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

M.U.



Proceedings on Discharge.

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

No. 183341	
Rank Private	IVA
Name Note—The name must agree strictly with that on enlistment unless oh	anged subsequently by authority.
Corps (Squadron, Battery or Company)	he 89th Overseas Battalion
Date of Discharge January 31st	1918
Place of Discharge	Alherte
	E TIME OF DISCHARGE.
Age m29 years months.	Descriptive Marks
Height	Shrapnel Wound in Head.
ComplexionFair.	
Eyes Hazel.	
Hair Fair.	
Trade Farmer.	
Intended place of residence	
(Te be given as fully as practicable.)	
2 The above-named man is discharged in consequent	ence of

Being Medically Unfit for Further Sergice on Account of Wounds Received on Active Service.

Authority B.P.C. telegram, dated January 30thl 1918.

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.

GOOD

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.)

M. F. B. 218.

100m.—6-16. H. Q. 1772-39-113.

wsg Comp 9/2/19 m3.



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.	
the Command,	
6. Medals and Decorations	ficate.
The state of the s	S Cera
8 gg 20 y	Jacker 2
J AAC	3
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadr or Battery), and I have impartially enquired into all matters brought before me in accordance will Regulations.	on ith
(Place) Calgary, Alberta,	
amwhit	ere Hai
(Date). January 31st, 1918 Commanding. Officer i/c Discharge Section "I Military Hospitals Commission Co	mmu
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, to the present date, subject to the reservations of the claims noted on the third page.	u p
(Place) la algarif de. modegn / (Signature of Soldis	
(Place) la algarif the modern (Signature of Soldies	r.)
(Date) Feb. 23 48. Chas Dany (Signature of Witnes	THE RESERVE OF THE PERSON NAMED IN
When a soldier is absent through illness or any other cause and it is not desirable to forward the proceedings to him for signature, a manuscript copy should be sent for the man to sign, and where returned, should be attached here.	ese ien
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 Servi	ce.
(Signature of Soldie	· · ·
10. Statement of Service.	
Service toward Engagement to(the date to which the Record of Service is completed).2years8.0d	
	7,5%
11. Confirmation of Discharge.	
The discharge of the above-named man is hereby confirmed.	7
(Place) Calgary, Alberta. Amushik him	1
(Signature) Officer i/c Discharge Section "I" Unit	t d
(Date) January 31st 1918	25.2

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.)

x R. malyx

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron | Conduct Sheet, B. 263a. Company Copies of Convictions, by C. P. in MS. 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."

Attestation Paper, Militia Form B. 235.

Proceedings on Discharge "B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet (in the event of such having been prepared.)

*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.

ATTESTATION

No./83.341

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

	QUESTIONS TO BE PU	I BEFORE ATTESTATION. (ANSWERS.)
1.	What is your name?	Fodion Malyx
	In what Town, Township or Parish, and in what Country were you born?	S. Clerecrovey, Toussia.
3.	What is the name of your next-of kin?	Pikitor Molyse (Father (NIKITOV MAL.
4.	What is the address of your next-of-kin?	& Jordany Pulled RONEY
	What is the date of your birth?	April 8th 1888 Podolska Podol
	What is your Trade or Calling?	Gaborer Russia
	Are you married?	Yes.
	Are you willing to be vaccinated or re-	JIHIM
	vaccinated?	Ges WWW
9.	Do you now belong to the Active Militia?	M.
	Have you ever served in any Military Force? If so, state particulars of former Service.	Jussian Army, 2 months
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?	B. 1: 11 lechon
		Rodion Maly Asignature of Man.)
		William Mble (Signature of Witness.)
Date bearing and	de by me to the above questions are true, and the de, and I hereby engage and agree to serve in the attached to any arm of the service therein, for ween Great Britain and Germany should that we termination of that war provided His Majesty charged. OATH TO BE TAKEN BY I. The character true Allegiance to His Majesty King George that bound honestly and faithfully defend His Majesty, against all enemies, and will observe and of all the Generals and Officers set over me.	that I am willing to fulfil the engagements by me now the Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing var last longer than one year, and for six months after y should so long require my services, or until legally calculated. (Signature of Recruit) AND ATTESTATION. (Signature of Witness) Y MAN ON ATTESTATION. (Signature of Witness) His Heirs and Successors, and that I will as fajesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, to help me God. (Signature of Witness)
Dat	e Not 15th 1915.	Pilliam Able (Signature of Witness)
	CERTIFICATE	OF MAGISTRATE.
dul	stions he would be liable to be punished as prov The above questions were then read to the R I have taken care that he understands each y entered as replied to, and the said Recruit h	ecruit in my presence. question, and that his answer to each question has been as made and signed the declaration and taken the oath
	+	A. Stewart Dum (Signature of Justice)
-	I certify that the above is a true copy of the	Attestation of the above-named Recruit
	the state of the s	MARGIATIAN
	OV.C.	(Approving Officer)
20	. F. W. 23. 0 M.—7–15. . 1772–39-841,	

Signature of Officer)

H.Q. 54-21-23-53

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 89TH OVERSEAS BATTA CANADIAN EXPEDITIONARY
(2)	Regimental Number 183341 (Private)
	Full Name of Soldier MALYX, Rodion,
(4)	Place of Birth Russia.
(5)	Are you married, or not? Yes.
(6)	If married, state, (a) Full name of your wife Pillas Malyx.
	(b) Present Postal Address. Podolka, Russia.
(7)	Are you a widower?
(8)	Have you any children? Yes.
	If so, give number of boys and girls. One Boy.
	Also their names and ages. Harry Malyx. 5 Years.

(9) Is your Father alive? Yes.
If so, state name and address Nick Malyx, Podolka, Russia.
(10) Is your Mother alive?Yes
If so, state name and address Mrs. Nick Malyx, Podolka, Russia.
(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.
manufaction and the first of the second received the second Charles a part of the second to the seco
(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.
(adamina) fasiling
NA Shara All All All All All All All All All Al
(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.
Yes
(15) Are you insured? Yes.
If so, in what Company? Kotek Insurance, Podolka, Russia.
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.
Date May 11th, 1916.

. Branch don't . Av. Lett y rand -

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file Attention of		OTTAWA ONTARIO Date August 20, 1968.
NAME MALYX Rodion	SERVICE 183341 WW1 NUMBER	C.P.C. No. 23468 NAVY W.V.A. No. 35238 ARMY X R.C.A.F.
The DEPARTMENT h	as received information	from
AdminOfficerCAIGARY, Alberta(State authority	and source of information of	8death)
regarding the death of the above mention	ned veteran.	
Particulars are as follows:		
Date of Death June 17, Cause of Death NOT STATE		
Name and Address of next of kin (if k	nown)	
Copies to: W.S.R. V. I. XXPAY Destroy form if action of the control of the contr	lvice of death already re	ceived.

Chief, Central Registry

11

FORM OF WILL.

3. Le Radion Mikitou Malake (Name in full) Regimental Number 183341 serving in 89th Batt. C. E. F.
Regimental Number 183341 serving in 89 Batt. 62. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto	
Mrs. Paraskeva Malak	
Hubrain - Kamen Podolskou Mend-	Name & Address
Toticher show Abolost -Bakhmatonezk	eyof person or
Huberaie-Kamen-Podelskou Megd- Letichevskow, Wolost-Bakhmatovezk Lelo-Gereshewge	persons to whom
I Office Meddebof Russia	
absolutely, and my personal estate I bequeath to	
Mrs. Varaskewa Malak,	Name & Address
the lawie - Kamen - Todolskow	of person or
Werdan Letichluskoho	persons to receive
Isela - Teresheuze,	personal estate*
Post Office Medgebof Rus	(see note).
In Witness whereof I have hereunto s	et my hand
this 25 day of July	A.D. 191 6
He Radion Wala	Kignature.
there to the state manage in bank inc	

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness Malaker a Ble

Occupation of Witness Malaker Siceau

Name of Witness Hul K. - Rodalskon Menda Letichenskop

Address of Witness Sela - Molamolenze P.O. Medzeboj

Occupation of Witness Sela - Molamolenze P.O. Medzeboj

Occupation of Witness Sela - Molamolenze P.O. Medzeboj

Occupation of Witness Sela - Molamolenze P.O. Medzeboj

P. 85. 10,000. 9-9-15.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide A	rticles	122, 130	and 141, Financial Instructions, 25715	c, C.E.F.,	1916).
Regimental No. 183341 Rank					
Corps89th.Bn					
On Jan. 30th. 1918 191 *Inser	, to				
*Inser	t."discl	harged'	or "transferred."		
The following is a statement of the a to191, the inclusiv	ccount re date	of the	above named from as at 30-1 sfer or discharge.	lan. 1	1918
Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances No			Regt'l Paydays at \$c.		
Cheques No			Field Allowdays at \$c.		
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges as do subs.		80	Other Allowances* Clothing	13	00
Payment on transfer or discharge No	11	40	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit).		
Total	13	00	Total		00
			ticulars.		
Pay for the month of					
(†) Insert amount to (‡) Insert "not" if a	be ass mount	signed, v has not	whether it has been paid or not. been paid for period of account.		
보는 이 마음이 살아 있다면 하는 것이 얼마를 하면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는데 없다면			f an Officer by Paymaster, Military District No	, , , , , ,	
REMARKS:—					
			N T T		
			Card has been submitted		
나는 이용 등 [1875년 1875년 1878년			authority		
NOTE.—Separation Allowance and Assigned original Last Pay Certificate on trans	ed pay				
I have carefully examined this state of the unit.	ement o	of accou	nt and find it to be a correct extract fr	om the Pa	y-list
Date	18		pl		
Place Calgary, Alt.			AS/min_		
N.B.—For purposes of transfer this form is to District Paymaster; triplicate to accompany the particle For purposes of discharge it is to be made out pay-list at the end of the month, and triplicate for reterment original Last Pay Certificate will be forwarded with documents.	be made ay-list at in triplic	out in que the end ce eate. Ori	adruplicate. Original copy to paymaster of new of the month, and quadruplicate for retention as ginal copy to accompany discharge papers; dupli	a record. cate to accom	npany

M. F. W. 44. 100M.—12-17. H. Q. 1772-39-903.

CERTIFIED CORRECT.
6 SEP1916

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

Casualty Form-Active Service.

0, 2nd M. F. W. 54. 44316 M. F. W. 54. 150M. 10-15. H.Q. 1772-50-920.

v. RECOR	DS, LONDON	Unit, Regiment or Corps CANADIA	VERSERIE	DAIIA	FORCE
Enlisted Date of		Rank Pte Nam C. E. F. 75 Terms of Service (a) Duration 5	War Se	Numer	rical position on all of N. C. Os.
Extende	ed	Re-engaged	Qualification (b)	
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form A. 36, or other official documents.
8-16	ocogh lin	Embarked Arrived Drafted to 10th Bu 657 France	Halifax Loverpool Westerdange,		1 2 4 - 0 1 -
30/6 1/9/16 1/2/17	1 Tale to 10 B. Ms Dieppe OC. 20 Year 3 C. 3 A.	Joined to Bu Frac. R/fibula (au) To Jac R/fibula Hackey To		23/9/6- 23/9/6- 4/10/16 10/4/17 8.2.17 62/9	87-0/9/10 nn A 217- 875
717	73 CCS.	Fracture R. fibula. Cerrons	33 ccs	7.2.17	A7B 117 K.1. 120/1591. 1957

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. e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps dut

Date .	From whom received	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.
10/2/17	20. Gen. alflan	Frac R. Fibrila (Ace) In Rick Gransferred CCA.	England C. Storeham	10/2/19	Part onders # 13. 1914.
	~ //w sur			for Lie	Leut. adh.
15-3-17	alta Reg Des	J.O.S. from 10th Bon.	Bramshott	3.5.17	PI 406.
918/17	alli R.	on command to C. D. D. Buscharge	Branshott.	for %	eut bol i/c Records, C.E.F. Pr II D. 0
3 0 AUC 1017		To Rausida.		21/21/	Discharge Discharge Depôt.
3 0 AUG 1917	TAKEN	ON STRENGTH C.D.D. BUXTON	Pt. 11 ORDER N	o. 205	ding
			×2		Canadian Discharge Depôt
1 3 SEP 1917	EMBA	KED FOR CANADA FROM LIVE	RPOOL	Comma	nding
		Discharged from the Ser	olce by "I" Unil	*	

¥

Name

MALYX. Rodion

Reg'l No.

183341

Unit

89TH BN If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Galgary Kov 15th 1915 Place of Birth S. Fercerovey Russia Name and Address, Next-of-Kin Nikilov Malak, & Jerecrovey, Podolska Podolska Russia

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Character

Relationship

Discharge, Date and Place

Reason

	Repor	From whom received.	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.
A R			Arrived in England.	S.S. Olympic	8 JUN 1	A.F.B. 103 CHECKED 5 SEP 1916 hurs
	28/8/16.	06.89 14.	Arrived in England. S.O.S. on top to 10 M/Bm	Westerhanger	24/8/16.	Parl II. 19 3.
						Pt-2-0. 37,
				Colchester	10.2.17.	CLB 297. Frank. Lag Ill-
			Frans to Bleth Lhoreha			
			Taken on strength.	24		90
15						CKB 311 Frac. Rfibala
			S.O.S. on transfer to	Hastings	10.3.17	Pt. II D. O. 117
			Alta Regiment			& ALTA. REG PT 2 No6
	9.8.17	10 th fin.	Disch. from Jersp.	Ramsgate	17-7-17	CLB.425
					111	

	War I		, Laurenten			
Repo	ort.	Record of promotions, reductions, transfers,	D	Dete	REMARKS	
Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	
29.8.17	arp.	M Cond to C.D. D. Bruston Pendin Ret. To Canada. no Suit- Emp.	m Bislat	91	A IO. 173.	
18.9.17	u	Cerseon Cond. 450 S. t. Canada. (Contratant board Cot. B2) (De	C. 25 Pars. 30	13-9-17 12. K.R.A	1 TU 0.193	
	Dio Seport	To Cond Home	3 DisCalgor	25.9.17	nR352	
			No. of the last			
	I A STATE OF	2 -5.				
	ARRE	* * * * * * * * * * * * * * * * * * *	10			
•						·
The state of the s	Was The			-		
	1					

MEDICA 89TH OVERSEAS TALION 183341

Surname Ma	lyx	Chri	istian.	Name	020	dises	
Examined on 15	day of mo	191.\$	Appro	ved by	D	m Coo	1
Birthplace { City or T	own Tercor	ovey.		BANKET A THREE SHAF	nk O	af lais	M.O
	Russia.		Date	Fit or Unfit	Exa	MINED FOR RE-ENGAGEM	ENT, ICO 19
Apparent age	£ 11					Werse the R	м.б
Trade or occupation		7,				in to	м.о.
Height		7 Inches.				rowes	M.O.
	()						10
Olbook	Minimum 3					and all	M.O.
	Maximum expansion	inches.				- 5 E	M.O.
Physical development.		- · ·				See See	M.O.
	-20					M the little of	M.O.
Vaccination Marks	Arm Right.		Date	Result		VACCINATIONS.	
	Number	<i>O</i>	3/4/16	1	R	neor	M.O.
When Vaccinated last							
	g congenital peculiarities		1 3020	3777			
disease	no	-e	Transport and contract of the con-	MACKET DE TRANSPORTAZIONES	SECTION OF SECTION		M.O.
(A) Clight defeats h	ut not sufficient to cau	uga voicetion	Date	Result	ANTI	TYPHOID INOCULATIONS,	ETC.
(b) Blight delects b	at not sunctent to can	ise rejection	6/1/16		Ri	M Const	M.O.
			1/1/6	4	an	1 Corre	M.O.
		iiiiiiiiiiii-					М.О.
Enlisted on /5t	to day of Nover	abe/	191	S at	Cal	gary,	
	Corps.	REGT'L NUMB	ER.	HABITS	s	DATE.	
Tival link out	89 do13087.					18- hov. 19	915
Joined on enlistment		1022	111			27-8-16	
	10th. Bn,	1000	11			10-2-17	
Transferred to	C.C. A.C. AA Depot.					3 .5-17	
U	A A Debec.						
EVAN EV	MINED OD DISC	TIAD CED	DW A	MED	ICAT T	DOADD	5
	AMINED OR DISC	1			IGAL		
STATION.	DATE.	1	DISEASE.		1 (2)	RESULT.	
G C	1///7	fort.	Mi	ing	1 18	TI A	1
RAMS		and the same of th	200	Problem		G. m	
	At Donalley	Ath	The	nture	blax	p"E"	Carl-
Calgary all	ta Dec. 26/17	(wear	kness	from)	1000		ehr
0						De la companya della companya della companya de la companya della	Amb
N. B.—This shee Service, on the man b	et to be disposed of in a ecoming non-effective; t	ccordance wi he date and	ith instruction cause be	uctions in ing state	d on next	gulations for Army page.	Medical

M. F. B. 313.

150m.—8-15.
H. Q. 1772-39-439.

DATES OF Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of days Signature Discharge from Hospital. Admission into Hospital. STATION DISEASE. at the in Hospital. of Medical Officer. Station. Day Month Year Month Year Alant Perry: R.A.M.S.
REGISTRAR.
Plethodeson Beft ENME MILITARY HOSPITAL Fract Rt fibela 145 anhle has all morements COLCHESTER. Christian Name Surname

ORIGINAL

FALSE DOCKET

(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

1. (a) Unit 10th Batt (b) Regimental No. 183341 (c) Rank Pte (d) Surname. Malyx (e) Christian name. Lodeon Microador							
2. Age last birthday 29 Date of birth 8th April 1588 918 3. Enlisted at Calgary on 15th Nov., 1915 49 37 39 4. Personal description:— (a) Height 5'.8" (b) Weight 160 (c) Complexion Fair (stripped) (d) Colour of hair Fair (e) Colour of eyes rev-Brown (f) Identification marks None 5. Address after discharge (for the use of the Board of Pension Commissioners.) 424 - 8th Ave., E., Calgary. Alberta 6. Former trade or occupation Laborer							
2. Age last birthday 29 Date of birth 8th April 1588 918 3. Enlisted at Calgary on 15th Nov., 1915 49 37 39 4. Personal description:— (a) Height 5'.8" (b) Weight 160 (c) Complexion Fair (stripped) (d) Colour of hair Fair (e) Colour of eyes rev-Brown (f) Identification marks None 5. Address after discharge (for the use of the Board of Pension Commissioners.) 424 - 8th Ave., E., Calgary. Alberta 6. Former trade or occupation Laborer							
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(a) Height 5' 8" (b) Weight 160 (c) Complexion Fair (stripped) (d) Colour of hair Fair (e) Colour of eyes Grey-Brown (f) Identification marks None 5. Address after discharge (for the use of the Board of Pension Commissioners.) 424 - 8th Ave., E., Calgary. Alberta 6. Former trade or occupation Laborer							
(d) Colour of hair							
(d) Colour of hair							
6. Former trade or occupation Laborer Laborer Days							
6. Former trade or occupation Laborer Vears Days							
Years Days							
PERIODS							
What is one robable duration, in robaths, of the disability or of each of the disabiling conditions, if there is							
89th Batt 10th Batt Aug., 27th, 1916 To Date							
(b) Has he been Overseas? Yes							
8. Present disease or disability (use authorized nomenclature if possible). Weakness from old Potts' fracture							
(a) Date of origin 10th Feb., 1917 (b) Place of origin France							
(c) Cause* Fall in Fritz's trench							
*(Here include original disease or injury)							
9. Present condition. (Important, to be a full description of the present disabling condition or conditions). Well developed, well nourished healthy looking. Therex is a well-							
united fracture of right ankle in perfect condition. He walks with sligh							
z limp, which would appear to be the result of hebit more than from any							
disability. He complains of leg hurting in akle joint when he steps							
on a rough place. Other skystems normal.							
brancon in a case with women to the control branch to the control							
STATEMENT OF THE SOLDIER							
STATEMENT OF THE SOLDIER. (Sections 8, 9 and 10 are to be read to the soldier.)							
I, the undersigned							
[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 hade or of some of							

[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 its parts.]

B. P. C. F. VLIO

M. F. B. 227.

150м.-6-17. 1772-39-117. See instructions, Dige 49

Here give a description of This section cannot be com	wounds, scars, deformities, and signs a upleted without stripping the soldier a	and symptoms of abnormal condit nd subjecting him to a thorough p	ions present and not included in answer 8. ohysical examination
Sea	r over occiput rig	ght side 2007	/ MEDICAL
CATON IBUZIOSO	EV. Alberte DAT	STATION ONLES	
(c) Rank r lo	165341	(b) Regimental No.	ting dior ting (s)
SOUSTION ATTRING	n name	(e) Christian	(d) Samame 1891)73
Bibliog Military	Date of birth SVE	1	. Age last birthday
11. To what extent, state in If there is more than	percentages, is capacity to	earn a livelihood in the	untrained labour market reduced in each, and that due to all combined
	Corner		-(a) Height
13. Was a Court of Inquir	y held?	(c) Colour of eyes	(d) Colour of hair
	on had its origin before onlice	tmont has it have account	vated on garwing 2
Yes	n Corpnissioners.)	se of the Board of Pension	Address alter discharge (for the u
(If the answer is in	the affirmative, state in percentages,	to what extent the soldier is incap	pacitated by that aggravation.)
		nce, by vice or by miscon	duct, or by unreasonable refusal to
accept treatment? (If the answer is in the affir	mative, state in percentages, to what	extent the patient is incapaci ate	d by that causation or aggravation. In
answering this	question, conduct sheets should be co surrounding the refusal	should be described on page 4.)	d by that causation or aggravation. In refused, the circumstances
			the disabling conditions, if there is
more than one?	Three months redu	cing	***************************************
	neral or special, should be secured and	attached where possible).	
Frai	nce and England		*
a from old	a sintaeW.		(b) Hos he been Overseas?
			erial benefit?
	(b.oll ace of original ALE		
	oruginal dhease or injury)		The state of the s
19. Can the former trade or			Present condition. Importalistable
20. Recommendations	Discharge	TEST NORTH REGIS	STANFORM TO SOLUTION OF THE STANFORM OF THE ST
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and the second of the second o			Almostophist , omili a
		^.	20160
	Anstraction I - AMORDO		Mack an
2 1 4	<u> </u>		whom the case is brought forward.
(Sections 8, 9 and 10 are to		OF THE SOLDIER.	
		have her	ard the description of my disability
read, and am satisfied (o			nt should follow.) I complain in
addition of	encod self of the to about our sill to to	se partitude a community see la	Syllians) sed (c) "sempsyll (t) by out."
RALSE MUCKE		Rolin	malys
			Signatura of soldier examined

Malysc Signature of soldier examined.

3

OPINION OF THE MEDICAL BOARD

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Aur Local Local	Bate of Sinth Annual Style Avenue 1982	
- Annual Principles		
		Serv
	Their C. 73 Co. Colour of eyes 2 of E22 over 1 (O I destination may	Hebe
22. Is the soldier		
	(a) General service, (Category A) (Yes or No). No (b) Service abroad, not general service, ("B) (Yes or No). No	and the second of the second of
	(c) Home service, (Canada only), ("C) (Yes or No). No	
	(d) Temporarily unfit, (" D) (Yes or No). Yes (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). Yes	
23. It is certified	that the soldier	
	(a) Does require treatment. (b) Does not require treatment.	
	(c) Should pass under his own control.	
	(d) Should not passaunder his own controls (Strike out and dition not applicable)	
24 It is recomme	(Strike out condition not applicable). nded that the soldier be discharged. (When not for discharge add special recommendate	tion)
71. It is recomme.	ASTRONOMICS CONTRACTOR OF THE SECOND CONTRACTOR AND ACCORDANCE OF THE SECOND CONTRACTO	non).
	Class "E" Discharge	
The Board r	ecommends that this man be discharged.	
	enga (Arrecense) a la l	ga a de la casa de ga
(a) Caleers	CHECUTES OF TWO METACLED VARIETY OF THE STREET OF THE	
(c) Calery,	TO HE COMPLETED WHEN TREATMENT IS REFUSED.	9-11-12-13-14-14-14-14-14-14-14-14-14-14-14-14-14-
e ve Jeseph (e) ktwent which it is	TO BE COMPLETED WHEN TREATMENT IS REFUSED undersigned. Led that I should underso and reluse to proept it.	l, the recommend
es de de la composición del composición de la composición de la composición de la composición del la composición del composición del composición de la composición del composición	led that I should undergo and refuse to people it. Signed	iyther recommend
ktnent which it is	led that I should undergo and refuse to people it. Signed	President.
ktment, which it is	ied that I should undergo and reluse to Occept it. Signed. Signed. Signed to severally be decline to any the several to the several several to the several	
Inemedian e	Signed Signed	Members.
inemants de la company de la c	Signed Signed	
inemants de la company de la c	Signed Signed	Members.
STATION Cal	Signed Signed	Members.
STATION Dece	bengis SMOIT Lieut., C.A.M.C. Lieut., C.A.M.C. ember 26th, 1917	Members.
STATION	bengis SMOIT Lieut., C.A.M.C. Lieut., C.A.M.C. ember 26th, 1917	Members.
STATION Dece	bengis Dengis Secretary, Alberta Dengis Dengis Lieut., C.A.M.C. Dengis	Members.
STATION Dece	Lieut., C.A.M.C. By Assistant Director of Medical	Members.
STATION Dece	Lieut., C.A.M.C. By Assistant Director of Medical	Members.

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CEINION OF THE MEDICAE BOTTAL	the same of the same of the same
neur wien die precessing repost far Instolf give Luderes oponiess, with takens, voung the	21. Does the Board con number of the an
eaV to the second of the secon	and the
	Quality (
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in the there is more the ground disabling condition, seeing a term in the first section one in each, and the	
Service. (Category A) (Nes or No). Ho	2 (a)
cruce abroad: not general service, ((4) H (2)
Infit for service in Categories A, B and C, (" E) (Yes of No). Yes	J. (9)
We also de the control of the contro	zs. It is estuded that
Accept the forms of the first the first terms of th	
(5) Should plass us de table over control or an enemer of the fall of the control	
e gradus de de clare de la condition not applicable).	
mat the suities be discharged. (When not for discharge addispet) at recommendation).	24. It is recommended
aditioning of the same and the	
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State in reason the home of the interest and country lessents become proceedingly no new to be excited the methods.	
TO BE COMPLETED WHEN TREATMENT IS REFUSE	,D
I, the undersigned, understand the nature of the	
recommended that I should undergo and refuse to accept it.	treatment which it is
Witness Signed Signed	
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to s the Board of medical officers should so state.	ign this statement
INSTRUCTIONS	
1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on be carefully followed.	Medical Boards" will
2. The Medical Officer in charge of the case is responsible for the proper completion of pages. The President of the Board of Medical Officers is responsible for the proper completion 3, reserved for recording the Proceedings of a Board of Medical Officers.	s 1 and 2 of this Form. n of the space, of page
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's his condition. They will distinguish observations made by themselves from hearsay, state the authority for statements not resulting from their personal observation; it whether such statements are obtained from the soldier concerned, from witnesses, or from	They will distinctly must be made clear
4 If a complete answer to any question requires more space than that reserved for it, the anson the blank space on this page.	swer may be continued

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.

(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 Calcary	Alberta DATE	December 26thm	191				
1. (a) Unit 10th Batt (b) Regimental No. 183541 (c) Rank Pte								
(d) Surname Halyx (e) Christian name Lodson 649.m. 27/52								
2. Age last birthday	. Age last birthday							
3. Enlisted at Columny on 15th Nov., 1915								
4. Personal description: (a) Height (b) Weight (c) Complexion (c) Complexion (stripped) (d) Colour of hair (e) Colour of eyes 1.2. Brown (f) Identification marks None (f) Identification marks (f								
5. Address after discharge (for the use of the Board of Pension Commissioners.) 484 - 8th Ave., E., Calgary. Alberta								
6. Former trade or occupation	odellov vice si bul	orer of balavangar to La	15. Was the disability can					
7. (a) Service Days								
Section 19 and 1	(Asographic and transfer of Model I will not authorize Periods							
		From noisear	16. What is of ac probable					
89th Batt 15th Nov. 1915 Aug., 27th, 1916 To Date								
(b) Has he been Overseas? 8. Present disease or disability (use authorized nomenclature if possible). (a) Date of origin. (b) Place of origin and the feb. 1917 (b) Place of originance. (c) Cause* Fall in Fritz's trench (Here include original disease or injury) 9. Present condition. (Important, to be a full description of the present disabiling condition or conditions). Well developed, well nourished healthy looking. There is a well— united fracture of right ankle in perfect conditions. He walks with slight **Imp*, which would appear to be the result of habit more than from any disability. He complains of leg hurting in akle joint when he et eps on a rough place. Other stystems normal.								
	OF THE SOLDLE	STATEMENT	Page 10 are to					
[After describing all abnormalities, anatomical and the state of the s	unctional, contributing to p	present incapacity (see section 11) stat	e whether such incapacity is directly	1				

[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.]

M. F. B. 227.

150м.-6-17. 1772-39-117.

I GTAQUEUG : (Modical Officers will please read this Form carefully before using it. See instruction 10. History; Here give a description of wounds, sears, 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 Scar over occipat right side 11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined. 10% 12. Did the disability arise on or off duty? 13. Was a Court of Inquiry held? 14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No. No (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? (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? Three months reducing 17. Treatment (Case reports, general or special, should be secured and attached where possible). France and England 18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (off lace of origin that a 19. Can the former trade or occupation be resumed? 20. Recommendations Discharge 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 soldies have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Rodion mody Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

Yes	
Control Best Distriction (1997) The Date	01 (9m)
3. Epitologia de l'estre de la companya de la comp	
	22 22 20 O Heitikoodon marke Street
22. Is the soldier fit for (a) General service, (C	ategory A) (Yes or No).
(b) Service abroad, not general service, (ategory A) (Yes or No). "B) (Yes or No). "C) (Yes or No). "D) (Yes or No). "E) (Yes or No).
(c) Home service, (Canada only), ((d) Temporarily unfit, (" D) (Yes or No).
(e) Unfit for service in Categories A, B and C,(" E) (Yes or No) Yes
23. It is certified that the soldier	Survey of the company
(a) Does require treatment. (b) Does not require treatment.	1007
(c) Should pass under his own control	
(d) Should not pass under his own cor	
(Strike out condition not applicate	
24. It is recommended that the soldier be discharged. (When n	ot for discharge add special recommendation).
Class "E" Discharge	
he Board recommends that this man be disch	arged.
a rice of the discharge with the authorized substitution of	
	Contraction of the Contraction
HEN TREATMENT IS REFUSED	TO BE COMPLETED W
or a commentant the nature of the treatment which it is	I, the undersigned, where the undersigned is a second of the undersigned.
rept it.	recommended that I should undergo and refuse to
Signed	Sleevert- President.
to be unreasonable, or should be decline to size this statement.	MANALON
enoito de la companya	Members.
widance of Madical Officers serving on Medical Boards" will	The state of the s
	Lieut., O.A.M.C.
STATION Celgary, Alberta amos sand salisate	
December 26th 1917 Testion Legisland to bisolic	
DATE.	3. In answering the questions, Medical Scens will
APPROVED BY	DAR 12.
be soldier concerned, from w. ness form documents.	Total cups
DATE 31-12-17	Assistant Director of Medical Services.
APPROVED BY THE COMMON OF THE PROPERTY OF THE	
Ith of the Army, published in London (1915), by Messys, Harrison	
Date	Director-General of Medical Services.

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.

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.

Signed

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- 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.

649.m.-27/52

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS	OF	MEDICAT.	BOARD	AT	DISCHARGE	DEPOT.
PROPERTINGS.	OT	MITTOTOWN	DOUTIN	111	TT COTTITION	4,444

PROCEEDINGS OF MEDICAL BOARD AT DISORARGH DISCUS
Number, Rank, Name, Name & Corps of disabled Soldier:-
183341 Ple Maly R. a. R.D. 89 Ball S.E. 7
Previous civilian occupation:-
Is he able to resume previous civilian occupation:- 16.
Cause of disability:- 4.5.W.M.
Condition, in detail, which prevents the Soldier from earning
a full livelihood:- This man broke his Right filula,
tak how there is good winon. He is still lunbring
and lette bit painful when walking there
and lette bit painful when walking there is no swelling Can put his whole weight
l'en celuig lan put mes more enegri
on hei leg.
OPINION OF THE BOARD
Degree of incapacity - (please state in fractions)
Disability due to Service:-
Probable duration of incapacity:-
Does it render him permanently unfit for Military Service:- "
Would operation, special treatment or the use of appliances etc., lessen incapacity:-
Recommendation of Medical Board: - Convalencent Hospelan
el moto
Station: - Halifax, N.S. /accord President
Class: - # 8 Tii Lowood Chember
Date 25-9-19 Profleged Member
Date 25 9-1919 APPROVED Constru Mayor
Asst. Director Medical Services.
D. D. C. EULIO

Director General Medical Services.

Date

1316.23,468,

Army Form B. 117.



Report on Wounds or other Injuries, received otherwise than in Action.

Gen. No.	P
4269.	Certificate of Medical Officer.
	No. 183341 Pli MALAK, R. 10th Canadians B boy
	was admitted to hospital on the suffering.
	from ? Fractere Right Sibula
†Here insert "trivial" or "serious."	The disability is of a † nature, and in all probability
Here insert "will" or "will not."	† hay interfere with his future efficiency as a soldier.
*Here insert "claims" or "does not claim."	*He
,	(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)
•	Station No. 22 COS. Rogan his or RANGE
	Date 7.2.17 Medical Officer in Charge.
	Certificate to be signed by soldier.
	I. hereby declare that the
	injury sustained by me on thedid not occur
TICE AT THE BAG	while I was in the performance of military duty.
FEB 1917	Soldier's Signature. (Signature
LALIN SECTION	Station
	Date
	Certificate of Commanding Officer.
	(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)
†Here insert	I certify that the injury to the above-named soldier †
"occurred" or "did not occur."	while he was in the performance of military duty.
†If on duty, state (a) The date of the	t on the night of 2/3 Febry 17. Anabove
injury. (b) The place where it occurred. (c) The nature of	named soldie was on a working party
the duty. (d) Whether the soldier was in any way to blame.	proceeding from Bully & BENAY, for the
	Purpose of DEEP DUGONT Construction.
	The soldier was in no way to blance
V Park	The soldier has been so informed.
Ma	Station Lieth field D. M. Col
MAR 1917	Date 12- Y-17. Commanding to Cau. Du
	This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

(92261) W 3725-1772 300,000 6/15 J J K & Co. Form/B. 117

PROCEEDINGS OF A MEDICAL BOARD.

Dated at	C.O. S. P.	1917
No. 163-34 Rank ()	LEADING THE RESERVE OF THE PARTY OF THE PART	7
1.0		
Local Unit 9 4 Rus Ove		re. 2 %
Examination held at	Granville Can. Spl. Hospital. Ramsgate.	
DISABILITY. Overseas—Local (scratch one out).	un R Fib	
PRESE	ENT CONDITION.	
God man	,7 m motion in	
Omil:	I free the time in	aust
Jona walko i	nch a long -	
BOARD RECOMMENDS:-		
1. Fit for Duty	1 famous	
2. Fit for duty after	weeks' physical	training.
3. Fit for Temporary Base Duty		weeks.
4. Fit for Permanent Base Duty		
5. Discharge		
XAM. MED. BOARD Signatures:		
	MANharweapor	President.
G. O. S. H. Members	almos & M	riesident
Members		
APPROVED		/
APPROVED 10 JUL 1917	Lilbacker	
Dated	1917. FOR A.B. M.S. GANADIANS, SHORNOLIF	

REGT'L NO /83341 H. Q. FILE No. 649-FOLLOWS RANK AND CORPS No. CABLE No. DATE **FOLLOWS** L. L. 12767-M. & D. 7390. M. F. W. 42-50M.-12-16.

H. Q. 1772-39-893.

LIST No HOSPITAL B297 Gen Colchester 10-2-17 Frac R. Leg. Sta to Granvelle Can Spec. Jamogate 242/1000 282-5. m. N.c.c. Calgary (6-15-)10-17. Oulp 360 Jedesch Lection " 8-1-18 Cul-8 29.m. W.13

	H. Q. 649-M-29152
L	M. D. No. 1.3
Surname Malist	T. O. S19
Surname Malyaf Christian names Radown	D. O. Pt. IIof
Regtl. No. 18 3 3 4 / Rank	
Unit 8 g rd 13ml	
	Authanth and sois for of
Next of kin Malyy, Mikitow Address Less Crawley, Machine	
BORN—Place Date Date Date Date Date Date Date Dat	re 7/00 15 4 1915 R/C 25/9/17

Reg. No. 183341 Name MALYX Rodion Rank Pte. 10th. Bn. Unit Next of Kin Nikitov Malyx, S. Terecrovey, Podolska Podolsk, Russia List Notified W.O. List Casualty Place Movement Date NKO. No. Colchester Frac . R. Leg . Slt. 10-2-17 Gen. Hosp. B297 08959 24-2-17 Gran.Can.Spec.Hosp.Rams'e do R.Fibula R311. do Discharged 17-7-17

				Sec.	Sec. 15	
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			40			P. T.
					12	
			100 100 100			
			75			
27.					104	
4						A. A.
			The state of the s			
	Abino de la constitución de la c					

MEH Number . 18 3.3.41 ... Rank. Ple surname. MALUI. Christian Nama, Rockion. Unite 10 Bu Casi for meatre of war Thank Date of Service ... 2848-16 Remarks ·Latest Address 12 14 1 Que to atthe

.. Theatro of war. Date of Service: Christian Name. Latest Address. Remarks ... Surname. Unite

Battn. 89 Next of k Discharge Pension av Address o	th Bn. id a ther d to Class warded	Rank Pte. Regt. No. 183341 Camp or O. S. O. File M. H. C. C. H. Q. File M. H. C. C. H. Q. File M. H. C. Calgary. Alta. 3 D. of D. 25% Conduct. 30.00 6 mos. Date of first payment. 3 Date boarded.	Good 5-2-18
DATE	CLASS	REMARKS	Part 2 Order
6-10-1	7 2	Ogden Outpatient until the 15tb10-17	#282
		Ogden Outpatient until 31-12-17	
1-18	2	Discharge Section Outpatient	
	149	PEGGEARGER	#45

DATE	CLASS	REMARKS	Part 2 Order

Reg. No.

Malyx	R.		183341	
Rank	Unit	Co.	Troop	Batty.
Pte.	IOth Bn	•		
Hospital			Date of Adı	nission
Col	chester Gener	al	10-2-17	•
Transferr	ed Granvelle s	hecal Rame	gate Hosp. 24.	1.14
	7	0	Hosp.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1			Hosp.	
			Hosp.	
Diagnosis	Frac. R. Le	C		
(1)		õ•		
Later Diagnosi	s (if changed)			1
(2)				1
	gnosis: if more than one sta			1
Additional Diag	gnosis. If more than one sta	tte present		1
				1
				1
DISPOSITION		6	-/.~	Date
		de	seh 17-	7-17
.L. 16-2	-17 R297			No.
	30000000000000000000000000000000000000	REN	MARKS	
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		A.M.D. 2		h
	Boh.	of D.G.M.S.O.	M.F.S. London	2017
				- 6

Christian Name or Names

Surname

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
4.		
5.		
6.		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11155/222

South.

Name Maly Rodion

Regimental Number 183341

Christian Name

Rank Pt e.

Address (in full) 424

424-8th Ave. E.

Unit 89th Bn.

(....)

Calgary. Alta.

Original Unit

District where paid M.D.13.

Date of Discharge 31-1-18.

P. D. P. Filing Number 11-110-13. & 18-154-13

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

				-		The second	
PAYMENT	SECOND PAYME	NT	FIN	AL PAYMENT	r	Balance Over-	Total
Date Amount 30 days	Cheque No. Date	Amount 30 days	Cheque No.	Date Amount 31 days		payments to be Recovered	Amount Paid
7-3-18 33 00	1801 17-4-18	33 00	1796	17-5-18	34 10		100 10
0-5-18 75 00			Va.				75 00
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13/19 70 00							
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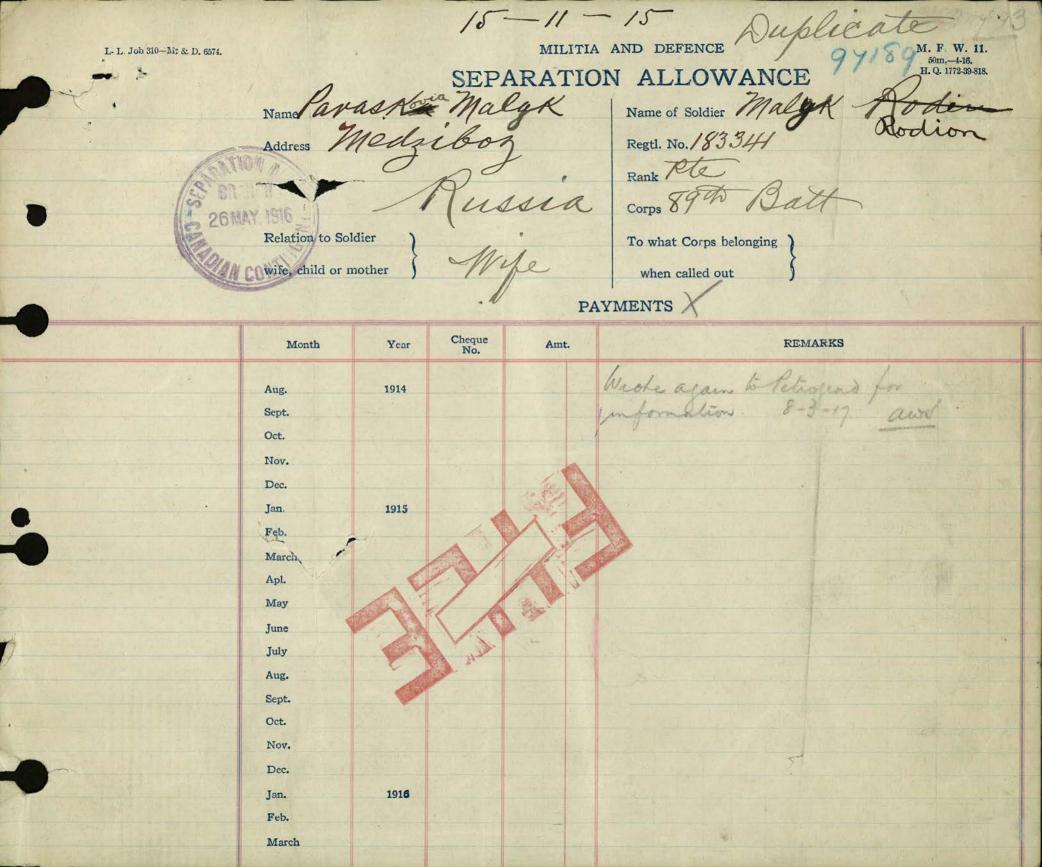
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GEN'L AUDITOR Posting checked by ats J D. 9. 1. 19



MILITIA AND DEFENCE.

SEPARATION ALLOWANCE.

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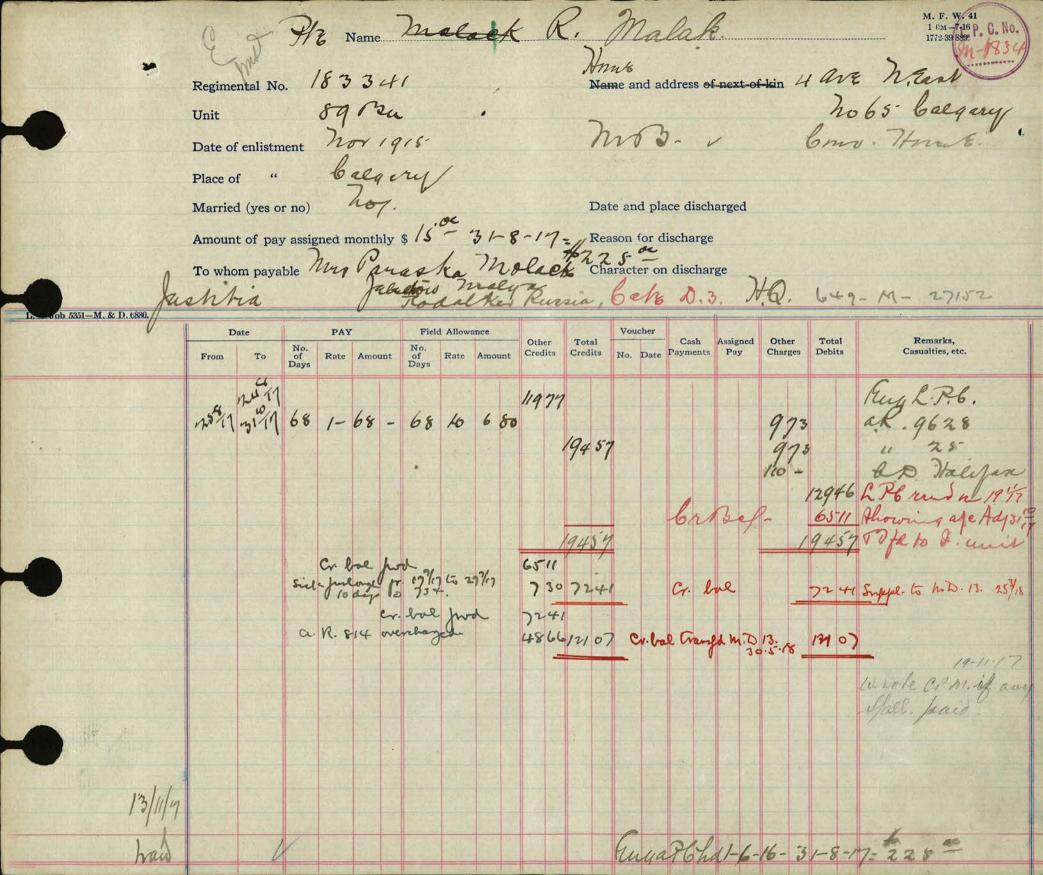
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Name.

Regimental No.

Name and address of next-of-kin

Unit

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Place of "

Married (yes or no)

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To whom payable

Date and place discharged

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Character on discharge

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FOREIGN

MILITIA AND DEFENCE

30545

ASSIGNED PAY.

To whom Mrs. Paraska Malak,

Address P.O. Nedziboz S. Terechovey,

Podolsk Jul.

Russia.

Rate \$15.00

Date to Commence 1st June, 1916.

By whom assigned Malak, R.

Regtl. No. 183341

Rank Private

Corps &c. 89th Battalion.



PAYMENTS.

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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. PAYMENTS /8334/

Name of Soldier Malax Roden

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MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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	Sept.	THE THEFT				
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MILITIA AND DEFENCE

M. F. W. 11. 50m.-4-16. H. Q. 1772-39-818.

SEPARATION ALLOWANCE / ~

Name Paraska Malak
Address Medziboz
Rusia

Relation to Soldier

wife, child or mother

Dec.

Jan. Feb. March 1916

Name of Soldier Malak F

Regtl. No. 183341

Rank Pte

To what Corps belonging

when called out

wire, child or i	nother)	1/1/00		when called out
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M. F. W. 11a. 50m.—4-16. 1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Pavaska Malak PAYMENTS-183341

Name of Soldier Malak

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MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

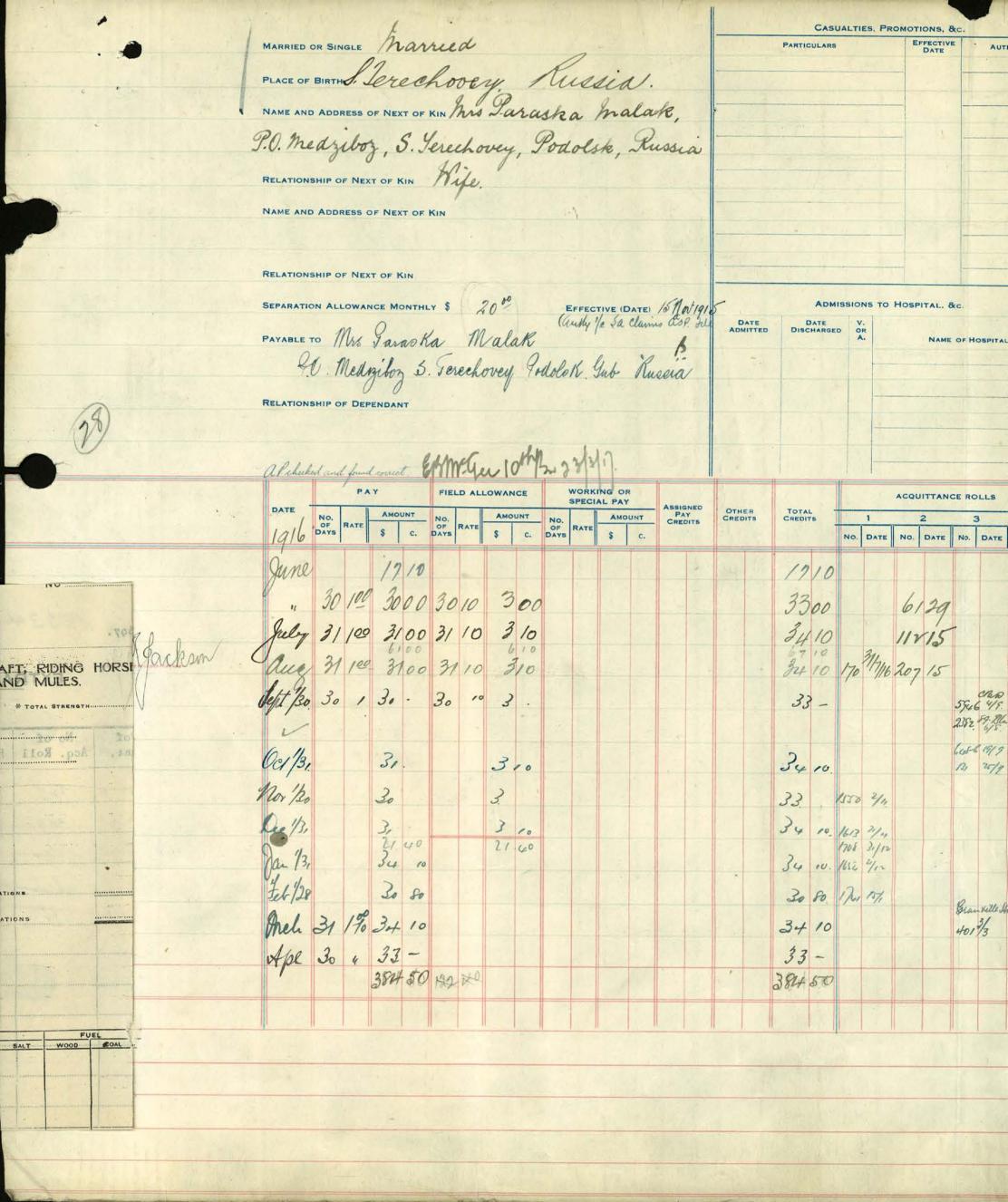
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