

william james andrew mitchell

world war two

family particulars & will



NO DEPENDENTS

NO ASSMNTS.

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

M.F.M. 5  
300m-1-43 (7930)  
H.Q. 1772-39-1651

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 the 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..... MITCHELL William James Andrew  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... B-43530 Rflmn.

(3) Unit..... #2 D.D. (AF) D & H RIFLES (I. WING)

(4) Are you married?..... NO (5) If married, state, .....

(a) Full name of your wife.....

(b) Present postal address of wife.....

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

(7) Are you a widower?.....

(8) Have you any children?..... NO Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

Postal Address.....

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?..... NO

If so, state her full name and postal address.....

[SEE OTHER SIDE]

(11) Is your father alive? **Yes**..... If so state name and address, occupation. **Mr. William Mitchell**  
**Highland Creek, Ont., Canada. Soldier**

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?

(14) Is your mother alive? **Yes**..... If so, state name and address. **Mrs. Lillian Laura MITCHELL**  
**Highland Creek, Ont.**

(15) If your mother is a widow, are you her sole or partial support?.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support?.....

(17) Are you contributing to the support of any dependents, other than those shown above? **NO**.....  
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:.....

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

(18) Are you insured? **NO**..... If so, in what company?.....  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date **July 16th, 1941.**..... **W. J. Mitchell**  
(Signature of officer or man)

Date **July 16th, 1941.**..... **G. M. Alexander Lt. Col.**  
**#2 District Depot C.A.S.F.**  
Officer Commanding.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

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

# WILL

M.F.M. 10  
75M-10-40 (7779)  
H.Q. 1772-39-1636

(1) I, William James Andrew MITCHELL, of the Village  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

Highland Creek  
of County of York  
District

Province of Ontario, "Motor Mechanic"  
(Civil Occupation)

Regimental No. B-43530, Unit D & H RIFLES (I. WING), 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 MOTHER., Mrs. Lillian Laura MITCHELL, of Highland Creek,  
Ontario, Canada, all my ESTATE, -----

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. Lillian Laura MITCHELL, Highland Creek, Ont, Canada.  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 17<sup>th</sup> day of July  
1941.

Signed and acknowledged by the Tes-  
tator, 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.

WJ Mitchell  
(Signature of soldier)

First witness  
sign here.

(5) Signature Paul P. Asmu  
Civil Address 169 Queen Street, South; Hamilton, Ont, Canada.  
Civil Occupation Clerk.

Second witness  
sign here.

Signature W. J. Asmu  
Civil Address Box 63, Chippewa, Ontario, Canada.  
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)