

ATTESTATION PAPER.

No. 189429

Folio. B

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Picknell
- 1a. What are your Christian names? Charles Henry
- 1b. What is your present address? Aylmer W, Ont
- 2. In what Town, Township or Parish, and in what Country were you born? Brighton, Sussex, Eng
- 3. What is the name of your next-of-kin? Mabel Flora Picknell
- 4. What is the address of your next-of-kin? Aylmer W, Ont Canada
- 4a. What is the relationship of your next-of-kin? Wife
- 5. What is the date of your birth? 9th Feb 1868
- 6. What is your Trade or Calling? House decorator
- 7. Are you married? Yes
- 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? 1st Vol. Batt Royal Sussex Reg
2nd V B R West Surrey Reg
5th Batt Royal West Surrey Territorial Force
30th Batty C F A [King Service Medal]
- 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, Charles Henry Picknell, 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.

Signature of Recruit: Charles Henry Picknell
Date: 18th Nov 1915
Signature of Witness: Lt Herbert Hunt
30th Batty C F A

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Picknell, 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.

Signature of Recruit: Charles Henry Picknell
Date: 18th Nov 1915
Signature of Witness: Lt Herbert Hunt
30th Batty C F A

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 Aylmer this 18th day of Nov 1915

Signature of Justice: [Signature]

NOTARY PUBLIC

Description of *Chas. Henry Picknell* on Enlistment.

Apparent Age *45* years *9* 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. *7* ins.

Chest measurement { Girth when fully expanded *36* ins.
 Range of expansion *3* ins.

Complexion *Dark*

Eyes *Light*

Hair *Dark*

Religious denominations { Church of England *Yes*
 Presbyterian *Yes*
 Methodist *Yes*
 Baptist or Congregationalist *Yes*
 Roman Catholic *Yes*
 Jewish *Yes*
 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 declares that he is not subject to fits of any description.

I consider him *Fit* for the Canadian Over-Seas Expeditionary Force.

Date *Nov. 18/15* 191*5*

Place *Asheboro*

C. S. McClain M.D.
 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.

Chas. Henry Picknell 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.

W. J. [Signature] (Signature of Officer)
W. J. [Signature] Lt.-Col.
 B.C., 51st OVERSEAS BN., C.E.F.

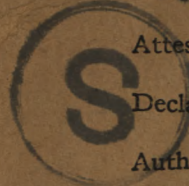
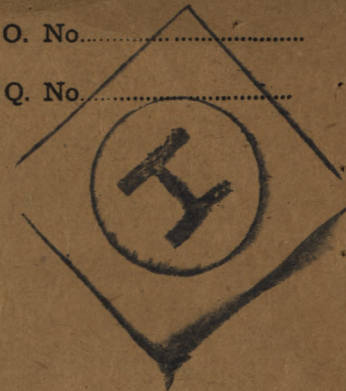
Date *22nd Nov.* 191*5*

11/5/18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- 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.....

Name PICKNELL, CHARLES HENRY
 Regt. No. 189429 Rank Pte.
 Corps 91st Bn

medically unfit.



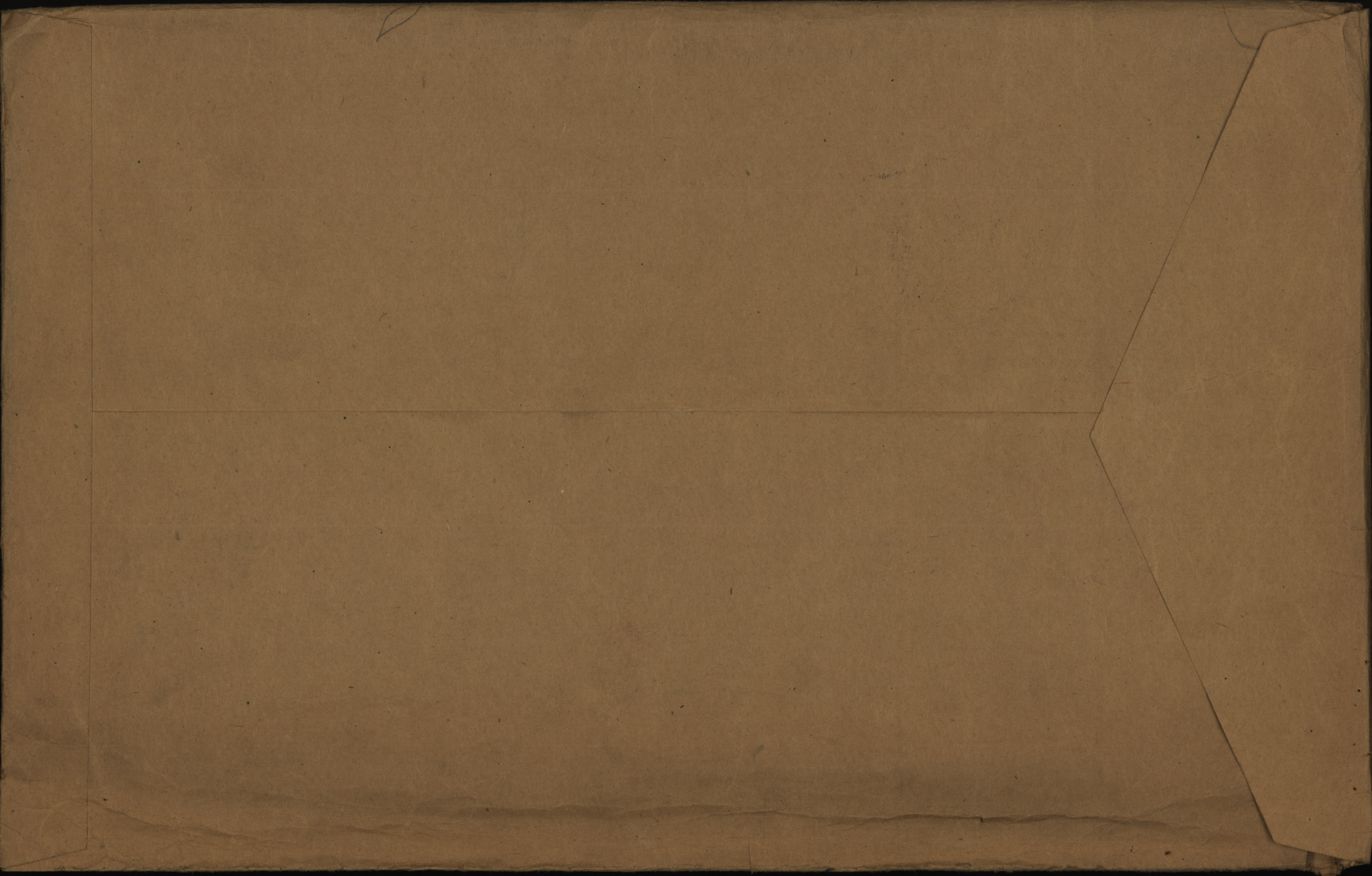
9-10-19 Pte. 10/10/1943
SCR. 2352 *Put 26 7/20*
8000

Deceased 16-5-58



98 - 1
13 - 1
4 - 1
2

A. F. B. 122-1
M. S. B. 218-1
I. P. Card



~~77m. 177~~

Number, 189429 Rank, Plt

Surname, PICKNE L. L.

Christian Name, Charles Henry

Units, 9th Bn. Coy. Inf. Theatre of War, England

Date of Service, 6-7-16

Remarks

Latest Address, Box 288 Aylmer West

Post

Roll No. a Page 1880

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
DEPT. FEB 12 1925 REGN. NO. 10518	

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

No. 189429 RANK Pfc.

NAME Picknell, C. H.

T. O. S. 18-11-15.

(0028 of 23-11-15)

UNIT 91st Battalion C. C. #

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1916			
Nov 18	Nov 30	✓		
	Dec.	✓		
	Jan.	✓		
	Feb	✓		
	Mar.	✓		
	Apr	✓		
	May	✓		
July 1	July 15	~	trans to 128 Res Bn 15-7-16	29174 of 18-7-16.

UNIT SAILED
JUN 28 1916



NAME

Picknell, Charles Henry

S.O.S. Dis 22/4/18
102 I

RANK & No.

Pte.

189429

CORPS

91st

Batt.

ENLISTMENT, PLACE

Aylmer, Ont.

DATE

Nov. 18th. 1915. m.

FORMER CORPS

30th Batty. C.F.A. & Territorials,

COUNTRY OF BIRTH

England, Brighton, Sussex.

NEXT OF KIN

Picknell, Mabel Flora (Wife)

ADDRESS OF NEXT OF KIN

Aylmer N.

Ont.

DISCHARGE, PLACE

DATE

Sailed from Halifax



per S.S.

466
18

R/C. 17-3-18. - 6/8. I

M. F. W. 22. 100 m.-9-15.

L. L. 85779-M. & D.-6011.

28-6-16.

Olympic.

H. Q. 1772-39-839.

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2555.
75M.—9-19.
1772-39-1332.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE
M. D. 1
No. 5

"F" UNIT LAST PAY CERTIFICATE

M. H. C. COMMAND

30-P-330

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 189429 Rank Pte. Name Chas. H. PICKNELL

Corps 91st Bn. who was* Discharged

On April 22nd 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 1918, to Apr. 22nd 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by Cheques } No.....			Regt'l Pay <u>22</u> days at \$ <u>1.00</u> c.....	<u>22.00</u>	
Assigned Pay and Sep'n Allice. No. <u>19339</u>	<u>20.60</u>		Field Allow. <u>22</u> days at \$ <u>.10</u> c.....	<u>2.20</u>	
Assigned Pay and Sep'n Allice. No. <u>19340</u>	<u>25.00</u>		<u>12 dys. Subsee.</u> <u>.80</u>	<u>9.60</u>	
Other charges.....			Separation Allowances* (Monthly) <u>April</u>	<u>25.00</u>	
Payment on transfer or discharge No. <u>19341</u>	<u>21.20</u>		Other Allowances* <u>Clothing</u>	<u>8.00</u>	
Balance Cr. (to be paid by the new unit).....			Other Credits*.....		
			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>66.80</u>		Total.....	<u>66.80</u>	

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the months of to date of dis. 1918 } (to) Assignee Mrs. M.F. Picknell
{ and Sep'n Allice. for month of April 1918 }
(Address) Box 288
Aylmer, Ont.

(†) 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.....

REMARKS:—

- State (1) date of enlistment 18-11-15
- (2) if married and if a Separation Allowance Card has been submitted Yes
- (3) cause of discharge Medically Unfit authority D.O.102 12-4-18
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date April 15th, 1918.
Place LONDON, ONT.

[Signature]
Capt. Paymaster
"F" Unit, M. H. C. Command

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAFAYETTE CERTIFICATE

Casualty Form—Active Service.

Temporary

Regiment or Corps 12th Res Bde
 Rank Pte Surname Picknell Christian Name Charles Henry

Religion Church of England Age on Enlistment 47 years 8 months

Enlisted (a) 19-11-15 Terms of Service (a) 5 of W. Service reckons from (a) 19-11-15

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) House Decorator
 or Corps Trade and Rate

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked		
			Disembarked		
<u>19.7.16.</u>	<u>12th</u>	<u>205. 12th B^{de}</u>	<u>W Sdl</u>	<u>19-7-16</u>	<u>P 3 14 2.</u>
<u>18.8.16</u>	<u>12th</u>	<u>S.O.S to C.A.C. and to 12th B^{de}</u>	<u>do.</u>	<u>18.8.16.</u>	<u>P 11 3.</u>

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-3-15	St. Johns	Taken on strength "F" Unit	London		Part II D.O. 87
22-4-15		S. O. S. "F" Unit	"		Part II D.O. 102
London	22-4-15	<i>F. C. Herman</i> Lieut <i>for C.</i> "F" UNIT, M.H.C.C.			9207

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.				
21.7.18.	12 th Res.	Beaumont to be at on return to CORD	Re. E. Sandling	21.1.18.	Pt. II 0184234/23/1 st CORD
13.2.18	1st CORD	On Com. 1st. C E D	n u	13.2.18	Pt. I 244.443/14 th 1 st C E D
18.2.18	✓	Beaumont to be at 1 st C E D On Com. C O S Buxton	" S'cliffe	18.2.18	Pt. II 1049748/19 th 1 st C E D
9.3.18	1st CORD	Beaumont to be at 1 st C E D Buxton. 4505 to Canada for dis. posal by A. G.	Pt. e. Withey	23.2.18	Pt. II 166

9207

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

L. Iny-3605 att

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 91st. Os. Bn. C.E.F.

9207

Regimental No. 189429 Rank Private Name Picknell, Charles Henry

C. E. F.

Enlisted (a) 22-11-15 Terms of Service (a) Duration of War Service reckons from (a) 22-11-15

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) Decorations

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 Halifax.	29.6-16		H M T 2810
		Disembarked Liverpool	5-7-16		S S Olympic
		Transferred to 12th. Bn.	West Sandling	15-7-16.	D O 174 Pt II
		Taken on Strength 12th Battalion.	W. Sandling.	19.7.16	<i>W. Green R. Col</i> <i>part of 12th O. Co 9</i>
		Transferred to C.C.A.C. & attached to 12th Bn.	W. Sandling	18.8.16	<i>att. C.C.A.C. P. II O. Co 334</i>
		Taken on Strength C.C.A.C. Pt. II	D.O. No. 334.	15-8-16	<i>J.S. Rutley Lieut.</i> <i>ASST. ADJ. 12th RESERVE BATTALION C.E.F.</i>
		TRANSFERRED FROM C.C.A.C. TO 12. Res		7-8-16	PART II D.O. No. 334.13-15-8-16
					<i>Aut. Decoration</i> <i>for O.C.C.</i>
		1st C.O.R.D. T.O.S.	1st C.O.R.D.	12th Res.	West Sandling 10-3-17 Pt. II D.O. No. 11
		- do -	Ceases to be att. 12th Res.		
		- do -	Res. and is		
		S.O.S. on probation	to 12th Res.		19.4.17 P. II D.O. No. 53

ATTACHED
TRANSFERRED FROM
20-3-17
1-8-17
19 SEP RECD

(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.

Lieut. & Asst. Adjt.
I.P.T.O.
for O. C. 1st C. O. R. D.

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				
19-4-17	12 th Res	10.S. 12 th Res. Bn	Sandling	19-4-17	Part II 99
11-12-17	12th. Bn.	S.O.S. to 1st.C.O.R.D.	E.Sandling	11-12-17	Part II 302. Lieut. i/c Records, 12th. Res. Bn.
13-12-17	P.O.P.D	T.O.S.	Sandling	12-12-17	Co. 279
13-2-18	do	Att 1st C.O.D.	do	13-2-18	do
18-2-18	1. COORD	ceases to be att to 1st C.O.D. Att to 1st C.O.D. Buxton		18-2-18	for O. C. 1st C. O. R. D. 9207
19 FEB 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11			for O. C. 1st C. O. R. D. Lieut. & Ass't Adj.
23 FEB 1918		EMBARKED FOR CANADA FROM LIVERPOOL			Commanding Canadian Discharge Lieut. Depot Commanding Canadian Discharge Depôt

(Facsimile of Discharge Certificate)
CANADIAN OVERSEAS EXPEDITIONARY FORCES
DISCHARGE CERTIFICATE.

This is to Certify that No. 189429 (Rank) PRIVATE

(Name in Full) CHARLES HENRY PICKNELL enlisted in
91st Battalion

Canadian Overseas Expeditionary Force, on the 18th of November
1915, and accompanied said unit to ENGLAND

was returned to Canada, and discharged from the service at

LONDON, ONTARIO on the TWENTY-SECOND of APRIL 1918, in

consequence of BEING MED. UNFIT DUE TO INJURY, ALTHOUGH FIT FOR EMPLOY-
MENT IN CIVIL LIFE.

DESCRIPTION OF DISCHARGE

Age 50 YRS Marks or Scars N.I.L.

Height 5 FT 7 INS

Complexion MEDIUM

Eyes BROWN

Hair GREY

Trade PAPER HANGER

Signature of Man

F.A. HERMAN, Lieut.
Officer in charge Discharge Depot

Place and date LONDON, ONTARIO, APRIL 22, 1918.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF
IT CAN BE OBTAINED.

N.B.-Any person finding this certificate is requested to forward
it in an unstamped envelope to The Secretary, Militia
Council, Ottawa, Canada.

I hereby certify that this is a true copy of the Discharge
Certificate issued to the soldier concerned.

F. A. Herman Lieut
for O.C. F UNIT, M.H.C. Command

CANADIAN OVERSEAS EXPEDITIONARY FORCES
DISCHARGE CERTIFICATE.

No. 189429

Rank PRIVATE

Name CHAS. HENRY PICKNELL

Unit 91ST BATTALION

Address on Discharge

Box 288 AYLMER WEST

ONTARIO.

His conduct and character while in the Service have been:

Very Good

Place LONDON, ONTARIO

Date APRIL 22, 1918.

F.A. HERMAN, Lieut-For Lieut-Colonel
Commanding O.C. "F" Unit, M.H.C. Command.

Campaigns NIL

Medals and Decorations NIL

N.B.-To be forwarded in duplicate to District Headquarters with
all proceedings on discharge (M.F.B. 218).

MEDICAL HISTORY SHEET.

Surname Picknell

Christian Name Asa Sargent

9204

Examined { on 18th day of Nov. 1915
 at Aylmer
 Birthplace { City or Town Aylmer
 County Q. B. C.

Approved by J. W. Johnston
 Rank Capt M.O.

Apparent age 35
 Trade or occupation House painter
 Height 5 Feet 7 Inches
 Weight 135 Lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 36 inches

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

Physical development Good
 Small-Pox Marks None

Vaccination Marks { Arm - Right - Left -
 Number None (faint)

Date	Result	VACCINATIONS.
<u>26/4/16</u>	<u>Immune</u>	<u>J. W. Johnston</u> M.O.
<u>2/5/16</u>		<u>J. W. Johnston</u> M.O.
<u>10/5/16</u>		<u>J. W. Johnston</u> M.O.

When Vaccinated last 1912
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/5/16</u>		<u>J. W. Johnston</u> M.O.
<u>26/5/16</u>		<u>J. W. Johnston</u> M.O.
<u>14/6/16</u>		<u>J. W. Johnston</u> M.O.

Enlisted on 18 day of Nov. 1915 at Aylmer

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>91st O.S. Bn.</u> <u>12th Regt.</u>	<u>189429</u>	<u>Good</u>	<u>18/11/15</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>W. Field Lieut.</u> <u>Regt. Aylmer</u>	<u>7/8/16</u> <u>10/1/18</u>	<u>Overage</u> <u>hutton myopia</u>	<u>P. B.</u> <u>Warranted Capt</u> <u>2nd Lieut. 1st Regt. Aylmer</u>
<u>A Thomas</u>	<u>14/4/16</u>	<u>Exp. by board</u>	<u>Dis.</u>
<u>S. Sandling</u>	<u>11-2-18</u>	<u>myopia</u>	<u>3rd Lieut. 1st Regt. Aylmer</u> <u>1st Lieut. 1st Regt. Aylmer</u>

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.

FEB 1918

3/1/18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5868

145-32-C-3.

Name Picknell, Charles Henry
Surname Christian Name

Regimental Number 189429 Rank Pte.

Address (in full) Box 288,
Aylmer W. Ont.

Unit 91st Bn.

Original Unit

District where paid M.D.1.

Date of Discharge 22-4-18.

P. D. P. Filing Number 13-97-1.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. I. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	1834	17-4-18	58 00	1778	17-5-18	58 00	1401	17-6-18	52 65	6 45	168 65

M. F. W. 127.
60M -6 17.
1772 33-1140.

Remarks: Overpaid S.A.

File No. 14532 C-16**WAR SERVICE GRATUITY.**Register No. 2868Reg. No. 189429Dependent Mrs. M. F. PicknellName C. H. PicknellAddress SameAddress Box 288Aylmer West Ont.

Dec'n No. W. S. G. File No.

Award days at \$ per day \$

S. A. months at \$ 179 per mo \$

Pay Soldier \$ Less P. D. P. CreditedPay Dependent \$ 150.00Days 153 Rate 70 Due 350
153 30 150/500.00Less P.D.P. credited 175 10Clerk J. M. Wagnon

Less further Dr. Bal. or overpayment.

Net 324.90P. W. 104
10
15-78

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>29/5/14</u>	<u>12378</u>	<u>501639</u>	<u>150.00</u>		<u>129/5/14</u>	<u>12339</u>	<u>501638</u>	<u>60.00</u>
<u>2</u>			<u>✓</u>		<u>2</u>			<u>✓</u>
<u>10/9/19</u>	<u>28954</u>	<u>521758</u>	<u>34.90</u>		<u>3</u>			<u>30.00</u>
<u>4</u>					<u>4/9/19</u>	<u>28955</u>	<u>521757</u>	<u>30.00</u>
<u>5</u>					<u>5</u>			<u>30.00</u>
<u>6</u>					<u>6</u>			

495-D.P.-100M-6-19 (10248).

179.90150.00

GEN'L AUDITOR
Posting checked by
M. J.
Date 7-8-19

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M F W 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Wife*
Mrs. Mabel F. Picknell

By Whom Assigned *Picknell, G. H.*

Address *Box, 288*
Aylmer.
Ont.

Regtl. No. *189429*

Rank *Pte.*


Corps *91st. Batt.*

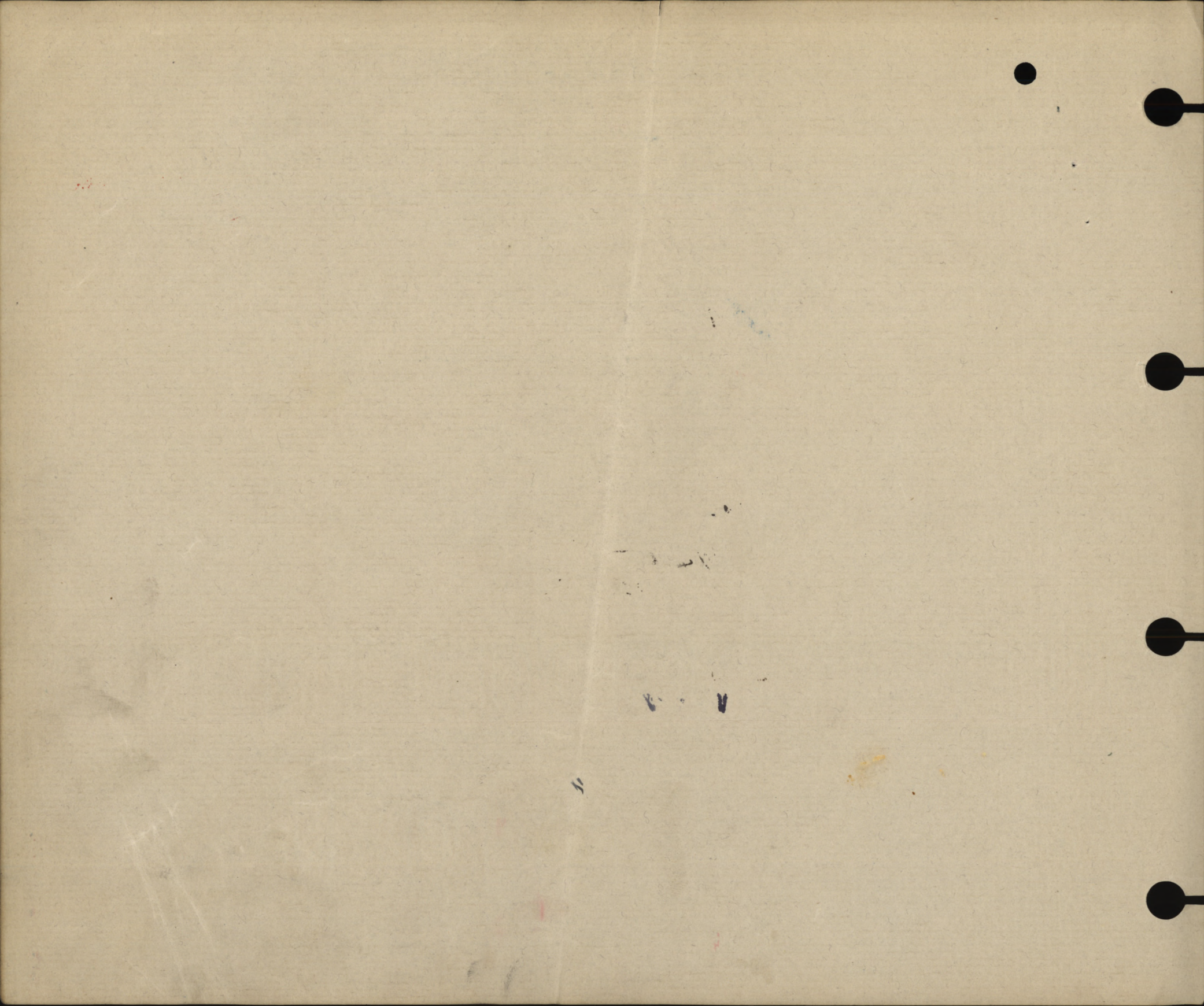
Rate *20.⁰⁰*

A. boy.

JUL 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs. Mabel F. Picknell *Wife*
PAYMENTS.

Name of Soldier Picknell, G. H.
 # 189429 Pli, 91st Batt.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<u>20.00</u>	<u>JULY 1916</u>
April	1916			
May				
June				
July		<u>211296</u>	20	
Aug.		<u>413099</u>	20	
Sept.		<u>2119517</u>	20	
Oct.		<u>2114838</u>	20	
Nov.		<u>228517</u>	20	
Dec.		<u>2234501</u>	20	
Jan.	1917	<u>2242699</u>	20	
Feb.		<u>2247697</u>	20	
March		<u>22052358</u>	20	
April		<u>2204165</u>	20	20 E.
May		<u>2210453</u>	20	20 mi
June		<u>2218369</u>	20	6
July		<u>22028371</u>	20	6
Aug.		<u>22031021</u>	20	
Sept.		<u>22038984</u>	20	6
Oct.		<u>22045661</u>	20	
Nov.		<u>22046457</u>	20	
Dec.		<u>22061557</u>	20	360 WDC
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

SK

[Handwritten scribble]

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.				

18/11/15

MILITIA AND DEFENCE

M. F. W. 11.
10m.-9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name *Picknell Mabel Flora*Name of Soldier *Picknell Charles Henry*Address *Aylmer*

Regtl. No.

Rank *Pte*Corps *91st Batt C.E.F.*Relation to Soldier } *Wife*

To what Corps belonging }

wife, child or 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.					
Oct.					
Nov.					
Dec.		<i>H 20353</i>	<i>28</i>	<i>28</i>	
Jan.	1916	<i>24189</i>	<i>20</i>	<i>20</i>	
Feb.		<i>L 23161</i>	<i>20</i>	<i>20</i>	
March		<i>026397</i>	<i>20</i>	<i>20</i>	<i>Issm ex</i>



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101

24140 follows 24135

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Name of Soldier

Picknell Charles H.

L. L. Job 89002.-Req. 611

Mrs. Isabelle Flora Picknell *Wife*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K2816	20	20
May		E1998	20	20
June		W5148	20	20
July		P11071	20	20
Aug.		Q13924	20	20
Sept.		R17203	20	20
Oct.		M20639	20	20
Nov.		U23510	20	20
Dec.		V26207	20	20
Jan.	1917	J29706	20	20
Feb.		L32938	20	20
March		A35955	20	20
April	C3540	W2345	20	20 m23 45 CANCELLED
May		K5695	20	20
June		K8963	20	20
July		K12198	20	Bo
Aug.		T15517	20	m
Sept.		E19533	20	Q
Oct.		J21511	20	B
Nov.		Q24604	20	m
Dec.		A18116	20	508 W.D.P.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

6.60
1.50

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 15th January, 1918 1916.

No. 189429 Rank Pte. Name PICKNELL, C.H

Local Unit 1st C.O.R.D. Overseas Unit ----- Age 50

Examination held at East Sandling.

DISABILITY.
Overseas—Local.
(scratch one out)

LUMBAR MYALGIA

PRESENT CONDITION.

Enlisted Nov. 1915. England July 1916. Has not been to France. Has carried on as Regimental Pioneer. Slipped and fell on steps three months ago. Since has had considerable pain in lumbar region - back. There is tenderness on pressure over lumbar vertebrae and muscles. At present is wearing adhesive strapping which he says relieves pain.

Looks stated age. Vessex walls palpable. Heart sounds sharp. Lungs normal for age. Is not fit for heavt labour.

West cliff Report. 31-10-17 Capt. Jones states:-

"R.V. 6/12 with gl. 6/9. L.V. 6/18 with gl. 6/9.

Presbyopia and Hypermetropia. Condition prior to enlistment Recommend Category A."

BOARD RECOMMENDS:— B.III permanently.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members

L. Hyttenrauch, Captain, C.A.M.C. President.

Fred, W. W. Hipwell, Capt. C.A.M.C.

APPROVED

Dated at 17 JAN 1918 1916.

J. B. [Signature] CAPT.
FOR A.D.M.S. CANADIANS. SHORCLIFFE

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at
 Name
 Rank
 Local Unit
 Overseas Unit
 Examination held at
 Age

DISABILITY
 Overseas—Local
 (check one only)

PRESENT CONDITION

[Faint, mostly illegible text describing the present condition of the member.]

BOARD RECOMMENDS

1. Fit for Duty
2. Fit for duty after weeks physical training
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures—

President
 Members

APPROVED

9203

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.	189429
Rank	Private
Surname	PICKNELL
Christian Name	Charles Henry
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	91st Battalion "F" ORDINARY DISTRICT No. 01
Date of Discharge	April 22, 1918.
Place of Discharge	London, Ontario
1. DESCRIPTION AT THE TIME OF DISCHARGE. 30-P-330	
Age.....50..... years..... months.	Descriptive Marks N I L. Deceased 16-5-58
Height.....5..... feet.....7..... inches.	
Complexion Medium	
Eyes Brown	
Hair Grey	
Trade Paper hanger	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of being med. unfit due to injury, although fit for employment in civil life.	
<small>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.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	Very Good
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Paper hanger	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

K. e. m. D.
8.9.19
S. m. S.

(OVER)

2/19

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

None

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

6. Medals and Decorations.....

None yet awarded

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) *London*

F. O. Herman
Commanding "F" UNIT, M. H. C. C.

(Date) *22-4-18*

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) *London* *L. H. Picknell* (Signature of Soldier.)

(Date) *22-4-18* *M. J. Lane* (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) *2* years *155* days.

Total *2* years *155* days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed. *22-4-18*

(Place) *London*

F. O. Herman
Commanding "F" UNIT, M. H. C. C.

(Date) *22-4-18*

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.)

All past demands have been received.

L. H. Picknell

<p>Attestation Paper, Militia Form B. 232</p>	<p>Reg. Conduct Sheet Militia form B. 203</p>
<p>Proceedings on Discharge, B. 218</p>	<p>Conduct Sheet, B. 203</p>
<p>(a) Proceedings on Discharge</p>	<p>Medical Report for Invalids, B. 237</p>
<p>(b) Attestation</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, B. 877</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Only if discharged "Medically unfit"</p>

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.

Very Good

Requisitions referred to at Part 8.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <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>
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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.

Additional Remarks in the case of a soldier who takes his discharge on his own request.

When a soldier is about to be discharged, it is not desirable to forward the proceedings to him for signature, a memorandum copy should be sent for the man to sign, and when returned, should be retained.

9. Additional Remarks in the case of a soldier who takes his discharge on his own request.

10. Remarks in the case of a soldier who takes his discharge on his own request.

11. Remarks in the case of a soldier who takes his discharge on his own request.

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99. Remarks in the case of a soldier who takes his discharge on his own request.

100. Remarks in the case of a soldier who takes his discharge on his own request.

West Cliff Can. Eye & Ear Hosp.
Folkestone.

21-10-18

189429. Pte. Pecknell, C.H, 12th Res.

From:- O.C. Hospital.
To. O.C. 12th Res.

9207

RIGHT VISION - 6/12 with glasses 6/9.

LEFT VISION - 6/18.

REMARKS. Presbyopia and Hypermetropia.

He is fit for Overseas Service. Glasses have been ordered.
Condition was present previous to enlistment and is not
caused by Service.
Recommend patient for Category A.

N. C. Jones, Capt. CAMC.
O.C. West Cliff Hosp. Folkestone.

1000

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE 4-4-18

1: (a) Unit "E" Unit, M.H.C.C. (b) Regimental No. 189429 (c) Rank Pte.
(d) Surname PICKNELL (e) Christian name Charles Henry

2. Age last birthday 50 (Says 51) Date of birth Feb. 9th, 1868 (says 1867)

3. Enlisted at Aylmer, Ont. on Nov. 18th, 1915.

4. Personal description :-

(a) Height 5' 7" (b) Weight 125 lbs. (c) Complexion Medium

(d) Colour of hair Grey (e) Colour of eyes Brown (f) Identification marks

None observed.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Box 288 Aylmer West, Ontario

6. Former trade or occupation Paper Hanger.

7. (a) Service

91st B'n.
12th Res.
1st C.O.R.D.
"E" Unit, M.M.C.H.

PERIODS	
From	To
18-11-15	15-7-16
15-7-16	2-4-18
19-4-17	4-4-18
2-4-18	

(b) Has he been overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible)

Partial loss of function of back.

(a) Date of origin October 1917. (b) Place of origin England.

(c) Cause* Fall on steps.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Soldier complains of pain on pressure over 2nd lumbar spine and downwards to coccyx also to right of spine. Movement of bending forward limited due to pain. Stoops slowly and stiffly and pain on lifting and has to raise left foot off ground when doing so. Complains of stiffness of back in morning or on sitting for any time. Cannot get up quickly on account of pain. See Specialist's report on back of page (4)



[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

None observed.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Off duty.

13. Was a Court of Inquiry held? NO.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Impossible to say.

17. Treatment (Case reports, general or special, should be secured and attached where possible). Hospitals in London, Ontario, C.M.C.H.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

19. Can the former trade or occupation be resumed? Yes

20. Recommendations Discharge.

Geow. Fulton, Captain. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, C.H. Picknell, have heard the description of my disability read, and am satisfied with it. (If dissatisfied, statement should follow.) I complain in addition of

Charles Henry Picknell Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Agree but would add in (9) He can bend his back forward so that tips of fingers come within six inches of floor. No limitation in movements of back backwards or laterally. Nothing objective found on examination. He can carry easily an ordinary pail of water. Can lift end of a cough. No limitation in walking ordinary distances at own gait. Fair physique. Looks his age. Radial arteries slightly palpable but blood pressure not increased for man of his age.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). NO
- (b) Service abroad, not general service, (" B) (Yes or No). NO
- (c) Home service, (Canada only), (" C) (Yes or No). NO
- (d) Temporarily unfit, (" D) (Yes or No). NO
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). YES

23. It is certified that the soldier

(a) ~~Does not require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) ~~Should pass under his own control~~
- (Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

DISCHARGE.

B. P. Keenan Captain
President

G. C. Brink Captain
Members.

D. B. Wilson Captain

STATION London, Ont.
DATE April 5th, 1918.

APPROVED BY *W. H. Cannon* M.D.
DATE 8.4.18 Assistant Director of Medical Services.

APPROVED BY
DATE Director-General of Medical Services.

SPECIALIST'S REPORT.

PICKNELL, C.H. 189429

No objective signs. All subjective. Advise discharge.

(Sgd.) Hadley Williams, Lieut.-Col. C.E.F.

(a) General service ()
 (b) Home service (Canada only) ()
 (c) Home service (Canada only) ()
 (d) Temporarily unfit ()
 (e) Unit for service in Categories A, B and C ()
 (f) Yes or No ()
 (g) Yes or No ()
 (h) Yes or No ()
 (i) Yes or No ()
 (j) Yes or No ()

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

18.11.15-

Separation and Assigned Pay Branch

July 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
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1-12-17
P.O. 3257

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 189429
 Rank *pte* Promoted Reverted Discharge
 Soldier's Name *L. H. Picknell*
 Battalion *91st Batta*
 Beneficiary *Mrs. Mabel Flora Picknell*
 Relationship *wife*
 Address

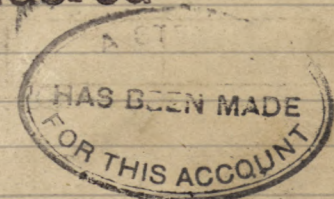
PARTICULARS OF ASSIGNMENT

Name *Mrs Mabel F. Picknell* *Wife*
 Address *Box 288 Aylmer*
 Change of Address *Out.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec</i>	<i>---</i>	<i>508</i>	<i>360</i>	<i>868</i>	
<i>Jan 18</i>	<i>W 69573</i>	<i>30</i>	<i>20</i>	<i>50</i>	
<i>July</i>	<i>H 69489</i>	<i>75</i>	<i>20</i>	<i>45</i>	
<i>Nov 18</i>	<i>A 91782</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
		<i>588</i>	<i>420</i>	<i>1008</i>	

..... A/c Closed *31-3-18*
 Ret'd per *S. Munro*
 Date *Dr. F. W. 20-8-18*
 Clerk *G. Whitlaw* *20.3.18*

M.R.O.2 b. Rendered



M. F. W. 128
 400M-637-1772-89-1141
 L. L. 22320-M. & D. 7493.

Canada 23716

Reserved for M.H.C.

Regt. No. 18942 Rank Pte. Surname PICKENELL Christian Name Charles Henry

Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom 1st C.O.R.D.

Born at—Town BRIGHTON County or Province Sussex Country England 9207

Date of Birth—Day 9th Month October Year 1868 Age 50 yrs. months.

Joined at St. Thomas, Ont., Can. Date Nov. 18th, 1915.

Former Trade or Occupation Paper-Hanger

Permanent marks or peculiarities that will serve for future identification: NIL

Height—feet 5 inches 6 Colour of eyes Brown

Signature of Soldier (for identification purposes) Charles H. Picknell

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) LUMBAR MYALGIA
- Disabilities Group (b) SENILITY
- Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Fall	Hythe	Oct. 1917.
(ii.) As to Group (b) above.	Age	Brighton	Feb. 9th 1868
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?
(i.) As to Group (a) above? NO. If yes, has Active Service aggravated it?
(ii.) As to Group (b) above? YES. If yes, has Active Service aggravated it?
(iii.) As to Group (c) above? - If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—
(i.) As to Group (a) above? YES.
(ii.) As to Group (b) above? NO.
(iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **No.**

(ii.) While off duty? **Yes**

(iii.) Was a Court of Inquiry held? **No.**

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Was "walking" out going to Hythe, slipped and fell on the stone steps. Fell on the top step and bumped down to the bottom of the flight (about 6 or 7 steps), hurting his back. His back hurt him for 6 or 7 days, but he did not report sick. Then it seemed to get alright for 5 or 6 days; then it came on again, and has never been right since. Hoping it would get well he did not report sick for 5 or 6 weeks. He was then sent from 12th Res. Battn. to 1st C.O.R.D. where he was treated for about a month and then returned to 12th. Res. Bn. After 2 weeks he was sent back to 1st. C.O.R.D. and has been under treatment off and on ever since. Has been on light duty ~~xxxxxxx~~ for 2 weeks.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Complains of pain on pressure over the whole of the Lumbar and portions of the spine, including the centre line and a variable distance for 1-3 inches on either side of this. He stoops slowly and stiffly and complains of pain on lifting any heavy weight. He says it is better in the morning and the more he works about the worse it gets.

Standing. P. 80 After exertion 96. Normal (64) after 2 minutes.

Sitting 64

Slight varicocele and varicose veins both legs. All other systems normal.

8. OPERATION. (i.) Was one performed? **No**

(ii.) If so, state what.

NOT APPLICABLE.

(iii.) Was one advised and declined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **No**

(d) Discharge from the Service as permanently unfit? **Yes.**

Date of Report.....7-2-18.....191

Signed.....*W. A. Sheffield, Capt. C.M.C.*
Officer in medical charge of case.

Station... East Sandling, Kent.....

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Gilbert Parker (Officer in Hospital) Strike out one (S.M.O. Brigade) of these.

Dated at...*East Sandling*... Station, on...*10th Feb*... 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

YES

If not, indicate it.

9207

12. Is the cause of the disability fully indicated in Part I. (2)?

YES

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? **No**

Aggravated? **No**

(b) Misconduct of the Soldier

Caused? **No**

Aggravated? **No**

14. **THE ENTIRE DISABILITY.**—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not applicable

15. **THE PENSIONABLE DISABILITY.**—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? **Not applicable**

(ii.) If not permanent, what is its probable minimum duration (in months)? **Not applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable

18. Remarks.

There is no reason for discharge.

19. Recommendation:—(a) Fit for duty? **No**

(b) Fit for base duty? **Yes. B.III unlikely to be raised in 6 months.**

(c) Invalid to Canada? **No**

(d) Discharge from service as permanently unfit? **No**

Classification for the Military Hospitals Commission.

Date of Board **11-2-18**

Station **East Sandling.**

Approved

Dated at

Signatures
of
the Board.

A. E. Mackintosh, Capt. CAMC

W. Bowfield, Capt. CAMC

A.D.M.S.

Station

President.

11 FEB 1918

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at _____

on the _____ day of _____ 191_____

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

There is no reason for discharge.

Yes, & ill unlikely to be raised in 6 months.

Dated at _____ this _____ day of _____ 191_____

A. M. MacIntosh, Capt. C.M.C.

W. Bowfield, Capt. C.M.C.

Signatures of the Board

President.

