

ATTESTATION PAPER. TRIPLICATE

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Douglas Mc Rae*
2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal Que, Canada*
3. What is the name of your next-of-kin?..... *Mrs Catherine Mc Rae (mother)*
4. What is the address of your next-of-kin?..... *2049 Bowen St. Montreal*
5. What is the date of your birth?..... *August 4th 1899*
6. What is your Trade or Calling?..... *Clerk Stenographer Book-keeper*
7. Are you married?..... *no.*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *no.*
10. Have you ever served in any Military Force?.. *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.*

Douglas Mc Rae..... (Signature of Man).
E. Waterston..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Douglas Mc Rae*, 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.

Douglas Mc Rae..... (Signature of Recruit)
Date *September 1st 1915* *E. Waterston*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Douglas Mc Rae*, 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.

Douglas Mc Rae..... (Signature of Recruit)
Date *September 1st 1915* *E. Waterston*..... (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 *Montreal* this *1st* day of *Sept* 191*5*

W. H. H. H...... (Signature of Justice)

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

..... (Approving Officer)

Description of Douglas M. Rae on Enlistment.

Apparent Age 18 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 5 1/2 ins.

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

Complexion P Med.

Eyes Brown

Hair Brown

Religious denominations. { Church of England.....
Presbyterian Yes
Wesleyan.....
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 Sept 18 1915

Place Montreal

D. J. Campbell
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.

Douglas M. Rae 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.

M. Macdonald (Signature of Officer)

Date Sept 18 1915

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

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.....

DISCHARGE DOCUMENTS

Name McRae, Douglas

Regt. No. 458576 Rank pte.

Corps 60th Bn.

K. in A. 30.3.16

R. O. No.

H. Q. No.

34362

(1)
32-16
15-16
9-16
1

Name **McRae, D.**

Rank Pte.

Reg. No. 458576.

Unit 60th. Battn.

25-In-1114

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-3-16.	O.C. 60th. Battn.	Reports.				
	Killed in Action.			A.26.	^M 5104	15/4/16

[illegible]

NAME

RANK & No.

CORPS

ENLISTMENT, PLACE

FORMER CORPS

COUNTRY OF BIRTH

NEXT OF KIN

ADDRESS OF NEXT OF KIN

DISCHARGE, PLACE

DATE

DATE

McRae Douglas

Pte.

60th

Montreal
Mil

Canada Montreal P. Q.

McRae, Mrs Catherine, (mother)

2049 Boyer St. Montreal
P. Q.

DISCHARGE, PLACE

DATE

L. L. 85093—M. & D. 5952.

256
18M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

Sailed from Montreal per S.S.

"Scandinavian" 6/14/15

REMARKS:

No. 458576 RANK

Pte.

NAME

Mc. Rae Douglas

T. O. S. 1-9-15
No 90-3-9-15

UNIT

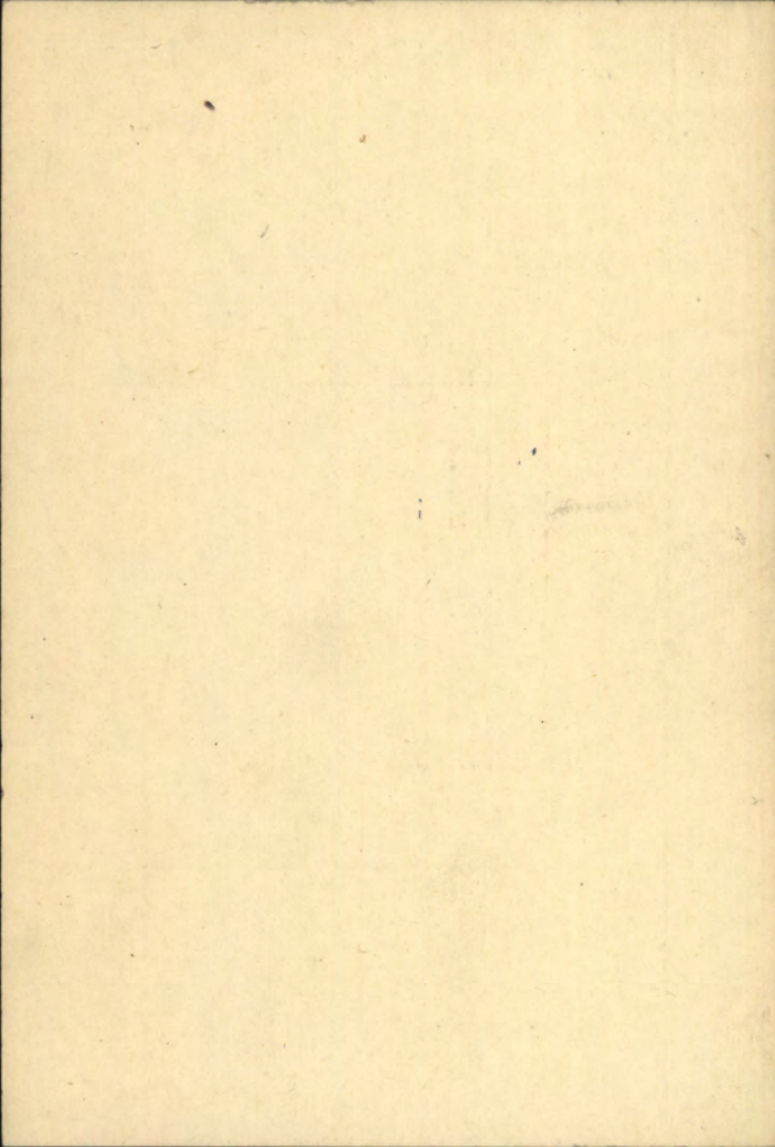
60th. Battalion

M. D.

Val

PAID			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Sept 1	1915 Sept 30			
	Oct.	c		
	Nov.	c		
	Dec.	c		

UNIT SAILED
NOV 6 1915



Loac

Number

458576

Rank

Pte

Surname

McRAE

Christian Name

Douglas

Units

60th Bn Can Inf

Theatre of War

France

Date of Service

20-2-16

Remarks

Latest Address

Mrs. Catherine McRae (m)

2049 Boyer St.

Roll No

Montreal

P.Q.

B. Page 6904.

Next of kin

Address on leave

Address on discharge

Transportation issued

Yes
No

Date

Character on
discharge

Previous occupation

Date and place of
enlistment

Diagnosis

Date of Medical
Boards

Date

Remarks

*—Name will be given in full; surname first.

649-M3525.

McRae ✓
McRAE, Douglas, #458576, 60th Bn. *Plc* ✓

Med. & Dec.

(Mother)

✓
Mrs. Catherine McRae,
2049 Boyer Street,
Montreal.

P. & S.

(Ser. #769376)

" 40084

Mem. Cross

" Scroll Down 201011 " Reqn. No. *2.4779E*

not eligible for 14-15 Star

League Desp.

Reqn. No.

PG 3478

E..

N.M.

E..

B.W.M.

R.R.

M

C. 38852

DEC 29 1920

928

REGT'L NO 458576

H. Q. FILE NO. 649-

NAME

Mc Rae, Douglas

RANK AND CORPS

Pte. 160th Battalion

FOLLOWS

No.

1983x

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
M. 5104	11-4-16	Killed in action March 29th, 1916.
A. R. B.	2090A	Killed in action Mar. 30th 1916.
Rouen	7-4-16	

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 26 O.C. 60th Batt'n reports 29-3-16 Killed in action

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Killed in action. 29.3.46.(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

*6.2.12.4.46.4.26.**O.C. Bat reports.*A.M.D. 2 DEPT.
Cdt. of D.M.S. O.M.F.C. London.*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Register No. *D. Mc 115*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *R. 012553-D4*

Regt'l No. *458576* Name *Douglas* (Christian Name) *McRae* (Surname)
Unit *60th Batt.* Rank *Pvt.* Date of enlistment.....
Date of casualty *29.3.16* B.P.C. File No. *5156*
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Kate McRae* Relationship *W. Mother*
Address *2049 Boyer St.*
Montreal
Que.

Amount of Special Pension Bonus \$ *Nil* Abstracted by *J. Quinn*

Eligible for Gratuity \$ *180.00*

Less amount of Special Pension Bonus paid..... \$

Less Debit Balance of S. A. or A.P. \$ *8.23*

Total deductions \$ *8.23*

Balance due \$ *171.77*

Cheque No. *91890934* Date issued *14-7-20*

REMARKS: *off. cert. show \$8.20 as passed to suspense.*

Clerk *Attwood*

Audited by
Brook Howard
Date *13.7.20*

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates :—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

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

Remarks:

1/9/15

MILITIA AND DEFENCE

M. F. W. 11.
10m-9-15.
H. Q. 1772-39-818.

368

SEPARATION ALLOWANCE

Name *Mrs. Catherine Mac Rae* Name of Soldier *Mac Rae Douglas*
 Address *2049 Boyer St.* Regtl. No. *458576*
Montreal Rank *Pte*
Ave. Corps *60th Bn. C.E.F.*
 Relation to Soldier } *Widowed* To what Corps belonging }
 wife, child or mother } *Mother* when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>M 7169</i>	<i>20</i>	<i>20</i>
Oct.		<i>O 6211</i>	<i>20</i>	<i>20</i>
Nov.		<i>O 10985</i>	<i>20</i>	<i>20</i>
Dec.		<i>K 15466</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>L 16427</i>	<i>20</i>	<i>20</i>
Feb.		<i>L 22296</i>	<i>20</i>	<i>20</i>
March		<i>K 26811</i>	<i>20 -</i>	<i>20</i>

ACCOUNT CLOSED
 DATE JUL 13 1916 PER *W*

Acct closed

11
10
9
8
7
6
5
4
3
2
1

RECEIVED
JAN 10 1900
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

1

1

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd Contingent

To Whom *Mrs Catherine MacRae*Address *2049 Boyer St
Montreal*By Whom Assigned *MacRae Douglas*Regtl. No. *458576*Rank *Pte*Corps *60th Batt**B.C.*Rate *\$25-* **NOV 1 - 1915**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Casualties</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Killed in action Mar 28/16 C.L. 12th Feb 11.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>40811</i>	<i>25</i>	<i>Pension granted from March 30/16 RIK</i>
Dec.		<i>X 7443</i>	<i>25</i>	
Jan.	1916	<i>7012218</i>	<i>25 -</i>	
Feb.		<i>014333</i>	<i>25</i>	
March		<i>114947</i>	<i>25 -</i>	

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Catharine Mac Rae

PAYMENTS.

Name of Soldier

Mac Rae Douglas

458576

P.O.

Bn 60

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
~~April~~	~~1916~~	~~449~~	~~25~~	~~Cancelled~~
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	V 37089	25 ⁰⁰	150.00 HX/18-12-16/LC. Account closed. Cas. Pension granted from March 30/16 & 1/17
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Casualties

Sp. Reg 8-1-17 L

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.				

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Catherine Mac Rae

PAYMENTS.

Name of Soldier

MacRae Douglas

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>H 2798</i>	<i>20</i>	<i>20</i>
May		<i>M 16631</i>	<i>20</i>	<i>20</i>
June		<i>8577</i>	<i>20</i>	<i>20</i>
July		<i>Cancelled V 9141</i>	<i>20</i>	<i>20 Pension granted 30³/16</i>
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....13.....1916.....PER.....W.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
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	1920				
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.					
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

Rank **Pte.**Name **MC RAE, Douglas.**Reg'l No. **458576**

P-56

Unit **60th Bn.**If in perm. Corps,
What Unit?Married or Single **Single**Place and Date of Enlistment **Montreal, 30th Aug. 1915**Place of Birth **Montreal, Que
Can.**Name and Address, Next-of-Kin **Mrs Catherine McRae.****2049 Boyer St, Montreal.**Relationship **Mother.**Assigned Pay Monthly \$ **7.50***Cancelled, effective 15/11 A 3rd 2nd 17/11*Payable to **Next-of-kin**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **29.3.16**Reason **Killed in Action**Character **Ante. B.O 6 d/13/16**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Nov. 1 1915	Nov 30 1915	30	1.00	30.00	30	10	3.00	10.00	43.00			243	25.00		27.43	15.57	Clothing Credit
Dec. 1 1915	Dec 31 1915	31	1.00	31.00	31	10	3.10	15.57	49.67			146	25.00		39.60	10.07	
Jan. 1 1916	Jan 31 1916	31	1.00	31.00	31	10	3.10	10.07	44.17			730	25.00		32.30	11.87	
Feb. 1 1916	Feb 29 1916	29	1.00	29.00	29	10	2.90	11.87	43.77			243	25.00		27.43	16.34	
Mar. 1 1916	Mar 31 1916	31	1.00	31.00	31	10	3.10	16.34	50.44			697	25.00		31.97	18.47	Transferred to Home effective in April
				152.00					15.20	10.00	177.20	3373	125.00		158.73	18.47	lly

BALANCE TRANSFERRED TO NEW LEDGER.

Statement of
AUG 16 1916
Account rendered

Cash found in
effects No report

[illegible]

Mac Rae

MEDICAL HISTORY SHEET.

ORIGINAL

A58576

B

Surname *Mac Rae* Christian Name *Douglas*

Examined { on *1* day of *Sept* 191*5*
at *Montreal P.Q.*
Birthplace { City or Town *Montreal P.Q.*
County

Approved by *D. Sample*
Rank *Captain* M.O.

Apparent age *18 yrs.*
Trade or occupation *stenographer*
Height *5* Feet *5 1/2* Inches.
Weight *107* Lbs.
Chest measurement { Minimum *32* inches
Maximum expansion *34* inches
Physical development *fair*
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 none* Left *1*
Number

When Vaccinated last *3 yrs ago.*

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease *Small mole on left upper lip*
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on *1* day of *Sept* 191*5* at *Montreal*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>60th</i>	<i>A58576</i>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname.

[illegible]

Rank **Pte.**Name **MC RAE, Douglas.**Reg'l No. **458576**

R-122. ✓

Unit **60th Bn.**If in perm. Corps, }
What Unit? }Married or Single **Single**Place and Date of Enlistment **Montreal. 30th Aug. 1915**Place of Birth **Montreal, Que
Can.**Name and Address, Next-of-Kin **Mrs Catherine McRae.****2049 Boyer St, Montreal.**Relationship **Mother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason **25-M-1114**

Character

*SM. +
20-12-20
RR*

	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>Arrived in England.</i>		16 NOV. 1915	
			<i>Embarked for France</i>		<i>20.2.16 N.R. 47 (60B)</i>	
	<i>7.4.16</i>	<i>d/c 60B.</i>	<i>Killed in action.</i>	<i>Fuel</i>	<i>29/3/16</i>	<i>2/1/4/6</i>
	<i>12.4.16</i>	<i>60th Bn</i>	<i>Killed in action.</i>	<i>Fuel.</i>	<i>29/3/16</i>	<i>P. 80 #6 (3) auth 6213/6</i>
					<i>G.L. 422</i>	



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				
					4, 18 1908 1908

CERTIFIED CORRECT.
 Canadian Record Office,
 Westminster House,
 60th BATTALION C. E. F., Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 458576 Rank Pte Name McRae, Douglas
 Enlisted (a) 10th Sept. 1915 Terms of Service (a) Duration of War Service reckons from (a) Sept 11/15

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked for Overseas service with	60 th Bn.	Feb. 20. 1916.	
			J. K. M. adj.	for. O.C. 60 th Bn.	
		ARRIVED IN FRANCE	Haarve	2/422/2/16.	L.R. 4701 4702 4710.
1.4.16	O.C. Bn.	Killed in Action.	Field.	30.3.16	B.213 No.6 d/1st April/16. Pte II Order 6/24/16/16.
			Lieut. for Lieut.Col, A.A.G., Canadian Section, G.H.Q., 3rd Echelon.		

(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				

COPY.

- 2 -

Perforated sheet for Will from Pay Book of Reg.

No. 458576

Name Douglas McRae

Unit 60th Batt C.E.F.

MILITARY WILL.

In the event of my
death occurring while
on active service, I
wish to have all moneys
owing to me and all
personal effects, property
etc. given to my mother

Mrs. Catherine McRae

2049 Boyer St.,

Montreal, Que
Canada

Signature Douglas McRae

Rank and Regt. Pte. 60th Batt C.E.F.

Date Feb. 5th/1916.

I hereby certify that this document is a true copy of an
original document now in possession of this office.

17.8.17 *D. Quake*
Officer i/c Estates, M. & D.

Note; The original of this Will has been forwarded to
F. W. Harcourt, Esq., K.C., Official Guardian, c/o Messrs.
Osler, Hoskin & Harcourt, Barristers, Toronto, Ont. for
Probate purposes.

17.8.17.

RECEIVED
JAN 11 1901
U. S. DEPT. OF AGRICULTURE
WASHINGTON

RECEIVED
JAN 11 1901
U. S. DEPT. OF AGRICULTURE
WASHINGTON

THIS COPY OF THE
REPORT OF THE
COMMISSIONER OF THE
BUREAU OF LAND
MANAGEMENT
IS HEREBY
CERTIFIED TO BE
A TRUE AND CORRECT
COPY OF THE
ORIGINAL AS
FILED IN THE
OFFICE OF THE
COMMISSIONER
JAN 11 1901

