Emb. Leave, and ration allowance (50¢ per diem) 26-2-44 to 2-3-44 (6 days)	"	26-2-44	"	"	DO PT II #52A	1-3-44
		SOS A-19 CASCO to #1 Comp. Coy, RCASCO #1 Trng. Bde, Debert, N.S.	"	8-3-44	"	"	DO PTII #58A	8-3-44
		TOS TRC BDE GP	"	9-3-44	BDE GP	DEBERT	85 16.3.44	
		SOS TO SERIAL 1134	"	9-4-44	BDE GP	DEBERT	112 9.4.44	
		SOS CASF (CANADA) ON EMBARKATION AT <u>11 Apr 44</u> ON <u>19 Apr 44</u>						
		(OS CASF (OVERSEAS) ON TRANSFER ON <u>17 Apr 44</u> AND DISEMBARKED AT <u>19 Apr 44</u>						
		SOS 1 CDN. A.S.C. REIN. UNIT FROM <u>Canada</u>	Pte.	19 Apr 44	CASCO	YPR	93A	21 Apr 44

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname MORRIS Christian Names Herbert William.
 Reception Centre Kingston Military District #3 Date Sept-8-43.

The medical examination is divided into three parts. The history in Part I, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 28 Eyes (Colour) Brown Hair Brown Height 5' 9½" Weight 163
 Identification marks and scars small scar left index finger & rt knee.

22. URINALYSIS (a) Albumen (b) Sugar (c) Microscopic (if albumen positive)

23. X-Ray No. 3606 Laboratory Kingston Rec. Centre Report negative.

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble NO

(b) Nose, throat, sinus or ear trouble

NO

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/ 30 Lt. 20/ 30

(with glasses) Rt. 20/ Lt. 20/

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. neg Lt. neg

Nose neg Throat neg

Sinuses neg.

Remarks and Diagnosis

PULHEMS Grading E 1

H 1

[Signature]

R.C.A.M.C.

(Signature E.E.N.T. Specialist)

24. (Cont'd)

(c) Any broken bones or other injuries

NO

Head injuries NO

(d) Spinal trouble NO

(e) Foot trouble NO

(f) Operations NO

(g) Ruptures NO

(h) Kidney or bladder trouble NO

(i) Gonorrhoea NO

(j) Varicose veins NO

(k) Haemorrhoids NO

(l) Rheumatism or joint trouble NO

Hay fever, No disability.

26. Cranium NEG

Spine NEG

Extremities NEG

Hernia NEG

Genito-Urinary see below.

Rectum NEG

Varicose Veins NEG

Feet NEG

Abdominal NEG

Remarks and Diagnosis

Left undescended testicle. Testicle in inguinal canal.

P-1

PULHEMS Grading U 1

L 1

[Signature]

(Signature of Surgeon)

R.C.A.M.C.

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
- (m) Tuberculosis NO
 - (n) Bronchitis or other lung trouble YES
Single attack at age 8
 - (o) Asthma or Hay Fever YES
 - (p) Heart Disease NO
 - (q) Rheumatic Fever NO
 - (r) Kidney Disease NO
 - (s) Stomach, Bowel or Rectal trouble NO
 - (t) Diabetes NO
 - (u) Goitre NO
 - (v) Syphilis NO
 - (w) Fits or fainting NO
 - (x) Nervous disorders NO
 - (y) Have you been in the Active Army in this war? NO
 - (z) Are you now or have you in the past received disability pension or compensation? NO

William Herbert Norris
(Signature of Recruit)

W. Woodbury Capt M.O.
(Witnessed by) R.C.A.M.C.

27. Physique:
- Good X Fair _____ Poor _____
 - Chest:
Full expansion 36 1/2 Range of Expansion 85
 - Lungs: CLEAR
 - Heart: B.P. Systolic 135 Diastolic 85
Roughened 1st apex neg.
 - Abdomen NEG
 - Skin NEG
 - Glandular Systems NEG

Remarks and Diagnosis:

Moderate Hay fever (late summer)

PULHEMS Grading P 2

W. B. Norris Major R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis:

PULHEMS Grading M 1
S 1

W. B. Norris Major R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

A2

Year of Birth	P	U	L	H	E	M	S
<u>15</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

This category (or profile) is not to be changed.
See note (c).

MODERATE HAY FEVER.

W. E. Home Major R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
<u>10-9-43</u>	<u>CHEST XRAY NEG</u>	<u>23 Feb. 44</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>A. L. Mackenzie Capt.</u>
	<u>VACCINATION</u>									
	<u>T. A. B. T. 1</u>									
	<u>T. A. B. T. 2</u>									
	<u>T. A. B. T. 3</u>									
<u>OCT 20 1943</u>	<u>Re-Examined by Medical Board Category Confirmed, C. Blag. R.C.A.M.C. Capt.</u>									
<u>JAN 26 1944</u>	<u>Diphus 1cc C. Blag. R.C.A.M.C. Capt.</u>									
<u>8-2-44</u>	<u>Diphus 1cc (2) C. Blag. R.C.A.M.C. Capt.</u>									
<u>15-2-44</u>	<u>" 1cc C. Blag. R.C.A.M.C. Capt.</u>									
<u>6-3-44</u>	<u>TABT 1cc (1) C. Blag. R.C.A.M.C. Capt.</u>									

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Statement of the Service of No. ~~Norris~~ Rank C-122210

Sheet No.

Name Norris, H.W.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Change of address of N of Kin:- Mrs Bettie Norris (wife)						
		New Address:- 1002 Allard ave., Verdun, Que.	Pte	—	ASCRU	—	93A	21 Apr 44
		SOS to X.H.	"	24 Apr 44	"	UK	95	24 Apr 44
		SOS for X.H.L. PCASC.	"	29 Apr 44	64 PATC	"	7	12 May 44
		Embarked at <u>UK</u> on <u>8 July 44</u>						
		Disembarked at <u>France</u> on <u>10 July 44</u>	"		"	21 AB	22	20 July 44
		To be S/cpl.	S/cpl.	1 Oct 44	64 CATC	21 AB	36	14 Oct 44
		Died of wounds	S/cpl.	1 Jan 45	64 b. Sp Coy	AEF.	A530.	6 Jan 45
	c36	Alt to 18 R HQ. The Engineers R E Bn.	L/cpl.	16 Dec 44	64 CATC	21 AB	1	6 Jan 45
	SOS	SOS. Deceased. Died of wounds.	L/cpl.	1 Jan 45	64 CATC	21 AB	1	6 Jan 45

finger printed

~~No. 3-A DISTRICT DEPOT (A.F.)~~ SERVICE AND CASUALTY FORM

KINGSTON, ONTARIO

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M-8-39 (1700)
H.Q. 1772-45-18

Unit **No 3 "A" DISTRICT DEPOT**

Regimental Number **C-122218**

1. Surname..... NORRIS	(17) Regiment or Corps	Unit (Battn., etc)	
2. Christian Names..... Herbert William	No. 3 "A" DISTRICT DEPOT		
3. *Substantive Rank and Appointment..... 2 Cpl 1 Oct 44			
*Acting Temporary or Local Rank.....			
giving date..... 8 Sep 43			
<small>*To be entered in pencil to facilitate alteration.</small>			
4. Place of birth..... Hull, Quebec.	(18) Medical.....		
5. Date of birth as declared on attestation..... 1-July-15			
(A).....	Category	Date	Authority
6. Date of enlistment..... 8-September-43	A-2	8-9-43	MFM 2
7. Place of enlistment..... Kingston, Ont.	<i>med Board</i>		
8. Residence at time of enlistment..... Catineau Mills, Quebec.	NOB PULHEMS		
9. (B) Special conditions (if any) of enlistment or rate of pay.....	<i>15-2111111-</i>		
10. (C) Any subsequent variations of conditions of service.....			
11. Religion..... Anglican			
12. If married, state date..... 30-Dec-39	(19) Next of kin (entries to be made in pencil)..... <i>(Wife)</i>		
13. Trade on enlistment..... Paper Maker	<i>Mrs. Betty Norris</i>		
14. Corps, trade and grade.....	<i>1002 Allard Ave Verdun,</i>		
15. (D) Qualifications.....	<i>Quebec</i>		
16. (E) Miscellaneous entries.....	(20) E.....	<i>Canada</i>	
	(21) E.....		
	(22) E.....	<i>over 20 19 d/12 Jul 44</i>	

- NOTES—
- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
 - (B) Whether for home service only, enlisted at special rates of pay, etc.
 - (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
 - (D) Signaller, Farrier, etc.
 - (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

219

AT 103A

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE (Army) C.A.S.C. Arm or Corps
Automotive Trade (if Tradesman or Trade Trainee)
Personnel Selection Record Work in Arm (if Non-Tradesman)

I. C-122218 Pte. NORRIS, Herbert, William A 28 A-2
Regt. No. Rank Name (surname first) A or R Age Med. Cat.
English #3A D.D., Kingston, Ont. 7-9-43
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M" Form B #3A D.D. 7-9-43 Capt. Blair
X 16354 Place Tested Date Tested By Whom
142 III Subtests 14 17 11 23 21 9 9 33 Subtotals 47 44 51 English
Total Group 1 2 3 4 5 6 7 8 1-3 4-5 6-8 English or French
Other Tests PULHEMS 15 2111111 20-10-43

C 122218

III. Educational Background
Completed Grade 9 at 17 years of age.
Attended Gatineau and Hull Tech in Quebec.
Claims he liked school and appears to have made normal progress.
Left school because decided to go to work.

IV. Occupational Background
Delivery boy- Grocery company- 1 year - \$3 per week.
Laborer-Sewarage Co-2 mos-30¢ per hr.
Paper maker-Canadian Paper Mills, Gatineau, P.Q.

V. Military Background
Reported for enlistment 7-9-43.

VI. Other Personal History and Appraisal
Ht. 5-9½; Wt. 163 lbs. Married(1 child).
Norris' parents live at Gatineau Mills, P.Q. The father, a veteran of the last war, is permanently employed as a paper maker in that centre. The soldier is the third oldest in a family of seven children. One brother is serving overseas with the First Field Survey R.C.E. and one is an A.B.S. with the British Navy now engaged in Commando training. One sister is serving with the R.C.A.F. The family health is quite good.
Pte. Norris married in 1939 to a graduate nurse. There is one child by this marriage. The family relationships are happy and they appear to have effected a satisfactory adjustment in view of the soldier's enlistment.
Norris formerly engaged in sports such as Hockey, Softball and tennis but now his social activities are somewhat limited. He enjoys his home life and is an enthusiastic gardener, also keeps a flock of chickens. He is interested in serving with the R.C.A.S.C. and in this regard it should be noted that he has done considerable driving and has owned a car for the past 10 years. He states that he makes most of his own repair work. He was categorized A-2 because of moderate hay fever.
The "M" score indicates high average ability.

VII. Recommendations
R.C.A.S.C. Trades Training in Automotive Trades.
(Signed) W.R.N. Blair (Capt.)
Army Examiner

FURTHER INFORMATION AND FOLLOW-UP

A-19 C.A.S.C. T.C., Camp Borden, Ont.
22 Feb 44.

Interviewed on completion of Corps Training:

TOS #3aDD on 8-9-43; TOS A-19 C.S.C. T.C., on 9-10-43; Good conduct record.

Well built soldier of high average ability. Two brothers and one sister in services. Seems to have adjusted well to Army life. No specific skills. Anxious to proceed overseas as Driver.

1. Fully Trained. Qual., Driver i/c Class III Wheel.
2. Does not appear suitable for Trade-Training.
3. Appears suitable for overseas service with RCASC - of OPERATIONAL. Pulhems profile at this time.

epw
GWH/hwo

[Signature]
(Roger Guyot) Capt. AE A-19.

23 Feb 44:

Trade-Selection Board agrees. To be posted to T.S. Coy.

R.G.

Date of Enlistment 8-9-43
Merrick 2 Dependents Wife, child.
S.O.S. Canada - 12-4-44
T.O.S. M.K. - 19-4-44
Pte. R.C.A.S.C. #1EASCRU. DUR 1/2 w ^{III}(TRM)(R)

Personnel Selection Examination of Documents Completed	
<i>OK</i>	MAR 16 1944
A. E. <i>[Signature]</i>	
1st Trg Bde DEBET	

Refused as driver 1/2

[Signature]
#1EASCRU
22-4-44

I. Regt. No. C-601141 Rank Pte. Unit #32 CABTC Date 10-4-42

Name NORTHROP, R. Age 26 Place of Birth Longueil, Que.

Date of Enlistment 9th Apr. 1942 Place of Enlistment Peterboro Depot #3A

Languages spoken English R. Recruit A Med. Cat. A Place Peterboro

II. M. Test Date Other Tests Name or Type Date Place Score Grade

Test	Score	S.M.	
1	11		SUB-TOTAL
2	12		S.M. 33
3	10		400 16 1 1 1 1 2 1
4	5		SUB-TOTAL
5	22		S.M. 27
6	7		SUB-TOTAL
7	6		S.M. 33
8	22		
Total	95	S.M.	GRADE E
9			

400 16 1 1 1 1 2 1

12-8-43

III. Military Background Completed B.T. at #32 (B) T.C. Completed Adv. Inf. Training at A-10 CITC. (Peterboro. Completed Carpenters Trade Course - 4 months - Montreal. Never took trade test. General duties and trained Soldier company - 7 months to date. Clean crime sheet.

IV. Educational Background

Grade VI - stopped school 14 - Mother killed in car accident - had to get a job and help out at home.

V. Occupational Background

Unemployed - 1 yr. - Farm labourer - 5 yrs. - can operate a tractor - can drive a car - 7 yrs. - operator's license #408338 - can do minor repairs - Carpenter's helper - 4 yrs. - Qualified carpenter - 2 yrs. - .90¢ per hour - can do some finishing.

VI. Arm Desired

Work in Arm Desired

Infantry - Carpenter.

VII. Single.

Likes Army - says it's not bad. Wants to do carpentry or mechanical work. Should be handy man for an infantry unit.

III. Summary

Has driving experience, has been carpenter - wants to continue. Is shy, quiet, seems to be adjusting. Has not much education, but should be able to qualify. Experience should compensate for slow learning.

IX. Suggestions

Infantry R - 1. Carpenter. (H. & P. E.) *To be trade tested*
2. Rifleman

X. Signature of Interviewer

J. Brown

N.C.O.

H.

Officer

XI. Action Taken

Date of Action

Follow-up

August 26/43

Age 27. - Single. Height 5' 8". Weight 150 lbs.

This is a cheerful dark man who has a very pleasant smile. His learning ability appears to be somewhat lower than average, but he has had a great deal of experience as a Carpenter. His stability seems sound and he has kept a clean conduct record. Anxious for overseas service.

RECOMMENDATION: Inf. (Others) - Trade test as carpenter. Suitable for overseas service.

R.A. Best. Capt.
(R.A. Best) - A.E.
A-10 C.I.T.C.

22 Nov. 43.

This man completed a carpenters trade course in January, 1943. He passed trade test as carpenter Group "B" Grade II in October, 1943. This man has been employed as a carpenter at A-10, C.I.T.C. since completing his trade course.

Recommendation: Inf. (Others) Carpenter Group "B" Tradesman. Suitable for overseas service.

R.A. Best. Capt.
(R.A. Best) A.E.
A-10, C.I.T.C.

APPROVED. DEBERT DEC.22 .1943

[Signature]

CAPT A.E.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Herbert William NORRIS (b) Reg'l. No. 0-122218
2. (a) Arm of service ARMY (b) Unit No. 3-A District Depot (c) Rank PTE.
3. (a) Date of birth 1-July-15 any dependents? Yes (c) Place of residence Gatineau Mills, Que. at time of enlistment
4. (a) Place of enlistment Kingston, Ontario (b) Date of enlistment 8-September-43

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) 2 yrs. High School
7. If you attended a university, give name of university and standing or degree secured Nil
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) WORKING
- (b) At time of enlistment of what trade union or professional society were you a member? Pulp and Paper Union.

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes," state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10(a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Canadian International Paper Co. Address Gatineau Mills, Que.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Paper Company
20. (a) Your specific occupation Paper Maker (b) Number of years' experience at this occupation with any employer 7 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed Farming
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 yrs. (c) In what provinces did you have experience? Quebec.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. like to be a Motor Mechanic

JC

DATE September 9th 194 3 SIGNATURE Herbert William Norris

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... NORRES Herbert William
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... C-122218 PTE.

(3) Unit..... No. 3-A District Depot, Kingston, Ontario

(4) Are you married?..... Yes

(5) If married, state,

(a) Full name of your wife..... Mrs. Bettie NORRIS

(b) Present postal address of wife..... Gatineau Mills, Quebec.

(6) If married, have you been regularly supporting your wife? If not—state reasons..... Yes

(7) Are you a widower?..... No

(8) Have you any children?..... One Number of boys..... Nil Girls..... One

Names and ages..... Gail Anne NORRIS, 3 yrs. old.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... Yes

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... Mrs. Bettie NORRIS

Postal Address..... Gatineau Mills, Quebec.

[SEE OTHER SIDE]

C/12218

RANK Pte.

NAME NORRIS Herbert William

*Married
*Widow
*Single

Place of Appointment/Enlistment KINGSTON, Ont.

Date of Appointment/Enlistment ~~8-9-43~~

RATE OF PAY

8-9-43

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
247	11-9-43	PTE	—	A.S.	1.30	8-9-43	—	
38	11-2-44	✓			1.40	8-1-44		
57	7-3-44	✓			1.50	8-3-44		
36	14-10-44	1/cpl			1.60	1-10-44		

NEXT OF KIND ASSIGNMENTS

DEPENDENTS' ALLCES. No. Deps. 2

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
Bettie NORRIS	1-10-43	20.00	20-9-43	wife		
GATINEAU MILLS P.O.	1-4-44			1 child		
1002 Allard Ave Verdun, Que.		23.00	MEM 19	NR B/541		
Total.....						

*Outfit { Allce. \$ Paid on
*Clothing {
Rehabilitation Grant \$ Paid On
*Delete words which are inapplicable.

M. F. M. 14 In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$ P.A.
200M-2-43 (8705)
H.Q. 1772-39-1662 Occupational Form Completed.....

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
247	11.9.43	TOS DD3A Kingston, Ont., "A" wing on enlistment eff. 8.9.43	
2711	7.10.43	SOS DD3A Kingston, Ont., "A" wing on transfer to A 19 RCASC TC Camp Borden, Ont., eff. 7.10.43.	
57	7 Mar 44	<i>Increase rate of pay wif 8 Mar 44 \$1.50 per diem</i>	
244	9.10.43	T.O.S. CASC (TC) AF, CAMP BORDEN 8.10.43	
202A	14.10.43	<i>R.A. for N.Y. (5 days)</i>	
52A	1.3.44	<i>R.A. for leave (6 days)</i>	
58A	8.3.44	<i>S.O.S. A-19 on trans. to #1 Sng. Bde., Debut, eff. 8-3-44</i>	
85	16.3.44	<i>T.O.S. w/1 Sng. Bde. #1 Sng. Bde., Debut vs. eff 9.3.44</i>	
91	21.3.44	<i>SOS to M.V. Trans. Camp eff. #18-3-44</i>	
112	9/4/44	<i>SOS o/s serial 1134, 9/4/44.</i>	
93A	2-4-44	<i>"TOS" 1 Cdn. Asc. Ru Fr. Can</i>	
		<i>W.E.F. 19-4-44</i>	
95	24.4.44	<i>S.O.S. 1 CASCU to X. it list wif re above</i>	
		SOS 12BN 2CBRG TO 64 WEF 30 APR 1944	

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or } onset of illness }	Religion—

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. *C122218* Rank *W/cpt*
Name *Norris H. W.*
Unit *RCASC. 64cdn army Spt Coy*
* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. "Sick."
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

multiple gsws - back head and face.

Date seen by him—*1-1-45*

No. of Field Ambulance—

Date of admission—

Field Ambulance diagnosis—

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later,

Fmc 205 RMP 1-1-45 dated and signed by the M.O.

*Dead on adm.
Mrs. Yeager*

Dead on Arrival

10 P. M.

1 Jan 45

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

1-1-45

AWARDS—CANADIAN ARMY (ACTIVE) 1870

M

FEB.

500M-1-44 (3467)
H.Q. 1772-45-8

NORRIS, Herbert William		C.122218	L/Cpl.	FILE NO. 405-N-5434 R.C.A.S.C.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS Mrs. Bettie I. Norris Widow
PERSON ~~1002 Allard Ave.,~~ Box 124
 ENTITLED TO ~~Verdun, Que.~~ NEWCASTLE, N.B.

(1) 9-5-49

ADDRESS:

(2) MEMORIAL CROSS
 WIDOW Mrs. Bettie I. Norris (ENGLISH)

(2) DESP. MAR 2 1945
 REGN No. 15287

1870

ADDRESS: 1002 Allard Ave., Verdun, Que.,

(3) MEMORIAL CROSS
 MOTHER Mrs. Emma Sophia Norris (ENGLISH)

(3) DESP. MAR 2 1945
 REGN No. 15288

1870

ADDRESS: Gatineau Mill, Quebec. (MEM 5.)

MEMORIAL BAR
 DATE DESP
 REGN. NO. 111

9523

No. C.122218 Rank L/Corporal Name NORRIS, Herbert William

Unit R.C.A.S.C. Date of death Jan. 1, 1945.

Died at ~~HOLLAND~~ Belgium

Cause Died of wounds received in action

Death occurred on strength of Forces.H.Q. 405-N-5434

N/K Mrs. Bettie I. Norris Relationship Wife

Address 1002 Allard Ave., Verdun, Que.

Remains buried in Belgium Turnhout Civil Cem. Cemetery

CHK

Grave location Grave 20693

OVER-

BURIAL REPORT TO N.K.

FEB 27 1946

RETURN TO BUR. OF STAT.

MAR 15 1946

ROYAL MESSAGE DESP'D.

JAN 31 1945

CAN. MESSAGE DESP'D.

FEB 14 1945

NOV 20 1947

Despatched

Photographs

HI & CR Form Despd. JAN 2 1947

Grave 11, row C, plot 10

Bergen-op-Zoom Cdn. Military Cem.
4 miles N.E. of Bergen-op-Zoom,
Holland.

REBURIAL

405-N-5434

P.A.

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
GRAVES REGISTRATION CARD.

NAME MORRIS, Herbert William PLACE & DATE OF BIRTH Quebec. CANADA. 1 Jul 1915
RANK L/Cpl. REGTL NO C-122218
UNIT 64 Army Tpt Coy. NEXT OF KIN & ADDRESS WIFE.
Mrs Bettie NORRIS,
1002 Allard Ave., Verdun, Quebec.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
DIAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 1 Jan 45. PLACE OF DEATH BELGIUM
HRS _____
CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL 3 January 1945 CEMETERY BELGIUM TURNHOUT CIVIL CEM
PLOT NO _____ ROW NO _____ GRAVE NO 20693
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT _____
RELIGION Anglican.

DATE 20 October 1945
M. Bluteau
M. BLUTEAU (CAPT)
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON LONDON W.3.

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C-122218. Name MURRIS HERBERT WILLIAM

Rank on Discharge L/Corporal Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 8-9-43 to 11-9-44
from _____ to _____

United Kingdom from 12-4-44 to 8-7-44
from _____ to _____

Italy from _____ to _____

Northwest Europe from 10-7-44 to 1-1-45 Died of wounds.

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~ _____

France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK
with clasp OK



NO RIBBON DESPATCH

Verified by H. Howard

Date 29-7-46

Carded JUL 30 1946

Handwritten initials

PRINTED BY THE GOVERNMENT OF CANADA

1944-45 (44-45) 1772

C.G. 1771-1772

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II)
 will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held personally responsible for the safe custody of this book.
2. You will always carry this book on your person when on duty, and on active service.
3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

40/P&S/2438 (5149) A.F.W3084
 Number *2-122218*
 Name *WORRIS, H.W.*
 Rank *PTE* Religion *ANGLICAN*
 Arm *POARSE*
 Branch if R.A.; Regt. if Foot Guards
 or Infantry
NOT to be filled in by Soldier.
 Diagnosis
 Disposal

A.F.W3084
 Number *2-122218*
 Name *WORRIS, H.W.*
 Rank *PTE* Religion *ANGLICAN*
 Arm *POARSE*
 Branch if R.A.; Regt. if Foot Guards
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 Arm *POARSE*
 Branch if R.A.; Regt. if Foot Guards
 or Infantry
NOT to be filled in by Soldier.
 Diagnosis
 Disposal

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. *C-122218*

Surname (in capitals) *Norris*

Christian Names (in full) *Herbert William*

Date of Birth *1- July-15*

Place of Birth *Hull, Quebec*

Citizenship *British*

Trade on Enlistment *Paper maker*

Nationality of Father at Birth *English*

Nationality of Mother at Birth *English*

Religion *Anglican*

Enlisted at *Kingston, Ont.*

Date *8- Sept-43*

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period.

Signature of Soldier *H. W. Norris*

Signature of Officer *Bruce Call*

Place *Kingston, Ont.* Date *14-Sept-43*

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	Mrs. Bettie Norris	8-9-43
	Children		
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a WILL (see pages 20 to 23)

Latest known Address in full

~~Gatineau Mills, Quebec~~
 1002 - ALLARD AVENUE
 VERDUN, QUEBEC

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
8-9-43	Pte.		Do # 247	<i>[Signature]</i>
23-10-44	A/L CPL	WITH PAY	D.O. 36) 1.10.44	<i>[Signature]</i>

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) ~~except that he requires further training in~~ *awa*

Completed Part I & Part II A.S.C. Trng.

22 Feb. 44

A. St. Aust. Lt.

Qualified in addition as under:—

Date.....

Commanding.....

*If no further training required, strike out words in italics and initial

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T. A. B. T. 1	10-9-43	<i>[Signature]</i>
T. A. B. T. 2	6-3-44	<i>[Signature]</i>
T. A. B. T. 3	8-2-44	<i>[Signature]</i>
1cc Typhus	2-2-44	<i>[Signature]</i>
1cc Typhus	15-2-44	<i>[Signature]</i>
Typhus Abstr. 1cc	23-5-44	<i>[Signature]</i>

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-9-43	<i>[Signature]</i>

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-ray chest neg # 3606	8-9-43	<i>[Signature]</i>
Gas chamber C.A.P.	19 NOV 43	<i>[Signature]</i>
" " CHLORINE	7 DEC 43	<i>[Signature]</i>
Embarkation France	26 Feb 44	<i>[Signature]</i>
Gas Chks C.A.P.	7/3/44	<i>[Signature]</i>
Must	7/3/44	<i>[Signature]</i>
TEST CREW COMPLETE	22-4-44	<i>[Signature]</i>
GARD COMPLETE		
Embarked England	7 JUL 44	<i>[Signature]</i>
Disembarked France	12 JUL 44	<i>[Signature]</i>

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No.	Rank	Name
states that he has executed a Will and that the same has been deposited with		
at	Signature of Officer.	
Date	Rank or Appointment.	

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at *HOMDS Kingston Ont.*

<i>[Signature]</i>	Signature of Officer.
<i>[Rank]</i>	Rank or Appointment.

PLANTS & RECORDS
NO. 3-A DISTRICT DEPOT
WINDSOR, ONTARIO

Signature of Officer.....

Date Certificate or Will extracted.....

Unit or Dept.....

To whom sent.....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. C-122218

Surname (Capitals) Norris

Christian Names in full Herbert William

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Herbert William NORRIS
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

D-5665

FILE NO.

405-N-5434

DATE

13-6-45

PAYEE

Mrs. Bettie I. NORRIS,

ADDRESS

**1002 Allard Ave.,
Verdun, Montreal, 19, P.Q.**

SERVICE NO.

C-122218

FINAL RANK OR RATING

L/Cpl.

DATE OF TERMINATION OF OVERSEAS SERVICE

1-1-45

DATE OF DISCHARGE

1-1-45

A. TOTAL QUALIFYING SERVICE

480

NO. OF DAYS **482** EQUAL TO **16** COMPLETE PERIODS AT \$7.50

\$ **120.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

265

LESS **2**

INELIGIBLE DAYS, EQUAL TO

263

DAYS @ 25c. PER DAY

65.75

SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY

\$ **1.60**

SUBSISTENCE OR LODGING

\$ **1.25**

AND PROVISION ALLOWANCE

ADDITIONAL PAY

\$

\$

\$

\$

JUN 20 1945

DEPENDENTS' ALLOWANCE 1/30 OF \$

51.12

\$ **1.70**

TOTAL

\$ **4.55**

X7 = \$

31.85

NO. OF DAYS

265

X \$

31.85

46.12

D. WAR SERVICE GRATUITY

231.87

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

231.87

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ _____

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY **KFM** CHECKED BY **[Signature]**

TREASURY
CHECKED BY **[Signature]** DATE **6-7-45**

[Signature]
SERVICE REPRESENTATIVE

DS665
1-8-46

Form No. 1

Register No.

Memorial Roll No.

D-176

TO: P.M.G.

H.Q. File No.

405-N-5434

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When	S.O.S.	Surname	Christian Name in Full
	L CPL.	NORRIS	HERBERT - WILLIAM
Regt. No.			
6-122218.			

Reason for Termination of Service:

1st Enlistment	<u>Died of Wounds</u>	CARO	()
2nd Enlistment		CARO	()
3rd Enlistment		CARO	()

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. <u>8 SEP 43</u>	T.O.S.	T.O.S.
S.O.S. <u>1 JAN 45 MD</u>	S.O.S. MD	S.O.S. MD
Total Days <u>482</u>	Total Days	Total Days
TOTAL SERVICE		<u>482</u> DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>217</u>	<u>✓</u>	<u>217</u>
OVERSEAS SERVICE	<u>265</u>	<u>✓</u>	<u>265</u>
Totals	<u>482</u>	<u>✓</u>	<u>482</u>
Add Non-qualifying Service			<u>✓</u>
TOTAL SERVICE			<u>482</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 1 Jan 45 2. Date S.O.S. Overseas _____

REMARKS:

DIED *WHILST* *Died of Wounds* **IN** **SERVICE**

Computer's Signature [Signature]

Checker's Signature [Signature]

Date Computed 9 Apr 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

[Signature]
(C.L. Laurin) Colonel,
Director of Records.

27th February, 1946.

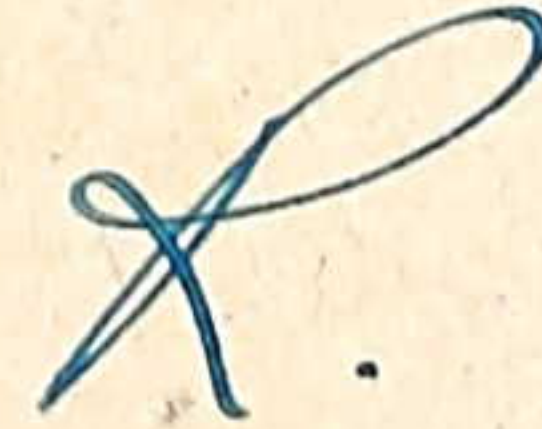
Mrs. Bettie I. Norris,
1002 Allard Avenue,
Verdun, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, C122218 Lance-Corporal Herbert William Norris, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row C, plot 10, of Bergen-op-Zoom Canadian Military Cemetery, four miles North-East of Bergen-op-Zoom, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,



for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

K.J.D.
/EPH

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (HOLLAND)		Official name of civil municipality or township					Place an X over the word which applies to this municipality or this territory City Town Village Parish Township							
	Street			No.					Hospital or Institution							
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname	NORRIS, (Block letters)														
	Given names	Herbert William.														
4. RESIDENCE	Street															
	Official name of civil municipality or township	Gatineau Mills,														
Municipal county	Quebec.															
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
M.			Married.													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec.																
11. DATE OF BIRTH July 1st 1915. (Month) (Day) (Year)																
12. AGE OF DECEASED Years Months Days If less than one day old																
29																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Paper Maker.															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
15. Date deceased last worked at this occupation															16. Total years spent in this occupation	
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal Holland.																
20. Date of burial 19																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church															
	(b) Civil municipality of															
(c) Municipal county																
(d) Date	(Month)	(Day)	(Year)													
22. Date of death January 1st 1945. (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from 19 to 19 and last saw him alive on 19																
24. CAUSE OF DEATH																
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Died of wounds received in action. due to																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c)																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days																
25. If a woman, was there a puerperal condition?																
26. Was there a surgical operation? Date of 19 State findings. Was there an autopsy?																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide. Date 19. (State which) Manner of injury. (How sustained) Nature of injury. Specify whether injury occurred in industry, in home, or in public place.																
Signed M.D. Address Date 19																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

MAR 15 1946

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M-2-43 (8280)
H.Q. 1772-39-1656

(1) I, Herbert William NORRIS, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Gatineau Mills, in the County of Papineau
~~District~~

Province of Quebec, Paper Maker
(Civil Occupation)

Regimental No. C-122218, Unit No. 3-A.D.D., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

MY WIFE:

Mrs. Bettie NORRIS

Gatineau Mills, Quebec.

ALL I OWN

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Mrs. Bettie NORRIS, Gatineau Mills, Quebec
(Name) (Address)

Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 4 day of Sept 1942.

Signed and acknowledged by the Testator, in the presence of us 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.

Herbert William Norris
(Signature of soldier)

First witness sign here.

(5) Signature Jean Pichane
Civil Address 196 Queen St, Kingston, Ontario
Civil Occupation Typist

Second witness sign here.

Signature Lona A. Dickson
Civil Address 35 Henning Ave, Toronto, Ont
Civil Occupation Typist

(Witnesses are not to be beneficiaries.)

[OVER]

Mrs Bettie I. Norris,

1002 Allard Ave.,

Verdun, Que.

Any further communication on this subject should
be addressed to:—THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-N-5434 FD 131

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26 Jan.

194⁵For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

NORRIS, Herbert William

C122218 C.A. O/S



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

W R Howard Capt
Director of Estates.

WRH/IDS

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	Bettie J. Norris	27	1002 Allard Ave Verdun Montreal 19.	
2	Children of the Deceased and dates of their Births.....	Gail Anne Norris July 19, 1940	4	1002 Allard Ave Verdun Montreal 19.	
3	Father of the Deceased.....	Joseph Henry Norris	63	Gatineau Hills P. Que.	
4	Mother of the Deceased.....	Emma Norris	58	Gatineau Hills P. Que.	
5	Brothers of the Deceased	Full Blood	Joseph Edward	33	C 25738 - Topper 3 Cad. Field Survey Reproduction Co RCE. Can Army Overseas
			Leonard Ernest	21	A.B. - OF # 4233 NMC 5 Prince David % FMO London.
			Clifford George	18	Gatineau Hills P. Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Hilda Ellen	26	Gatineau Hills P. Que.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	Gerald Jan 6, 1917				

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Herbert William Norris
9	Date of his birth.	July 1 st 1915
10	Place and date of his marriage.	Montreal Dec 30 1939
11	Place and date of his parents' marriage.	Pittinghorne, Kent, England Dec 10, 1909

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hull P. Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec 28 years (b) (c) (d)
14	Nature of employment before enlistment.	Papermaker with Can. International Paper Co. Galineau Mills
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	not decided

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	38 - \$5.00 W.S.C. Located Bank of Montreal, Verdun
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	2 - \$50. - bearer bonds. Located Bank of Montreal, Verdun
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Paper Makers Union Ins. amt. \$200,000. mother - Emma Norris
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Bette J Norris {Signature of Informant
1002 allard ave Verdun P.Qe. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief (Mrs) Bettie J. Norris { Name of informant } is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Verdun this 20th day of February 19 45
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Ernest Reed Qualification Clergyman, Rector Church of St. John the Baptist
Address 5784 Garraway Ave., Verdun, Que.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

LL

Name.....**NORRIS.**.....**Herbert W.**..... No. **C.122218**
Surname Christian Names

L/Cpl......**C.A. O/S**.....**1-1445**
Rank Unit Date of Death

AMOUNT

Date.....**9 Oct 45**.....
 L.P.C.....\$ **91.03**
 Other Credits.....
 Total..... **91.03**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Bettie J. Norris, 1002 Allard Ave., Verdun, P.Q. (Sole beneficiary under will)	91.03

P4. TO TREAS. 26-10-45, 91.03

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	91.03
CLASSIFIED BY			EXAMINED BY		
<i>D</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

P.

(L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

*of personal effects received by
Casualty Section, No. 1 CKSD*

No., RANK and NAME ... C-122218 ... L/CPL ... NORRIS ... H.W. ... (DECEASED)

RECEIVED FROM ... 2nd Echelon 21 Army Group

CHECKED BY C-5591 Pte. Patterson L.K. ... DATE ... 11 April 45

AND ... B-6410 Rfn. Shaw R.V.

2	Note Books	
2	Photos	
1	Flashlight	
1	Ring	
1	Red "I" Disc	
6	Souvenir Coins	
FURTHER EFFECTS TO CANADA		

ORIGINAL } To Officer i/c Estates with
 DUPLICATE } original inventory, if any.
 TRIPLICATE }

QUADRUPPLICATE—with effects.

L.K. Patterson Pte
.....

for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME C.122218 L/Cpl. Norris H. W. (Dec'd)

RECEIVED FROM Cdn 2nd Reg 21 A Gp

CHECKED BY B.131628 Sgt. Smith, E. L. DATE 13 Feb 45

AND D.106961 Pte. Glick, I.

- | | |
|---|----------------------------------|
| 1 | Cigarette Case xxxxxx |
| 1 | Cig. Lighter (Parker - Beacon) |
| 1 | Corn Cob Pipe |
| 1 | Sewing Kit |
| 1 | Soldiers Handbook |
| 1 | Leather Wallet |
| | Snapshots & Photos |
| 2 | Greeting Cards |
| 1 | NAAFI Token |
| 2 | Religious Medallions |
| | Newspaper Clippings |
| 1 | Personal Letter |
| 3 | Personal Cards |



ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE }

QUADRUPPLICATE—with effects.

..... E. Smith Sgt
for OC 1 Cdn KSD

3/45A MF 49/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. **C122218** Rank and Name..... **NORRIS. H.W. L/Cpl.**

of (Unit)..... on.....

(Transfer or Discharge)..... to..... on **1st. January.** 19**45.**

Reason..... **Death** Authority : **C.C.L. "A" 530 d/6th. Jan. 45.**

The following is a statement of the account of the above-named from **1st. January.** to **31st January.** 19 **45.** the inclusive date of transfer or discharge.

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		61	63
First Monthly Payment.....				Regimental Pay 31 days at \$ 1.60 ✓		49	60
Casual Payments.....				Tradesmen's Pay..... days at..... \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars)..... days at..... \$.....			
Assigned Pay.....		23	00	Allowances (give particulars)..... days at..... \$.....			
Regimental Charges.....				Cash Effects SOCR 42149		2	37 ✓
Public Stoppages (give particulars) :				" " " 4770			43 ✓
To Balance Cr { Free.....		91	03	By Balance Dr			
Deferred.....				Total.....		114	03
Total.....		114	03	Total.....		114	03

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd Pay \$23.00 (W) Stopped off Feb. 45.

Compiled by..... **B. Mc. Kercher.**
 Checked by..... *L. Broughton*
 Date..... **23rd July. 1945.** 19.....

Certified correct..... *D. Gouley*
 for Chief Treasury Officer, Overseas

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER	C122218	RANK	Lance Corporal	SERVICE UNIT	R.C.A.S.C. (CA)
NAME	NORRIS, Herbert William				
DATE OF BIRTH	1st	MONTH	July	YEAR	1915
	Date enlisted: 8-9-43				
MARITAL STATUS	Married		Religion: Anglican		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Wife		Mrs. Bettie I. Norris,		
ADDRESS	1002 Allard Ave., Verdun, Quebec.		NAME		
			ADDRESS		
			D.A.B.		
ADDITIONAL PERSON TO BE NOTIFIED	ADDRESS				
PARENTS NAME					
ADDRESS (IF SOLDIER MARRIED OVERSEAS)					
AUTHORITY CAS. SIG. NO.	5102A	H.O. 405-N-5434			
CASUALTY DETAILS	Died of wounds			DATE	1-1-45

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

LP YES/NO
[Signature]

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?
YES/NO
O/S #1 A.S.C.R.U.
S/L 3851

DATE 12-1-45

[Signature]
OFFICER I/C RECORDS

6

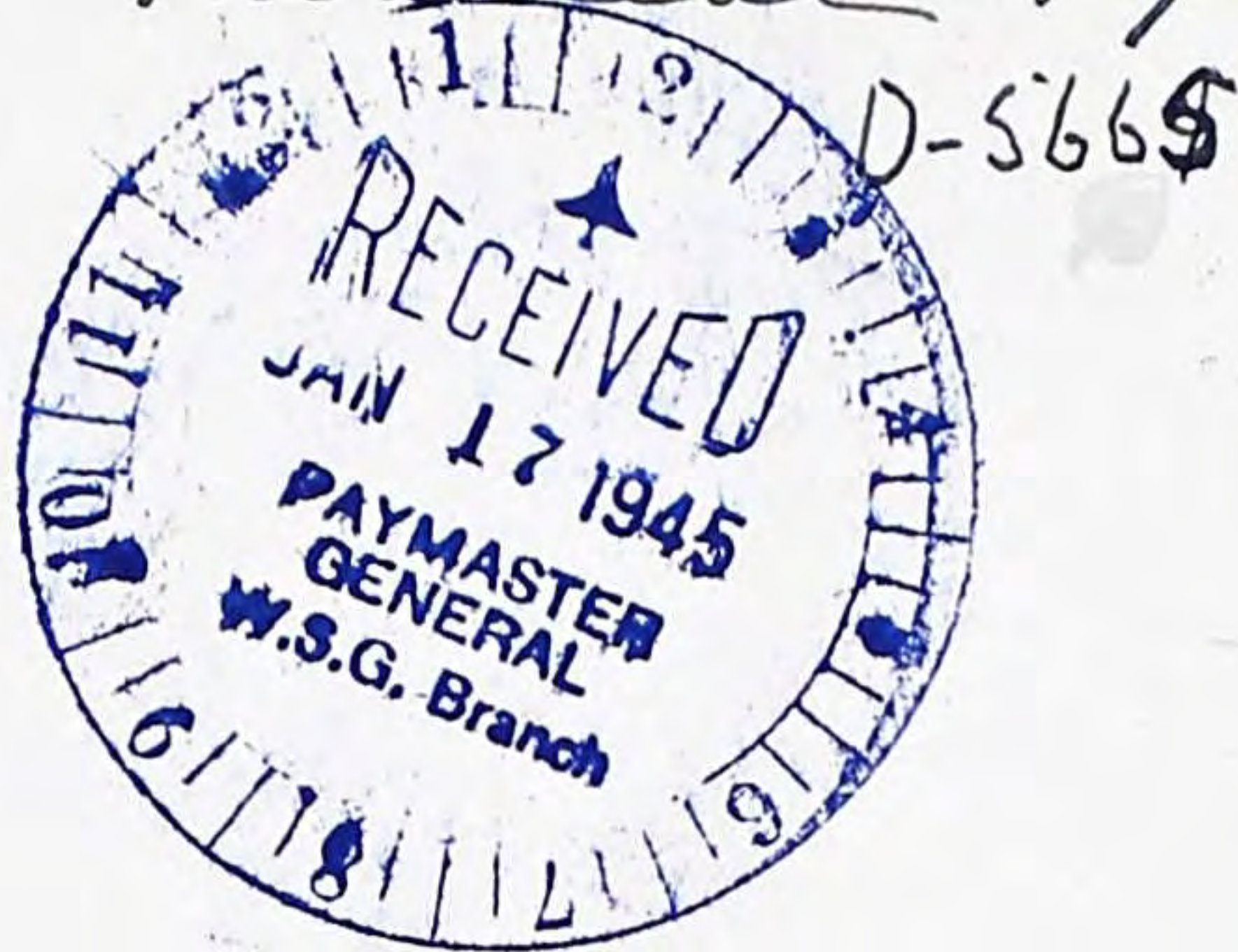
COPY FOR DOCUMENT FILE

1002 Allard Ave

Verdun

Montreal 19

Secretary
Dept. Nat. Defence
Ottawa



Dear Sir -

I would like to
make application for the
war service gratuity
payable to my late
husband L. Corporal
Herbert William Horris

C 122218 -

Yours Truly

Bessie J Horris
(Mrs H. Horris)



CANADIAN NATIONAL TELEGRAPHS

JL

FILE H.Q. *405+A+10/455* 405-N-5434

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-MRS BETTIE I NORRIS
1002 ALLARD AVE
VERDUN QUE

4 JANUARY 1945

27505 REGRET DEEPLY C122218 LANCE CORPORAL HERBERT WILLIAM
NORRIS HAS BEEN OFFICIALLY REPORTED TO HAVE DIED FIRST JANUARY 1945
AS RESULT OF WOUNDS RECEIVED IN ACTION STOP YOU WILL RECEIVE
FURTHER DETAILS BY MAIL DIRECT FROM THE UNIT IN THE THEATRE OF WAR
STOP TO PREVENT POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF
CASUALTY OR NAME OF UNIT

ML
PREPAID

DIRECTOR OF RECORDS