

ATTESTATION PAPER.

No.

841402

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Pickel
- 1a. What are your Christian names?..... Martin Reid **148. BATT**
- 1b. What is your present address?..... 3357 Monce St. Montreal P.Q.
2. In what Town, Township or Parish, and in what Country were you born?..... Cowansville Que.
3. What is the name of your next-of kin?..... Capt T.R. Pickel
4. What is the address of your next-of-kin?..... Cowansville P.Q.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... Oct 4 Th 1895
6. What is your Trade or Calling?..... Medical Student
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?..... 2 Years 13 Th Buffoons  
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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Martin Reid Pickel, 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.

Martin Reid Pickel (Signature of Recruit)

Date Feb 7 1918 J. H. Clarke (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Martin Reid Pickel, 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.

Martin Reid Pickel (Signature of Recruit)

Date Feb 7 1918 J. H. Clarke (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 7 day of Feb 1918

J. H. Clarke (Signature of Justice)



Description of Martin Reid Pickel on Enlistment.

Apparent Age 20 years 4 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 35 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Grey

Hair Fair

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

*Scar above left eye  
 a few years  
 semi on d hand*

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 Feb 7 191 8

Place Montreal

*Jacobotapame*

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.

Martin Reid Pickel having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*[Signature]* Lt. Col. (Signature of Officer)  
 O. C., 148th "Overseas" Battn. C. E. F.

Date Feb 11/8 191 8



Unit 1st DEPOT BN. 1st QUEBEC REG'T. Rank Lieutt Name Pickel, Martin Reid *Original*

# OFFICERS' DECLARATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

CEMT  
MILITIA & DEFENCE  
MAY 23 1918  
H.Q. CANADA

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? PICKEL
- (b) What are your Christian Names? Martin Reid
2. (a) Where were you born? (State place and country) Cowansville, Que.
- (b) What is your present address? Cowansville, Que.
3. What is the date of your birth? October 4th 1895
4. What is (a) the name of your next-of-kin? Thomas Reid Pickel
- (b) the address of your next-of-kin? Cowansville SUFFICIENT ADDRESS *M.H.P.*
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Student
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 13thé, Scottish L. Dragoons
9. State particulars of any former Military Service 148 Bn. CEF. 7 months  
Royal School of Infantry 9 weeks.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Martin Reid Pickel (Signature of Officer)

Taken on strength (place) Montreal.

(date) January 12th. 1918

M. A. Piche Lieut.-Col.  
Commanding 1st Depot Bn. 1st Quebec Regt.  
(Signature of Commanding Officer.)

### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan. 22nd 1918

Place Montreal A. B. Thomas  
Medical Officer.

\*Insert here "fit" or "unfit"

CAPT.  
M. O. 1st Depot Bn. 1st Quebec Reg't.



QUESTIONS TO BE ANSWERED BY OFFICER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) What is your service number?
- (b) What are your / present address?
- (c) What were your last / present address?
- (d) What is the date of your / present address?
- (e) What is the name of your / present address?
- (f) the address of your / present address?
- (g) the name of your / present address?
2. What is your / present address?
3. What is your / present address?
4. Are you willing to serve in the / present address?

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) What is your service number?

(b) What are your / present address?

(c) What were your last / present address?

(d) What is the date of your / present address?

(e) What is the name of your / present address?

(f) the address of your / present address?

(g) the name of your / present address?

CERTIFICATE OF MEDICAL EXAMINATION

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) What is your service number?

(b) What are your / present address?

(c) What were your last / present address?

(d) What is the date of your / present address?

(e) What is the name of your / present address?

(f) the address of your / present address?

(g) the name of your / present address?



PICKEL MARTIN REID

841402 - LIEUT

148TH BN

7764

13TH DRAGOONS

RECEIVING AN APPOINTMENT IN RAF

DECEASED DATE NOT STATED

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



28







SURNAME.

*Pickel*

CARD NO. ✓

CHRISTIAN NAMES

*Martin Reid*

*S.O.S. No. 21-7-16. 5*

REGL. NO. *841402*

RANK

*Pte*

UNIT *148th*

*Batt.*

FORMER CORPS

*13th Dragoons*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Pickel, Capt. J.R.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Cowansville P.Q.*

COUNTRY OF BIRTH

*Canada Cowansville P.Q.*

DATE

*Oct 4<sup>th</sup> 1895*

PLACE OF ATTESTATION

*Montreal, P.Q.*

DATE

*Feb 7<sup>th</sup> 1916*

*E.M.*



MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Medical Student*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*20* YEARS

*4* MONTHS

HEIGHT

*5* FEET

*5 1/2* INCHES

CHEST MEASUREMENT

*35 1/2* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Fair*

EYES

*Grey.*

HAIR

*Fair*

DISTINGUISHING MARKS

*scar above left eye.*

MEDICAL EXAMINATION.

PLACE

*Montreal, P.Q.*

DATE

*Feb. 7th. 1916*



SURNAME.

Pickel.

CHRISTIAN NAMES

Martin Reid

REGL. NO.

RANK

Lieut.

UNIT

1<sup>st</sup> Que. Regt. / 1<sup>st</sup> Dep. Bn. (5<sup>th</sup> R.I.)

FORMER CORPS

Imp. Forces & 148<sup>th</sup> Bn. 7<sup>th</sup> mor.

On Receiving App't H.A. Jr.  
CARD NO. 505110 15/18. 4  
R.H. 128d 2/5/18. RP  
FOLL.  
1<sup>st</sup> Dep. Bn. 1<sup>st</sup> Regt.  
505110. 26-12-18  
R.D. 17-17-1-1940  
R.E. act mil. time  
Dermob. R. 0/531 1/2.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Pickel Thomas Reid.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Cowanville, P. I.

COUNTRY OF BIRTH

Canada. Cowanville, P. I.

DATE

Oct. 4<sup>th</sup> 1895.

PLACE OF ATTESTATION

Montreal, P. I.

DATE

Jan. 12<sup>th</sup> 1918.

S.S. Dagonia fr. Halifax 18-2-18.

R/B 7/4/18 1/3 A.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Student.*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Montreal, P. Q.*

DATE

*Jan. 22<sup>nd</sup> 1918.*

*Present Address - Cowansville, P. Q.*



\*Name PICKLE MARTIN REID Rank LIEUT Regtl. No. \_\_\_\_\_  
 Original unit R.A.F. 1st Q.R. Present unit S. 5<sup>th</sup> Fyle Depot off-511  
 M. or S. Age \_\_\_\_\_ Religion \_\_\_\_\_ Ref. H.Q. \_\_\_\_\_

Port, ship, and date of arrival \_\_\_\_\_

Next of kin \_\_\_\_\_

Address on leave Bowansville Que

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	Pt. 2 Order No.
27.12.18.	T.O.S. on ceasing to be seconded to R.A.F. Toronto & posted to Cas Coy effectiv 13.12.18. Auth M.D.4.11.P.197	253.P.7

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



Date.

Remarks.

Pt. 2 Order No.

17-1-19. S.O.S. On return to his former Active Militia Unit  
Effect, 26-12-18. Auth. R.O. 1531.

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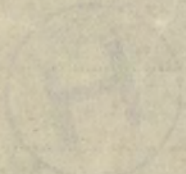




CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS



This is to certify that (Rank) \_\_\_\_\_

(Name) \_\_\_\_\_

Enlisted in \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

AND WAS APPOINTED TO COMMISSIONED RANK \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

HE SERVED IN CANADA \_\_\_\_\_

and was STRUCK OFF THE STRENGTH on the \_\_\_\_\_

by reason of \_\_\_\_\_

Dated at Ottawa the \_\_\_\_\_

Director of Personal Services



PP-4-11.

1 THIS IS TO CERTIFY that (Rank) Lieut  
2 (Name in full) Martin Reid PICKEL  
3 Enlisted in the 1<sup>st</sup> Depot Bn 1<sup>st</sup> Que. Reg  
4 CANADIAN EXPEDITIONARY FORCE, on the \_\_\_\_\_  
5 day of \_\_\_\_\_ 191\_\_\_\_ AND WAS APPOINTED TO COMMISSIONED RANK  
6 in the 1<sup>st</sup> Depot Bn 1<sup>st</sup> Que Reg.  
7 CANADIAN EXPEDITIONARY FORCE on the Twelfth day  
8 of January 1918  
9 He SERVED in CANADA + England.  
with the 1<sup>st</sup> Depot Bn 1<sup>st</sup> Que. Reg.

10 and was STRUCK OFF THE STRENGTH on the First day  
11 of May 1918 by reason of Receiving an appointment  
12 Dated at Ottawa, this \_\_\_\_\_ day  
13 of \_\_\_\_\_ 191\_\_\_\_

14 J.O.S. on ceasing to be sec. to R.A.F 13-12-18  
S.O.S. Gen. Demob. 26-12-18.



WEIR BIRCHMOUNT ST. MILK

MADE IN CANADA



Original not available

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

M. F. W. 54. (A. F. B. 103:  
500M.—9-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 148th. Bat.

Regimental No. 841402 Rank Pte Name Pickel Martin Reid

Enlisted (a) 7-2-16 Terms of Service (a) Wof war Service reckons from (a) 7-2-16

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).

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				
21-7-16	148th	Discharged upon verbal auth. of Brig Gen. Wilson, G. O. B. Walcartier camp to receive commission in the Active militia.	Walcartier	21-7-16	Pt II No. 158.

*D. Guthrie*

*Capt for Wof R.*

(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. [P.T.O







Original not available

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

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

500M.—9-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. / 1st. G. R.

Regimental No. 3080792

Rank 1st Lieut. Name Richard Martin R. Finkel

Enlisted (a) 12-1-18

Terms of Service (a) 12-1-18

Service reckons from (a) 12-1-18

Date of promotion to present rank } .....

Date of appointment to lance rank } .....

Numerical position on roll of N. C. Os. } .....

Extended. ....

Re-engaged. ....

Qualification (b) .....

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				
30-1-18	1st. / 1st. G. R.	<i>[Signature]</i>	Montreal	12-1-18	D. O. 30
8-5-18	do	<i>[Signature]</i>	do	1-5-18	D. O. 128
18-3-22	" "	P. I. O. # 304/30-1-18, is hereby cancelled.	Issued at Ottawa.	" "	after Order # 104.
" "	" "	P. I. O. # 128d/8-5-18, is hereby cancelled.	" "	" "	" "



*[Signature]*  
Capt. Finkel

(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.

[P.T.O.]







Duplicate

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Picke Christian name Martin Reid
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any)..... 60 Wauville P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17<sup>th</sup> day of January 1918 by the undersigned medical board sitting at Grey Street Barracks

- 5. Age as stated 22 Years 2 Months
- 6. Apparent age..... Years..... Months
- 7. Height 5 Feet 5 Inches
- 8. Weight 122 Pounds
- 9. Chest measurement { Minimum 32 1/2 Ins. Maximum 35 1/2 Ins.
- 10. Complexion Fair { Eyes Gray Hair Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks.....
- 13. Number of vaccination marks { Right arm..... Left arm 2
- 14. When vaccinated last Child
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

J. A. Jarnie Capt Member. A. G. Vipond President. G. Gibson Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
11. 2. 18		<u>J. A. Jarnie Capt</u> M.O.	15. 1. 18		<u>J. A. Jarnie Capt</u> M.O.
		M.O.	4. 2. 18		<u>J. A. Jarnie Capt</u> M.O.
		M.O.	11. 2. 18		<u>J. A. Jarnie Capt</u> M.O.

Joined: 12<sup>th</sup> day of January 1918 at Montreal

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment		<u>Lieut</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>12/18</u>	<u>Tie</u>	<u>A2</u>

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

Signature of Man

Handwritten signature: A. G. Vipond Capt















## ACTIVE MILITIA.

## CERTIFICATE OF DISCHARGE.

E. J. [Signature]

This Certifies that Martin Reid Pichel  
 of Montreal County of Hochelega  
 Province of Quebec Dominion of Canada, aged  
20-yrs. 8-mos. years, served continuously in The 148th. "Overseas"  
Battalion, C.E.F.  
 of Active Militia of Canada, from the 7th. day of February  
 19 16, to the 21st. day of July 19 16, and is  
 now discharged therefrom.

Dated at Malcartier Camp  
 the 21st. day of July  
 19 16

[Signature] Captain,  
 Commanding

[Signature] Lieut. Colonel,  
 Commanding

148TH "OVERSEAS" BATTALION, C.E.F.

N.B.—The second signature is only required when the Corps is in Squadron, Brigade or Battalion.







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 841402 Rank Private Name M. R. Pickel  
 Corps 148TH "OVERSEAS" BATTALION who was \* Discharged  
CANADIAN EXPEDITIONARY FORCE  
 On July 21st 1916 1916 to .....

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.	\$	c.		CR.	\$	c.
From <u>1/7/16</u>	Bal. Dr. from previous month.....			To <u>31/7/16</u>	Regimental pay <u>31</u> days at \$ <u>1</u> c.....		<u>31.00</u>
	Total payments during period				Field allowance <u>31</u> " \$ <u>10</u> c.....		<u>3.10</u>
	from <u>1/7/16</u> to <u>19/7/16</u> .....	<u>17.00</u>			Other allowances.....		
	Assigned Pay.....				Other Credits (give particulars).....		
	Other Charges (give particulars).....				<u>a/c Civilian Clothing</u> .....		<u>10.00</u>
	<u>10 Days Pay &amp; Allce.</u> .....	<u>11.00</u>			Bal. Dr. on discharge or transfer.....		
	Bal. Cr. on discharge or transfer.....	<u>16.10</u>					
	<b>TOTAL</b> .....	<b>44.10</b>			<b>TOTAL</b> .....		<b>44.10</b>

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be

REMARKS:—

- State (1) date of enlistment 7/2/16  
 (2) if married and if a Separation Allowance Card has been submitted No.  
 (3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 21st 1916

Place Valcartier, Que.

*Alan Shaw*  
 Hon. Captain  
 Paymaster 148th O/S Battalion C. E. F.  
 Paymaster.



LAST PAY CERTIFICATE

This form to be used for all Rankin's (Vide Article 17, Financial Instructions C.E.F. 1914)

Regimental No. 841008 Rank Private Name M. B. Pickel

Discharged

July 21st 1915

Insert "discharged" or "retired"

The following is a statement of the account of the above named soldier at date of transfer or discharge

Debit to previous month		21.00
Total payments during period		5.10
From 12/1/14 to 12/31/14	14.00	
Arrears Pay		
Other Charges (give particulars)		
10 Days Pay & Allow.	11.00	
Bal. Cr. on discharge or transfer	18.10	
TOTAL	44.10	44.10
Other Credits (give particulars)		
a/c Civilian Clothing	10.00	
Other allowances		
Field allowance	32	10
Regimental pay	31	21.00
TOTAL		44.10

The amount shown as balance Cr. due on discharge or transfer has +

Monthly stoppage on account of assignment of pay is 11/10

amount of

has been charged in pay

REMARKS

7/21/15

(1) If marked "and" a Commutation Allowance Card has been submitted

(2) cause of discharge and authority

If discharged from the Contingent state if stop payment notice for Assignee has been received

I have carefully examined this statement of account and find it to be correct and true

of the unit

July 21st 1915

VALORCER, CIE.

*M. B. Pickel*



a

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....  
**148TH "OVERSEAS" BATTALION, C.E.F.**

(2) Regimental Number.....**841402**

(3) Full Name of Soldier.....**PICKEL., Martin Reid**

(4) Place of Birth.....**Cowansville, Que.**

(5) Are you married, or not?.....**No**

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....**2357 Mance St. Montreal, Que.**

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

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....



(9) Is your Father alive? Yes

If so, state name and address Capt. T.R.Pickel, Cowansville, Que.

(10) Is your Mother alive? ~~.....~~

If so, state name and address ~~.....~~

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

.....  
*Officer Commanding.*

Date.....



Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

MILITARY DEFENCE  
MAY 23 1918  
H.Q. CANADA

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 1st DEPOT BN. 1st QUEBEC REG'T.

.....

(2) Regimental Number..... Lieut.

(3) Full Name of Soldier..... Pickel, Martin Reid.

.....

(4) Place of Birth..... Cowansville, P.Q.

.....

(5) Are you married, or not?..... No

(6) If married, state,

(a) Full name of your wife..... Not applicable

.....

(b) Present Postal Address..... Not applicable

.....

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

(8) Have you any children?..... No

If so, give number of boys and girls..... Not applicable

Also their names and ages..... Not applicable

.....

.....

.....

.....



(9) Is your Father alive?.....Yes.....

If so, state name and address.....Thomas Reid Pickel, Cowansville, P.Q......

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Louisa Baker Pickel,.....

.....Cowansville, P.Q......

(11) If your Mother is a widow.....No.....

Are you her sole support, or not?Not applicable.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....Not applicable.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....Not applicable.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....Not applicable.....

(15) Are you insured?.....Yes.....

If so, in what Company?.....The Canada Life Assurance Coy......

Have you made arrangements for payment of your Insurance premium.....Yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

M. A. Piche Lieut.-Col.  
Commanding 1st Depot Bn. 1st Quebec Regt.  
Officer Commanding.

Date.....14th January 1918.



(YH)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1183 (D.P. 250M-12-18.  
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. .... Rank. Lieut Name. PICKEL Martin P.  
(Surname first)  
Unit ..... 1st Q.R. who was\* ..... S.O.S.  
On ..... 26-12-18 191....., to..... Former Act. Mil. Unit  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... to 26-12-18 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		<u>41.85</u>
Regimental Pay..... days at \$..... c.....		
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		<u>93.00</u>
*Other Credits .....		
Advances .....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges ..... <u>overcredited P.C.A. Dec 6 days</u>	<u>28.20</u>	
Balance on transfer or on discharge, cheque No. <u>18304</u>	<u>149.65</u>	
Total .....	<u>177.85</u>	<u>177.85</u>

\*Give particulars.

A monthly stoppage of \$..... Nil (†) has..... (‡) been paid on account of  
Assigned Pay for the month of..... 191..... }  
and Separation Allice. for month of..... 191..... } (to) Assignee .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

MARKS:—

(1) date of enlistment..... 1-1-18..... married or single.....  
Separation Allowance, entitled or not..... Nil..... (3) Reason for discharge..... R.O., 1531  
Authority for discharge or transfer..... D.O.#, R.O. 17-7-22 off-501

E.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer  
or soldier.

Date .....

Place .....



*R. England*  
CAPTAIN-PAYMASTER  
D-I-C—Demobilization Pay Division—Military District 4

Paymaster.

This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine  
Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
or purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record.  
record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
if a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be for-  
warded to the District Paymaster.







This space to be for numbers.

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	v 841402	
Rank	Private	<i>Private</i>
Name	Pickel., Martin Reid	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	148th. "Overseas" Battalion, C.E.F.	
Date of Discharge	July 21st. 1916	
Place of Discharge	Val cartier Camp	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age 20.....years.....8.....months.	Descriptive Marks	
Height 5.....feet.....5-1/2.....inches.	Scar above left eye	
Complexion Fair	A few round scars on left Breast	
Eyes Grey	<i>Deceased (date not stated)</i> 857-8-16-84	
Hair Fair		
Trade Medical Student		
Intended place of residence } (To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of		
Verbal Authority of Brigadier General Wilson		
G.O.C. Valcartier Camp.		
<i>To receive a commission in the Active Militia</i>		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Exemplary. A.A.M.</i>		
N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
<i>Have no knowledge</i> <i>A.A.M.</i>		

M. F. B. 218.

25m.—11-15.

H. Q. 1772-39-113.

(OVER)

*Recorded*  
27/9/16  
K.B.



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....


To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Valcartier Camp.....

(Date) July 21st. 1916.....

Commanding .....

*Adhage*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Valcartier Camp.....

*W. P. Ickel*

.....(Signature of Soldier.)

(Date) July 21st. 1916.....

*R. E. Lussie*

.....(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

**167**

Total.....years.....days.

**167**

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Valcartier Camp.....

(Date) July 21st. 1916.....

(Signature) .....

*Adhage*

0. 0. 14811 "31" 1916 2011. V. 2. P.



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**No Reservations**

X *W.P. Inkel*



190  
5-9-16

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*