

REGIMENTAL DOCUMENTS

NAME *B. P. Hicholm* *Colin*

REGT. NO. *911941* UNIT _____

H. Q. FILE NO. _____

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

18727

46

M

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DISCHARGE

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DESERTION

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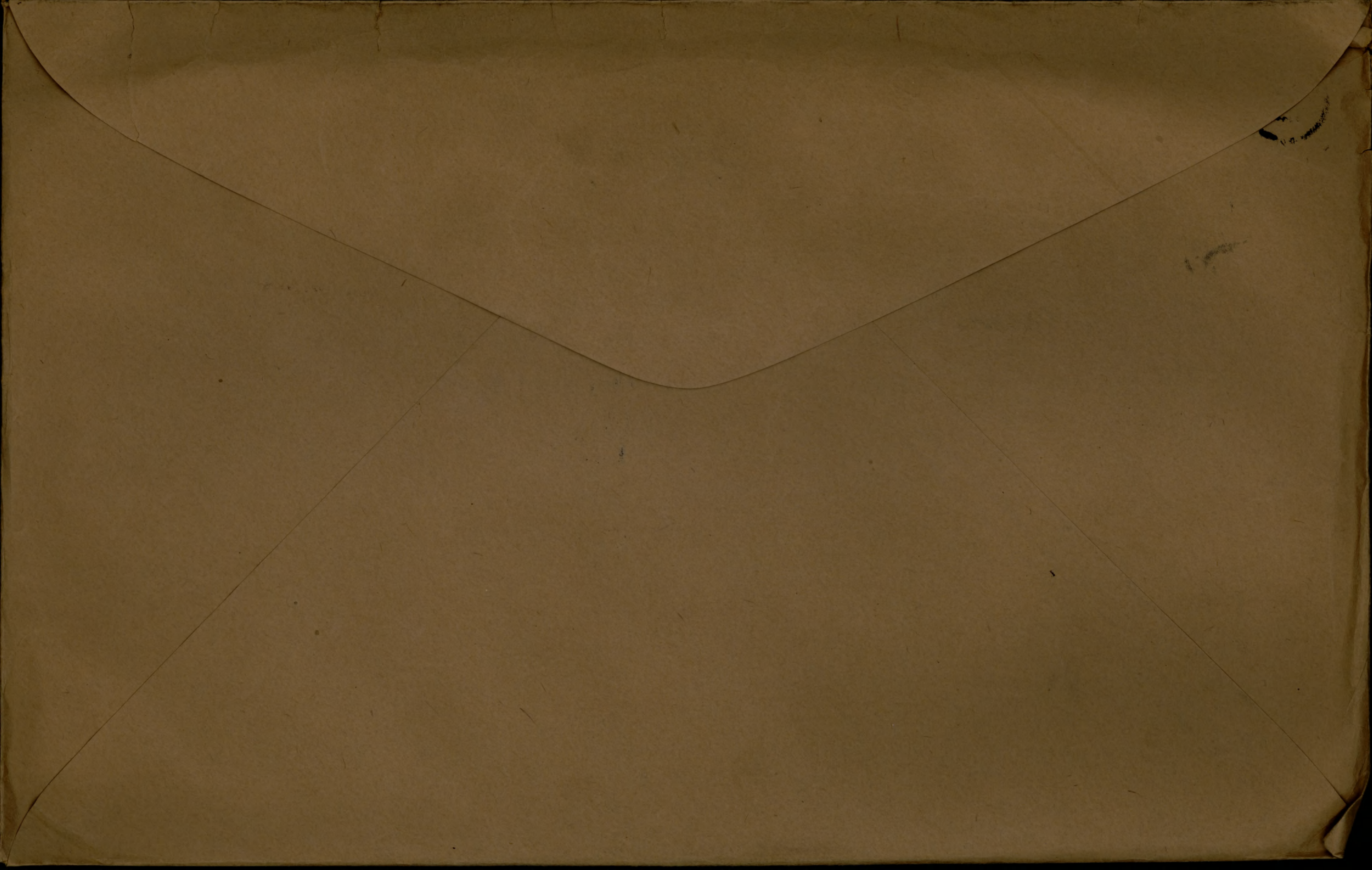
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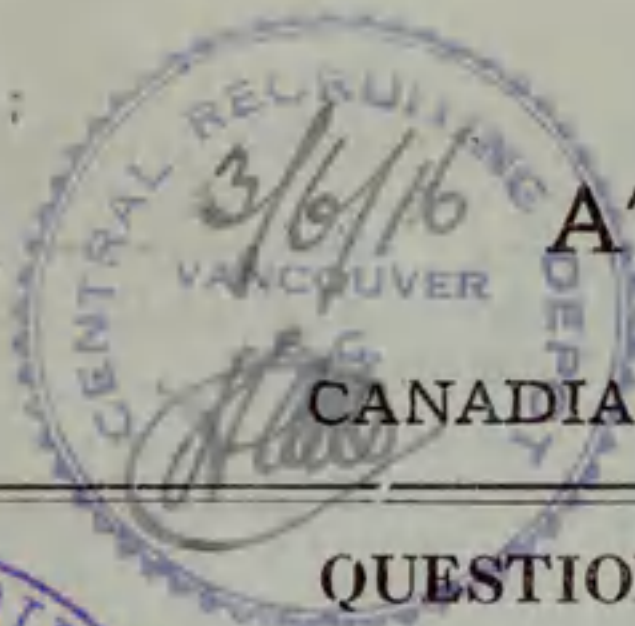
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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 Can Card
2 Copy Will
2 Copy ...
1 money card

M.F. 3-207





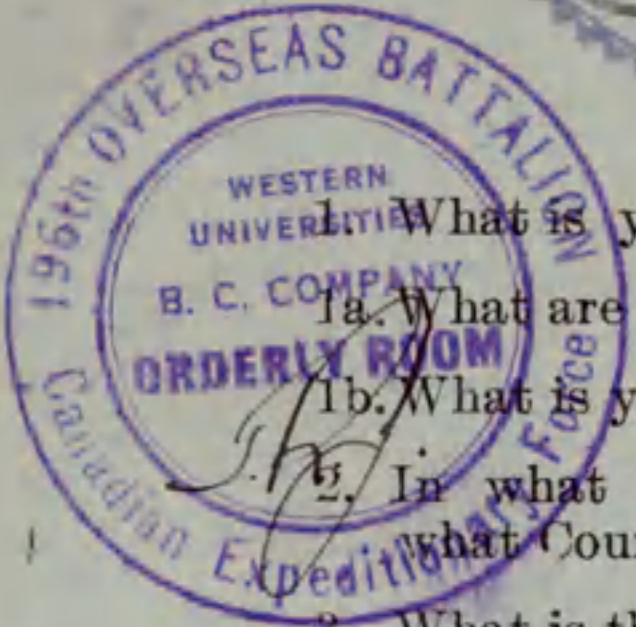
ATTESTATION PAPER.

No. 911941

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
 (ANSWERS.)



1. What is your surname? *CHISHOLM*
- 1a. What are your Christian names? *COLIN*
- 1b. What is your present address? *Sardis, B.C. Canada*
2. In what Town, Township or Parish, and in what Country were you born? *Antigonish County Nova Scotia Canada*
3. What is the name of your next-of-kin? *Donald A. Chisholm*
4. What is the address of your next-of-kin? *Antigonish, Nova Scotia, Canada*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *11th December, 1889*
6. What is your Trade or Calling? *Teacher*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Colin Chisholm*, do solemnly declare that the above are answers made by me to the above questions and that they 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 *May 27* 1916. *Colin Chisholm* (Signature of Recruit)
Peshie Kennedy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Colin Chisholm*, 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 *June 3rd* 1916. *Colin Chisholm* (Signature of Recruit)
Peshie Kennedy (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 *Vancouver* this *27th* day of *June* 1916.
C. Kershaw (Signature of Justice)

Description of CHISHOLM - Colin on Enlistment.

Apparent Age 27 ^{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 ft 10 1/2 ins.

Chest measurement { Girth when fully expanded 42 ins.
 Range of expansion 5 ins.

Complexion medium dark

Eyes Blue

Hair Dark brown

Scar back L wrist
Small red birth mark outer side R wrist.

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

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 May 27 1916

Place Vancouver

J. B. Butler
 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.

Colin Chisholm 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.

O. R. Roy (Signature of Officer)
 Lieut.

Date June 12th 1916.

O.C. No 4 Coy. 196th Batt. C.F.F.

MX.

us
83.20.

THIS IS THE LAST WILL AND TESTAMENT
of me Colin Chisholm of the District of Vancouver in the City
of Vancouver and Province of British Columbia made this F
day of _____ in the year of our Lord one thousand nine hundred
and sixteen

I REVOKE all former Wills or other Testamentary Dispositions
by me at any time heretofore made, and declare this only to be
and to contain my last Will and Testament.

I DIRECT all my just debts, funeral and Testamentary expenses
to be paid and satisfied by my Executors hereinafter named, as
soon as conveniently may be after my decease.

I NOMINATE, constitute and appoint

James McIsaac

Alex J. Beaton trustees of my estate to be the
Executors of this my Will and

I GIVE DEVISE AND BEQUEATH all the Property, both Real and
Personal, of which I may die possessed to my trustees in trust
with power to call in and convert the same into cash as soon as
in their opinion the same can advantageously be done, and dis-
tribute my Estate, or the proceeds thereof, as follows:

TO My half sister Mrs. Fred Collins nee Mary McKinnon,
beneficiary named in my policy in the Catholic Order of
Foresters, I leave this insurance and in the advent of her de-
cease to revert back to the University of St. Francis Xaviers
College, Antigonish, N. S. Also to said Mrs. Fred Collins, I leave
my house and lot of the proceeds from the sale of same after all
my just debts have been paid, and in the advent of her decease
to revert as aforesaid.

Also to same Mrs. Fred Collins I leave my insurance in The
Metropolitan Life Insurance Company wherein she is named as
beneficiary and in the advent of her decease to be applied for
the support of Catholic Missions

ALL the residue of my Estate not hereinbefore disposed of I
direct shall be

IN WITNESS whereof I have hereunto set my hand that day and
year first above written:

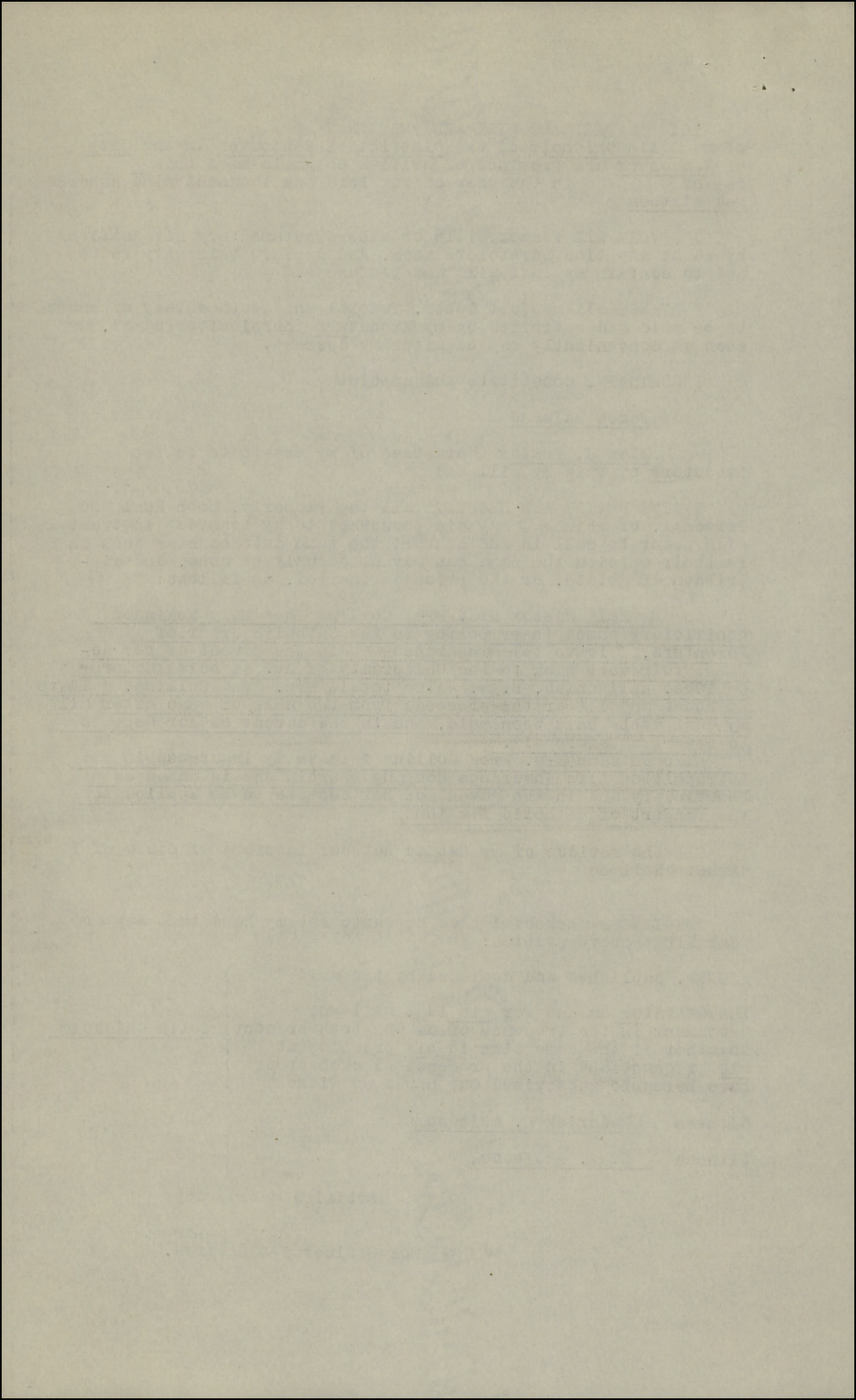
SIGNED, published and declared by the said)
the Testator as and for his last Will and)
Testament in the Presence of us who both present) Colin Chisholm
together at the same time in his presence at)
his request and in the presence of each other)
have hereunto subscribed our names as witness)

Witness Roderick A. McIsaac

Witness J. A. MacIsaac

Certified a true copy

Lieut.
For Officer i/c Estates.



FORM OF WILL.

I, Colin Chisholm (Name in full)

Regimental Number 911941 serving in 196th Battalion

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

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

absolutely, and my personal estate I bequeath to

my wife as with
M^{rs} Fred Collins } Name and Address of person or persons to receive personal estate*
2315 4th Street }
Portland, Ore. USA } (See note).

I have already made my will
this _____ day of _____ A. D. 191

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

Colin Chisholm 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 _____

Address of Witness _____

Occupation of Witness _____

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness _____

Address of Witness _____

Occupation of Witness _____



46th Batt. O'Leary 16.2.17. B. C. Co. 19th Res. Batt. T-1-17.
 196 O/S Battn. Western Universities

MEDICAL HISTORY SHEET.

Surname Chisholm Christian Name Colin

Examined { on 27th day of May 1916
 at Vancouver
 Birthplace { City or Town Antigonish
 County Nova Scotia Can

Approved by I. Buller
 Rank Captain M.O.

Apparent age 27
 Trade or occupation Teacher
 Height 5 Feet 10 1/2 Inches.
 Weight 185 Lbs.
 Chest measurement { Minimum 37 inches.
 Maximum expansion 5 inches.
 Physical development Good
 Small-Pox Marks -

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

Vaccination Marks { A r m Right. Left.
 Number 0 0
 When Vaccinated last never
 (a) Marks indicating congenital peculiarities of previous disease

| Date. | Result. | VACCINATIONS. |
|----------------|------------------------|---------------|
| <u>19/6</u> | | |
| <u>July 30</u> | <u>Nil Thruwalker</u> | M.O. |
| <u>Sept 25</u> | <u>Good Thruwalker</u> | M.O. |
| | | M.O. |

(b) Slight defects but not sufficient to cause rejection

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------|------------------------|---------------------------------|
| <u>19/6</u> | | |
| <u>July 2</u> | <u>Good Thruwalker</u> | M.O. |
| <u>.. 9</u> | <u>" Thruwalker</u> | M.O. |
| <u>.. 16</u> | <u>" Thruwalker</u> | M.O. |

Enlisted on 12th day of June 1916 at Vancouver B.C.

| | CORPS. | REGT'L NUMBER. | HABITS. | DATE. |
|----------------------|------------------------------------|----------------|---------|-------|
| Joined on enlistment | <u>196th O Bn C 87.</u> | <u>911941</u> | | |
| Transferred to | <u>48th Bn</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

To Whom *Roderick Chisholm*
 Address *of ~~Broule Lake~~ ~~Coast~~ Co.
 Entrance
 Longhead. Alta*
 Rate *\$18.-*

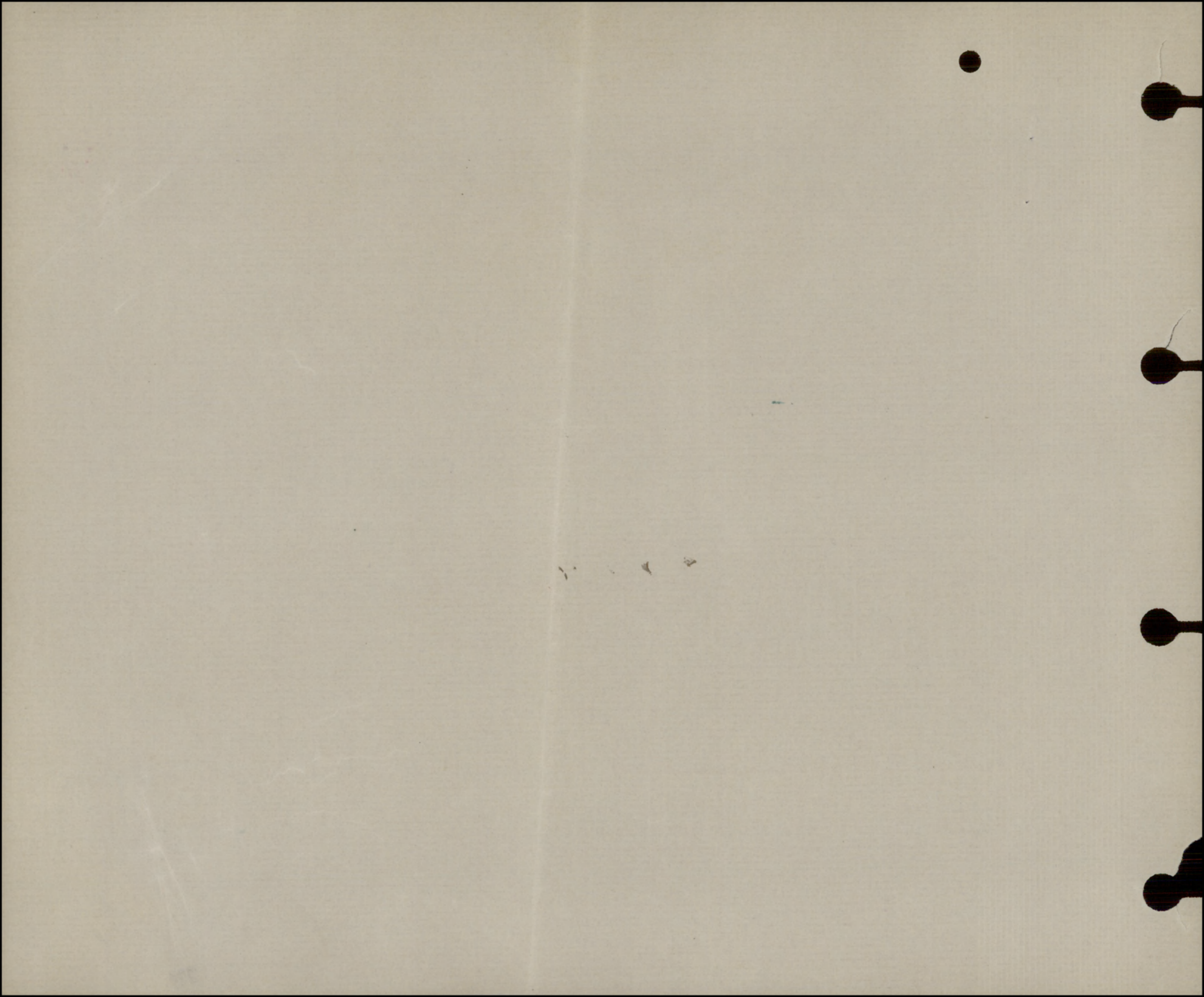
By Whom Assigned *Chisholm, C.*
 Regtl. No. *911941*
 Rank *Plt*
 Corps *196 Batt. C. C. I.*

NOV 1 1916

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---|
| Aug. | 1914 | | | <div data-bbox="1701 1009 2510 1372" style="border: 1px solid black; padding: 5px;"> Pensions Notified Date... <i>25-5-17.</i> Killed in Action } Died of Wounds } Date... <i>12-4-17.</i> Missing (16) <i>4/5/17</i> Clerk... <i>CHBaker</i> C. L. Date Noted... <i>25-5-17</i> 191 </div> |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

CJ



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Roderick Chisholm
(Assignee)

Name of Soldier Chisholm, C.

PAYMENTS.

911941 - Plt - 196 Batt.

L. L. Job 5470—Req. 6888.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|--|
| | | | | 18 ⁰⁰ NOV 1 1916 |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | B 31883 | 18 | |
| Dec. | | Z 35459 | 18 | |
| Jan. | 1917 | Q 38254 | 18 | |
| Feb. | | P 43563 | 18 | |
| March | | L 49289 | 18 | 18 ⁰⁰ H |
| April | | M 1091 | 18 | 18.00 Ch 126 ⁰⁰ 67x to 31/5/17. |
| May | | H 7241 | 18 | Acct closed 31/5/17 Cas. |
| June | | | | 18 ⁰⁰ Eraser Ret 25/5/17 |
| July | | | | |
| Aug. | | | | 1/26 F.F. X 26/10/17 FL |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE
ASSIGNED PAY
 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. | | | | |

M

E D

Rank _____ Name **CHISHOLM Colin** × Reg'l No. **911941** ×
 Unit **196th Battalion** } If in perm. Corps, }
 What Unit? }
 Married or Single, **Single**
 Place and Date of Enlistment **Vancouver 27th May 1916** Place of Birth **Antigonish County Nova Scotia**
 Name and Address, Next-of-Kin **Donald A Chisholm** ×

Antigonish Nova Scotia Canada × Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship

N/E. R.B. No. **2570**
 File R.L. **25-6-3077 d/14-6-17**
 Category **K.A** 17

Discharge, Date and Place _____ Reason _____ Character _____

| Report. | | Record or 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>Arrived in England.</i> | | <i>11-11-16</i> | <i>per S.S. Southland</i> |
| 31-12-16 | 196th Bn. | S. O. S. To 19th Res. Bn. | Seaford | 31-12-16 | Pt, 2, D. O. 184 |
| <i>1-1-17</i> | <i>19 Res</i> | <i>T. O. S. FROM 196 Bn.</i> | <i>Seaford</i> | <i>1-1-17</i> | <i>Pt, 2, D. O. 184</i> |
| <i>16-2-17</i> | <i>"</i> | <i>S.O.S. to 46th Bn France</i> | <i>"</i> | <i>16-2-17</i> | <i>DO. #47 23 FEB. 1917</i> |
| 20-2-17 | 46th Bn | T. O. S. from 19th Res Bn | In the Field | 17-2-17 | Part II D. O. 34 |
| <i>26-4-17</i> | <i>"</i> | <i>Rep. from Base Wounded</i> | <i>"</i> | <i>12-4-17</i> | <i>C. L. A. 197</i> |
| <i>5-5-17</i> | <i>"</i> | <i>Now Rep. Killed in action</i> | <i>"</i> | <i>12-4-17</i> | <i>C. L. A. 205 Part II D. O. 68.</i> |

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 195th OVERSEAS BATTALION, C. E. F.
19th Res.

Regimental No. 911941 Rank Private Name Chisholm, Colin
 C. E. F.

Enlisted (a) June 3/16 Terms of Service (a) 6 mths after war Service reckons from (b) June 3/16 May 27/16

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) Teacher

| 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. |
|--------|---|---------|----------|--|
| | Embarked Halifax | Canada | 1/11/16 | |
| | arrived Liverpool | England | 11/11/16 | |
| | 196 th Bn Abarked by 19 th Res Bn | Seaford | 3/17/16 | Part 2 Orders 184 |
| | 19 th Res Bn Taken on strength | Seaford | 11/1/17 | Part 2 Orders 184 |
| | 19 th Res. Bn Drafted to 46 th Batt. O'Leary | Seaford | 11.2.17 | Part. 2 D. O. 47 |
| | Arrived in France | | | |
| | Taken on strength 46 th Bn. | | 17/2/17 | WR R 2034. 20/2/17 |
| | Wounded | | 24/2/17 | R 213. # 125 |
| | | | 12/4/17 | WR. DCS 45 Can Sect 16/2/17 |
| | 214-17. O.C. 46th. Previously reported wounded, now reported Killed in Action. | | 12-4-17 | B. 213. Pt. 2. Os. 68, d/- 1/5/17 D.C.S. 149. |

CERTIFIED CORRECT.
24 FEB 1917

J. Anderson
 Lieut for,
 Major A.A.G. Can. Sect.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname Christian Name or Names Reg. No.
Chisholm. C. 911941.
Rank Unit Co. Troop Batty.
Pte. 46th. Bn.
Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

now. R. Y. B

Killed in Action
A.M.D. 2 DEPT. 12. 4. 17
aw.

DISPOSITION

Bch. of D.G.M.S. O.M.F.C. London. ^{Date}

REMARKS

C.L. 26-4-17. A.197. Rptd. Wd. 12-4-17.

5. 5. 17. A 205.

649-C-11183

CARD NO.

NAME

Chisholm

CHRISTIAN NAMES

Solin

FOLL.

D

REGL. NO.

911941

RANK

pte.

UNIT

196th

Bn

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Chisholm, Ronald A.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Antigonish County, Nova Scotia
(L. Carre's 24-4-17)

Also Notify
CHANGE OF ADDRESS

Roderick Chisholm
% Broule
Lakes
Coal Co.
Entrance
Cttd.

COUNTRY OF BIRTH

Canada. Antigonish, N.S.

DATE

December 11/889

PLACE OF ATTESTATION

Vancouver B.C.

DATE

June 3/1916

sailed from Halifax 3/1/16 per S.S. Southland

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Teacher.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

27.

YEARS

MONTHS

HEIGHT

5

FEET

10½

INCHES

CHEST MEASUREMENT

42

INCHES

EXPANSION

5

INCHES

COMPLEXION

Medium dark

EYES

blue

HAIR

dark brown

DISTINGUISHING MARKS

Scar back L. wrist

Small red birth mark outer side R. wrist

MEDICAL EXAMINATION.

PLACE

Vancouver B.C.

DATE

May 27/1916

Present Address.

Sardis B.C.

No. 911941

RANK *Pte*

NAME *Chisholm Colin.*

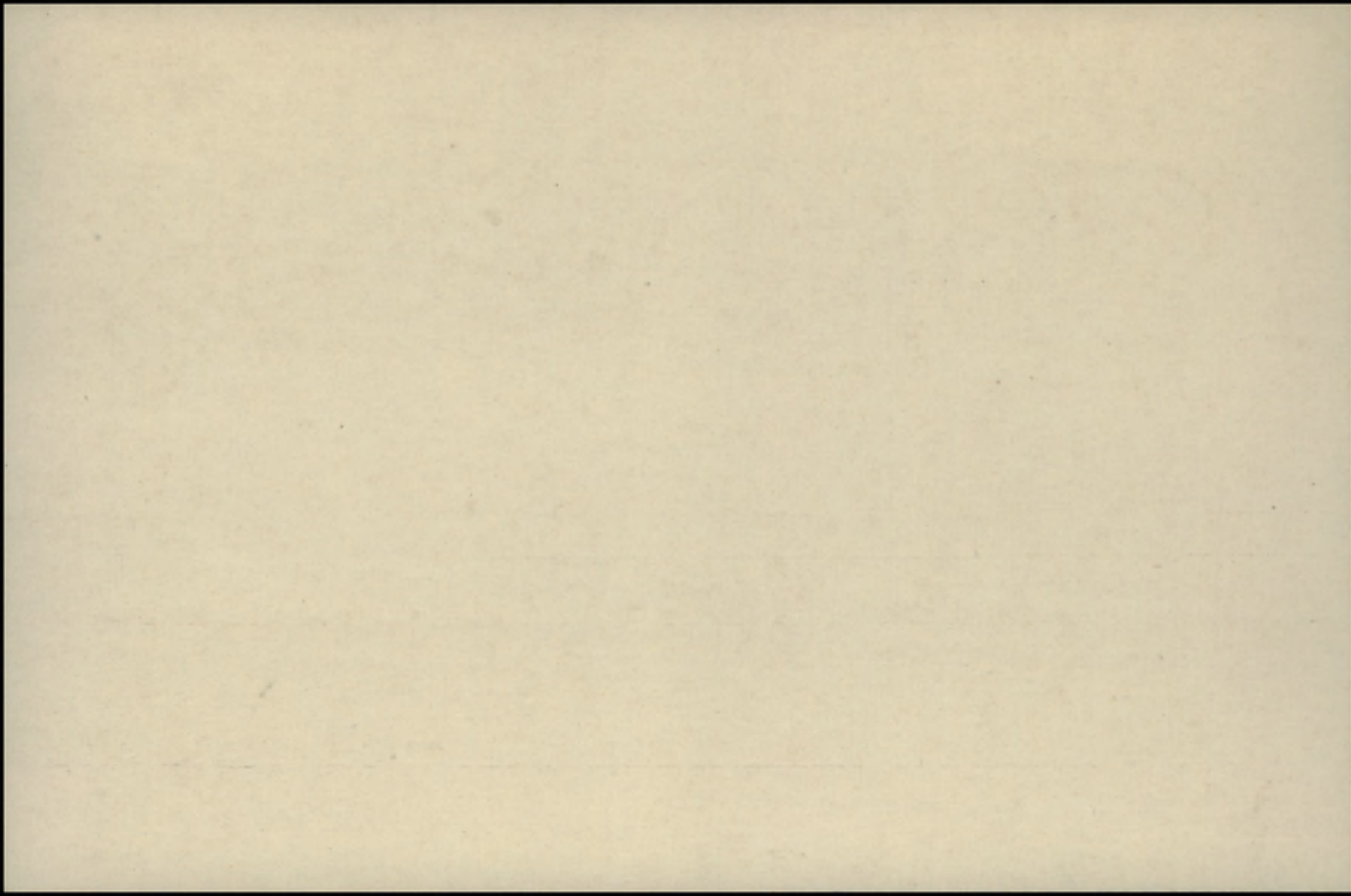
T. O. S. *12-6-16*

UNIT. *196th Battalion*

D. O. 78 of 12-6-16

M. D. *11*

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|----------------|---------------|---|-----------|
| | | | PARTICULARS | AUTHORITY |
| <i>1916</i> | <i>1916</i> | | | |
| <i>June 12</i> | <i>June 30</i> | <i>✓</i> | | |
| <i>July</i> | | <i>✓</i> | | |
| <i>Aug.</i> | | <i>✓</i> | | |
| <i>Sep.</i> | | <i>✓</i> | | |
| <i>Oct.</i> | | <i>✓</i> | | |
| <i>Nov.</i> | | <i>✓</i> | | |



a. L. E.
F. M. D.

B

Number. 911241 Rank. Pte.

Surname. C. H. S. H. A. M.

V

Christian Name. Colin

Unit. 46th Can. Div. Theatre of War. France

Date of Service 16-2-17 D

Remarks. Father

Latest Address. Donald Chisholm Esq.

Antigonish N. S.

Roll No. B Page 4213

Q. No 313 Leaf

MAY 17 1844

REGT'L NO 911941

H. Q. FILE NO. 649-

NAME

Whisholm, Colin

RANK AND CORPS

Pte 46th Bn. Form 196th Bn.

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

| No. | DATE | NATURE OF CASUALTY |
|---------|----------|--|
| M 2941. | 27-4-17. | Rept. wounded Apr. 12 th / 17 ✓ |
| M. 3648 | 4-5-17 | Prev. Rept wounded, now killed in action Apr. 12 th 1917. ✓ |
| A 7 B | 20909 | Killed in action in the field |
| Rouen | 1-5-17 | France or Belgium 12-4-17 (noted 4-7-17) |

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a197.

Rep from Base

12-4-17

Wounded

a205.

" " "

12-4-17.

Prev. rept wounded now
ret. killed in action

CHISHOLM. Pte. *Colin*
#911941

46 Bn.

649-C-11183

Not chg for 1914-15 star.

Name & Address of Legatee

..... Donald C. Chisholm (F)

..... Antiguanish
..... N.S.

*medals
recognition*

4339

Name & Address of Next of Kin

..... As above (Serial no. 751155)

Plaque & ...

Name & Address of Female Next of Kin

..... Name

*Memorial C.
G.O.S.*

780

R

*list 107
4.35*

Scroll Desp. 10/11/20 Reqn. No. Z. 573

Plague Desp. 3-8-21 Reqn. No. P. 918

This is the Last Will and Testament

of me *Colin Chisholm* of the District
of *Vancouver* in the City
of *Vancouver* and Province of
British Columbia, made this *5*

day of _____ in the year of our Lord one
thousand nine hundred and sixteen

I Revoke all former Wills or other Testamentary Dispositions by me at any time heretofore made, and declare this only to be and to contain my last Will and Testament.

I Direct all my just debts, funeral and Testamentary expenses to be paid and satisfied by my Execut^{ers} hereinafter named, as soon as conveniently may be after my decease.

I Nominate, constitute and appoint
James McIsaac
Alex J. Beaton trustees of my estate
to be the Execut^{ers} of this my Will and

I give, devise and bequeath all the Property, both Real and Personal, of which I may die possessed to my trustees in trust with power to call in and convert the same into cash as soon as in their opinion the same can advantageously be done, and distribute my Estate, or the proceeds thereof, as follows:

Dated _____

191 _____

—OF—
WILL

STATE RESEARCH
WILLIAMS DEPT.

To my ^{half} sister Mrs Fred Collins ne Mary
McKinnon beneficiary named in
my policy in the Catholic Order of
Foresters I leave this insurance and
in the advent after decease to revert
back to the University of St Francis
Xaviers College Antigonish N.S.
also to said Mrs Fred Collins I leave
my house and lot and the proceeds
from the sale of same after all
my just debts have been paid, and
in the advent after decease to revert
as aforesaid.

also to same Mrs Fred Collins I
leave my ~~policy~~ ^{insurance} in the Metropolitan
Life Insurance Company wherein
she is named as beneficiary and
in the advent after decease
to be applied for the support of
Catholic missions.

All the residue of my Estate not hereinbefore disposed of I
direct shall be

In Witness whereof I have hereunto set my hand the day
and year first above written:

SIGNED, published and declared by the said

the Testator as and for his last Will and
Testament in the Presence of us who both present
together at the same time in his presence at
his request and in the presence of each other
have hereunto subscribed our names as witness.

Cotius Chisholm

Witness

Roderick A. McIsaac

Witness

J. J. MacIsaac

