

MALYX, RODION

183341

89 0-S BN

03967

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		
Name	Redion Malyx		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	The 89th Overseas Battalion		
Date of Discharge	January 31st 1918		
Place of Discharge	Calgary, Alberta,		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	29	years	months.
Height	5	feet	8 inches.
Complexion	...Fair.		
Eyes	... Hazel.		
Hair	... Fair.		
Trade	... Farmer.		
Intended place of residence			
(To be given as fully as practicable.)			
Descriptive Marks			
Shrapnel Wound in Head.			
2. The above-named man is discharged in consequence of			
Being Medically Unfit for Further Service on Account of			
Wounds Received on Active Service.			
Authority B.P.C. telegram, dated January 30th 1918.			
<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.		
	GOOD		
	<small>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:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			

Wsg Corp 9/2/19 ms.

JE R J

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

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

6. Medals and Decorations.....

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

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

(Place).....Calgary, Alberta,.....

(Date).....January 31st 1918.....

Commanding

A. M. White
Officer i/c Discharge Section "I" Unit
Military Hospitals Commission Command

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).....Calgary..... *R. Moody*..... (Signature of Soldier.)

(Date).....Feb. 23rd 1918..... *Chas L. Dene*..... (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 80 days.

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

11. Confirmation of Discharge.

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

(Place).....Calgary, Alberta,.....

(Date).....January 31st 1918.....

(Signature)

A. M. White
Officer i/c Discharge Section "I" Unit
Military Hospitals Commission Command

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. malys X

List of Discharge Documents.

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

No. 183.341

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Podion Malya
 2. In what Town, Township or Parish, and in what Country were you born?..... S. Lerecroy, Russia
 3. What is the name of your next-of-kin?..... Nikitor Malya (Father) (NIKITOV MALAK
 4. What is the address of your next-of-kin?..... S. Lerecroy, Russia
 5. What is the date of your birth?..... April 2nd 1888
 6. What is your Trade or Calling?..... Laborer
 7. Are you married?..... Yes
 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
 9. Do you now belong to the Active Militia?..... No
 10. Have you ever served in any Military Force?..... Russian Army, 2 months
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... Yes
 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes
- Podion Malya (Signature of Man.)
William Noble (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Podion Malya, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Podion Malya (Signature of Recruit)
William Noble (Signature of Witness)

Date Nov 15 1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Podion Malya, 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.

Podion Malya (Signature of Recruit)
William Noble (Signature of Witness)

Date Nov 15th 1915.

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 Calgary this fifteenth day of Nov 1915.

F.A. Stewart Dunn (Signature of Justice)

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

W. S. Law (Approving Officer)

Description of Rodion Malyx on Enlistment.

Apparent Age.....27.....years.....7.....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. 8 1/2 ins.

Chest measurement { Girth when fully expanded.....39 ins.
Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Gray

Hair.....Light Brown

Religious denominations. { Church of England.....
Presbyterian.....
~~Wesleyan~~ Methodist.....
Baptist or Congregationalist.....
Other Protestants.....
(Denomination to be stated.)
~~Roman~~ Catholic.....X.....Greek.....
Jewish.....

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye ; his heart and lungs are healthy ; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date.....November 15th 1915.

Place.....Calgary

R M Cook
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.

.....Rodion Malyx.....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.

A Sawley.....Nov 15th 1915.....06.59.03
(Signature of Officer)

To be made out in duplicate.

H.Q. 54-21-23-53

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

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 BATTALION
CANADIAN EXPEDITIONARY FORCE
(2) Regimental Number 183341 (Private)(3) 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? No.(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.....No......

Are you her sole support, or not?.....No......

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

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

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

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.....Yes......

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

W. W. Masmyth Lt Col
Officer Commanding.

Date. May 11th, 1916.

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. file

OTTAWA ONTARIO
Date August 20, 1968.

Attention of

NAME MALYX Rodion

SERVICE 183341 WW1
NUMBER

C.P.C. No. 23468
W.V.A. No. 35238

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

Admin. Officer, CALGARY, Alberta d/ August 15, 1968.
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 17, 1968.
Cause of Death _____
Place of Death NOT STATED

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
XXPAY
XX
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

FORM OF WILL.

I, Pte. Radion Nikitov Malak (Name in full)
 Regimental Number *183341* serving in *89th Batt. C.E.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
Hubraie - Kamen - Podolskoy, Uezd - Name & Address
Letichevskoy, Volost - Bakhmatovskoy of person or
Sela - Tereshenye persons to whom
P. Office Medzebof Russia it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Paraskeva Malak
Hubraie - Kamen - Podolskoy Name & Address
Uezd - Letichevskoy of person or
Sela - Tereshenye persons to receive
P. Office Medzebof Russia personal estate*
 (see note).

In Witness whereof I have hereunto set my hand

this *25* day of *July* A.D. 191*6*

Pte. Radion Malak Signature.

* 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 *Pte. William Courcos*

Address of Witness *Malakova Bl.*

Occupation of Witness *Rancher*

Name of Witness *Pte. Nikita Griceau*
Hub. K. - Podolskoy, Uezd - Letichevskoy

Address of Witness *Volost - Bakhmatovskoy*
Sela - Molomlenye, P.O. Medzebof
Russia

Occupation of Witness *Farmer*

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

MILITARY HOSPITALS COMMISSION COMMAND

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

Regimental No. 183341 Rank Pte. Name Malyx R.

Corps 89th. Bn who was* discharged

On Jan. 30th. 1918 191., to.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from as at 30-Jan. 1918 to 191., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'tl Pay days at \$ c.		
by } No.			Field Allow. days at \$ c.		
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.			Other Allowances* Clothing 13 00		
1 day overpaid Jan. 31	1	10	Other Credits*		
Other charges P & A. do subs.		80	Bal. Dr. (to be deducted by new unit)		
do do	11	00			
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)					
Total	13	00	Total	13	00

* Give particulars.

A monthly stoppage of \$ (†) has (‡) been paid on account of Assigned
{ Pay for the month of N I L 191 }
{ and Sep'n Allce. for month of 191 } (to) Assignee.
(Address)

(†) 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
(2) if married and if a Separation Allowance Card has been submitted N I L
(3) cause of discharge authority DO 45
(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 14 -Feb. 1918

Place Calgary, Alta.

Paymaster Unit M.H.C.C.

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.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

CERTIFIED CORRECT.

6 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

89TH OVERSEAS BATTALION

CANADIAN EXPEDITIONARY FORCE

O. Inf
44316
M. F. W. 54
150M. 19-15.
H.Q. 1772-39920.

Unit, Regiment or Corps 89TH OVERSEAS BATTALION
Regimental No. 183341 Rank Pte Name Malys, Rodion
Enlisted (a) Nov. 15/15 Terms of Service (a) Duration of War Service reckons from (a) Nov. 15/15
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) (C) Labour

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	June 2/16	Olympic HM 2810
		Arrived	Liverpool	June 7/16	
27-8-16	O.C. 89th Bn	Drafted to 10th Bn 862 France	Western Docks	27-8-16	RD 193 Part II 27-8-16
20/8	C.B.D.	Arrived in France for 10th Bn. Fld.		20/8/16	Part 2 Orders 37-8/9/16
23/9/16	1st Lt Bn	Joined		23/9/16	nr
9/10/16	10th Bn	Joined 10th Bn		4/10/16	A 213-375
10/2/17	Hqs Dieppe	Frac. R/fibula (acc)	To England	10/2/17	W3083./6484. Part 2 adn. *13-1917
8/2/17	O.C. 20th Bn	Frac R/fibula	Adm 20th Bn	8.2.17	W3024/167
10/2/17	3 C.B.A.	Sp. R. Anky. Fracture	To 28 Bn	6.2.17	A 213-375
7/2/17	73 C.C.S.	Fracture R. fibula. Serious	28 C.C.S.	7.2.17	A7B 117 K.I. 120/1591.
10/2/17		Accidental			

(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.

T.O.

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				
10/2/17	20. Gen.	Trac. R. Tibula (Acc) to	England	10.2.17	N 3024
10/2/17	Adm. Can. Sec. Ind. Sec.	Transferred C.A.C. Shoreham on Sea.	Shoreham	10/2/17	Part II Orders #13. 1917. H. Dawson. Lieut. for Lieut. Col. Adm. Canadian Section
15-5-17	Adm. Reg. Dep.	J.O.S. from 10 th Bn.	Bramshott.	3-5-17	Pt II J.O. 6. for Lieut. Col. i/c Records, C.E.F. Lieut. asmiterley Lieut. Col. 24/8/17 Lt. Col. Canadian Discharge Depot.
2/8/17	Adm. R. Depot	on command to C.D.D. Buxton pending Discharge to Canada.	Bramshott.	2/8/17	Pt II J.O. 6. asmiterley Lieut. Col. 24/8/17 Lt. Col. Canadian Discharge Depot.
3 0 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON	Pt. 11	ORDER No. 205	Commanding Lt. Col. Canadian Discharge Depot.
1 3 SEP 1917		EMBARKED FOR CANADA FROM LIVERPOOL			Commanding Lt. Col. Canadian Discharge Depot.

Discharged from the Service by "Y" Unit

M. H. C. C. Part "2" Order No.

45

Rank _____ 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 **Calgary Nov 15th 1915** Place of Birth **S. Lencrovey Russia**
 Name and Address, Next-of-Kin **Nikitor Malakh, S Lencrovey, Podolska Podolsk Russia**
 Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____

Reason _____

Character _____

N/E. B.B. No. **4949**

File R.L. _____

Category **OR**

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.				
		Arrived in England.			
28/8/16.	Ob. 89 th Bn.	S.O.S. on t/p to 10 th Bn.	S.S. Olympic	8 JUN 1916	
6.9.16.	10 th Bn	Taken on Strength	Field	24/8/16.	Part II. 19 th .
16.2.17	" "	Gen. Hosp	Bolchester	28.8.16.	Pt-2-O. 34.
17.2.17	10 th Bn.	Trans to 66 th Lhoreham on Sea.		10.2.17	CLB 297. Fac R. Leg 111.
22.2.17	66 th Bn	Taken on strength.	Hastings	10.2.17	Pt II O 13. S
5-3-17	10 th Bn	Granban spec. Hosp	Ramsgate	24-2-17	CLB 311 Fac R. fibala
11-3-17	C.C.A.C.	S.O.S. on transfer to	Hastings	10.3.17	Pt. II D.O. 117
		Alta Regiment			
9.8.17	10 th Bn.	Disch. from Hosp.	Ramsgate	17-7.17	CLB. 425

A.F.B. 103 CHECKED
5 SEP 1916

& ALTA.BEG PT 2 No6

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.				
29.8.17	ARD.	In Cmd to C.D.D. Brandon Pending Ret. To Canada. No Suit Imp.	B'skett		Pt II O. 173.
18.9.17	"	Cesseon Cmd. & S.O. S. to Canada. (Combatant board. Cor. B2) (Sec. 25 Para. 392. K.R. & O. 1912.)	Bramshot	13-9-17	Pt II O. 193
Dis. Report To Comd Home		MD 13 Calgary 25.9.17 NR 352			

ORIGINAL
89TH OVERSEAS BATTALION
MEDICAL HISTORY SHEET. 183341
CANADIAN EXPEDITIONARY FORCE

Surname *Malyx*

Christian Name *Rodion*

Examined { on *15* day of *Nov* 191*5*
at *Calgary*

Birthplace { City or Town *Terekovoye*
County *Russia*

Apparent age *27 3/4*

Trade or occupation *Laborer*

Height *5* Feet *8 1/2* Inches

Weight *182* Lbs.

Chest measurement { Minimum *36* inches.
Maximum expansion *39* inches.

Physical development *Good*

Small-Pox Marks *none*

Vaccination Marks { Arm Right Left
Number *0*

When Vaccinated last *Never*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection *none*

Approved by

R M Cook

Rank *Captain* M.O.

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

17 FEB 1917
M.O.
M.O.
M.O.
M.O.
M.O.
M.O.
M.O.

Date Result VACCINATIONS

3/4/16 *+* *R M Cook* M.O.
M.O.
M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

4/1/16 *-* *R M Cook* M.O.
17/4/16 *+* *R M Cook* M.O.
M.O.

Enlisted on *15th* day of *November* 191*5* at *Calgary*

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>89th BCEE7.</i>			<i>15 Nov. 1915</i>
Transferred to.. ..	<i>10th. Bn.</i> <i>C.C. A.C.</i> <i>A R Depot.</i>	<i>183341</i>		<i>27-8-16</i> <i>10-2-17</i> <i>3-5-17</i>

EXAM. MEDICAL BOARD EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Calgary, Alta.</i>	<i>Dec. 26/17</i>	<i>Both Fracture</i> <i>(weakness from)</i>	<i>Class "E"</i>

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.

Christian Name.

[Handwritten signature]

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
GENERAL MILITARY HOSPITAL COLCHESTER.		10	2	17	23	2	17	Fract. R. fibula	14	Union. Transferred Ramsgate.	Almby Perry. R.A.M.C. CAPT. REGISTRAR.
gcslb Ramsgate		23	2	17	17	7	17	Fract Rt fibula	145	Ankle has all movements	John Anderson Capt R.A.M.C.

(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 Calgary, Alberta DATE December 26th 1917

1. (a) Unit 10th Batt (b) Regimental No. 183341 (c) Rank Pte
(d) Surname Malyx (e) Christian name Lodéon **DEPT MILITIA & DEFENCE**

2. Age last birthday 29 Date of birth 9th April 1888 **1918**

3. Enlisted at Calgary on 15th Nov., 1915 **649 - 27152**

4. Personal description :—

(a) Height 5' 8" (b) Weight 160 (c) Complexion Fair
(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

7. (a) Service

	PERIODS	
	From	To
<u>89th Batt</u>	<u>15th Nov, 1915</u>	<u>Aug., 27th, 1916</u>
<u>10th Batt</u>	<u>Aug., 27th, 1916</u>	<u>To Date</u>

(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. There is a well-
united fracture of right ankle in perfect condition. He walks with slight
limp, which would appear to be the result of habit more than from any
disability. He complains of leg hurting in ankle joint when he steps
on a rough place. Other systems normal.

[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.

159M.-6-17.
1772-39-117.

**B. P. C. FOLIO
FALSE DOCKET**

5

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

Scar over occiput 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? On duty

13. Was a Court of Inquiry held? N?A.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... 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? 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? 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?

No

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

20. Recommendations Discharge

Medical Officer by whom the case is brought forward.

Lieut., C.A.M.C.

STATEMENT OF THE SOLDIER.

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

I, the undersigned..... Soldier..... 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

Proction malys

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.

Yes

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). | 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 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).

Class "E" Discharge

The Board recommends that this man be discharged.

STATION Calgary, Alberta

DATE December 26th, 1917

APPROVED BY FRS JNB

DATE 31.12.17

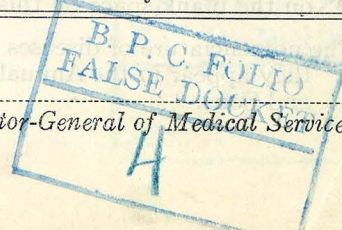
APPROVED BY

DATE

Joseph Stewart President.
Capt. J. A. M. C.
Lieut. J. A. M. C. } Members.
Lieut. J. A. M. C.

J. P. Barot Assistant Director of Medical Services.

Director-General of Medical Services.



8/1/14
1434

REC'D
JAN 7 1915

2-1-1
1023

OPINION OF THE MEDICAL BOARD

1. Does the Board concur with the preceding report? If not, give brief reasons.

2. Is the soldier fit for (a) General service (b) Home service (Canada only) (c) Light for service in Categories A, B and C? (Yes or No) Yes

3. It is recommended that the soldier be discharged. (When not for discharge and special recommendation) (Strike out condition not applicable)

4. 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.

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. 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.

(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 Calgary, Alberta DATE December 26th 191

1. (a) Unit 10th Batt (b) Regimental No. 183341 (c) Rank Pte
(d) Surname Malyx (e) Christian name Lodéon 649.m. 27152

2. Age last birthday 29 Date of birth 8th April, 1888

3. Enlisted at Calgary on 15th Nov., 1915

4. Personal description :—

(a) Height 5' 8" (b) Weight 160 (c) Complexion Fair
(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.)

484 - 8th Ave., E., Calgary, Alberta

6. Former trade or occupation Labourer

7. (a) Service

	PERIODS	
	From	To
<u>89th Batt</u>	<u>15th Nov, 1915</u>	<u>Aug., 27th, 1916</u>
<u>10th Batt</u>	<u>Aug., 27th, 1916</u>	<u>To Date</u>

(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. There is a well-
united fracture of right ankle in perfect condition. He walks with slight
a limp, which would appear to be the result of habit more than from any
disability. He complains of leg hurting in ankle joint when he steps
on a rough place. Other systems normal.

[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

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? On duty

13. Was a Court of Inquiry held? N/A.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... 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? 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? 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?

No

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

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..... Soldier..... 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 malyz

Signature of soldier examined.

buq. m. 27/52

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.

Yes

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) | 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 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).

Class "E" Discharge

The Board recommends that this man be discharged.

[Signature] President.
[Signature] Members.
[Signature] Members.
Lieut., C.A.M.C.

STATION Calgary, Alberta

DATE December 26th, 1917

APPROVED BY *[Signature]*

DATE 21.12.17

APPROVED BY

DATE

[Signature]
Assistant Director of Medical Services.

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.

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. 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.-27152

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

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

183341 Pte Malys R. A.R.D. 89th Batt. L.E.F.

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

No.

Cause of disability:-

G.S.W. of leg

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

This man broke his right femur, but now there is good union. He is still limping and little bit painful when walking, there is no swelling. Can put his whole weight on his leg.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

25%

Disability due to Service:-

100%

Probable duration of incapacity:-

2 months

Does it render him permanently unfit for Military Service:-

no

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

no

Recommendation of Medical Board:-

Convalescent Hospital.

Station:- Halifax, N.S.

Class:- # D III

Date 25-9-1917

W. J. Macdonald President
G. Wood Member
A. M. Hughes Member

APPROVED

Date 25-9-1917

J. R. Corbett Asst. Director Medical Services.

Date _____

Director General Medical Services.

B. P. C. FOLIO
FALSE DOCKET

BPB. 23,468,

Army Form B. 117.

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

114

Gen. No.

4269.

Certificate of Medical Officer.

No. 183341 Pt MALAK R. 10th Canadian B Coy.

was admitted to hospital on the 6-2-17 suffering from Fracture Right Fibula

†Here insert "trivial" or "serious."

The disability is of a serious nature, and in all probability

†Here insert "will" or "will not."

† may interfere with his future efficiency as a soldier.

*Here insert "claims" or "does not claim."

*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station No. 20 CCS

Date 7-2-17

R. P. O'Connell Major R.A.M.C.
Medical Officer in Charge.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.



Station _____

Date _____

{ Soldier's
Signature.

{ Signature
of Medical
Officer.

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 "occurred" or "did not occur."

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

†If on duty, state
(a) The date of the injury.
(b) The place where it occurred.
(c) The nature of the duty.
(d) Whether the soldier was in any way to blame.

† on the night of 2/3 Feb. 17, the above named soldier was on a working party proceeding from BULLY G. BERRY, for the purpose of DEEP DOGOUT construction. The soldier was in no way to blame.

The soldier has been so informed.

Station In the Field

Date 12-2-17.

S. M. O'Connell Major R.A.M.C.
Commanding 10th Can. Bn.

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.

7 MAR 1917

get

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1917

No. 183341 Rank. *pte* Name. *Milich R*

Local Unit. *94 Res* Overseas Unit. *10th Batt* Age. *28*

Examination held at
Granville Can. Spl. Hospital,
Ramsgate.

DISABILITY.
Overseas ☒ Local ☐
(scratch one out).

Fracture R Tib

PRESENT CONDITION.

*Good union, Free motion in ankle
joint. walks with a limp -*

BOARD RECOMMENDS:-

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

(Large circled '1')

EXAM. MED. BOARD

Signatures:-

[Signature]

President.

Members

[Signature]

APPROVED

10 JUL 1917

Dated..... 1917.

FOR A.D.M.S. CANADIANS. SHORNCLEIFF

For A.D.M.S.

NAME *Malyn R*

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO *183341*

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

No.	DATE	NATURE OF CASUALTY
<i>9349</i>	<i>20-9-17</i>	<i>Sailed from Liverpool for Canada per the H.S. Transport 8261³ on 13-9-17. (Special Authority)</i>

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B297	Gen Colchester	10-2-17	Trac R. Leg. Slit
B311	to Granville Can. Spec.		
	Parragate	24-2-17	Trac R. Tibula
282-5.	m. H.C.C. Calgary	(6-15-10-17)	Culp. Ogden R. C.M.C.
360	" " " "	31-12-17	To Out P. Ogden Sec
7-4	" " " " "	7-1-18	Tridisch Section
7-4.	" " " " "	8-1-18	Out-P " "
29-M. 10.13			

X

H. Q. 649-M-29152
M. D. No. 13
Surname Malys
Christian names Rodion
Regtl. No. 18 3341 Rank Pte
Unit 89th Bn
T. O. S. 19
D. O. Pt. II of
S. O. S. 4-2-18 19
Reason m. u.
Auth. auth. old serv. card

Next of kin Malys, Nikitor Relationship
Address 1 Ironcrow, Russia
Also notify:

BORN—Place Russia Date
ATTESTED—Place Calgary Alberta Date Nov. 15th 1915
O/S 31-3-16 441
13
R/C 25/9/17

Name **MALYX** Rodion Rank Pte. Reg. No. 183341

Unit 10th. Bn.

Next of Kin Nikitov Malyx, S. Terecovey, Podolska Podolsk, Russia

Date	Movement	Place	Casualty	List No.	Notified N, K O.	W.O. List
10-2-17	Gen.Hosp.	Colchester	Frac.R.Leg.Slt.			
				B297	08959	
24-2-17	Gran.Can.Spec.Hosp.Rams'e	do	R.Fibula	B311.		
17-7-17	Discharged		do	B425		

[illegible]

MEH

B
✓

Number 183341 Rank Pte
Surname MALYK
Christian Name Richard
Units 10 Bu Can Inf Theatre of War France
Date of Service 28-8-16
Remarks

Latest Address ~~424 - 8 Ave E. Atter~~
~~Balgary. Alta.~~

Page 5738

9a

93198

AUG 23 1921

Number

Surname

Christian Name

Units

Date of Service

Remarks

Latest Address

Rank

Theatre of War

Name MALYX R. Rank Pte. Regt. No. 183341 Unit I
 Battn. 89th Bn. Camp or O. S. O. File M. H. C. C. 649-M-27152
 Next of kin Father, 4 Ave. N. East. No. 65. Calgary. Alta.
 Discharged to Class 3 D. of D. 25% Conduct Good
 Pension awarded \$30.00 6 mos. Date of first payment 5-2-18
 Address on discharge 424-8th Ave. E. Calgary
 Diagnosis GSW. Rt. Leg. Date boarded

DATE	CLASS	REMARKS	Part 2 Order
6-10-17	2	Ogden Outpatient until the 15th 10-17	#282
1-11-17	2	Ogden Outpatient until 31-12-17	#360
7-1-18	2	Discharge Section Outpatient	#7
30-1-18	3	DISCHARGED	#45

[illegible]

Surname **Malyx** Christian Name or Names **R.** Reg. No. **183341**
 Rank _____ Unit **10th Bn.** Co. _____ Troop _____ Batty. _____
 Pte. _____
 Hospital **Colchester General** Date of Admission **10-2-17.**
 Transferred *Granville special Reamgate* Hosp. *24.2.17*
 Hosp. _____
 Hosp. _____
 Hosp. _____

Diagnosis **Frac. R. Leg.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch 17-7-17 Date

REMARKS

L. 16-2-17 B297

5.3.17 B311

- 9-8-17 B425

A.M.D. 2 Dept.
 Beh. of D.G.M.S. O.M.F.C. London

5/7

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11155/222
91220
11738-R-2.

Name **Malyk, Rodion**
Surname

Christian Name

Regimental Number **183341**

Rank **Pte.**

Address (in full) **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.

L. L. 22573—M. & D. 8009.

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		
100 10	1811	17-3-18	33 00	1801	17-4-18	33 00	1796	17-5-18	34 10		100 10
75 00	2638	20-5-18	75 00								75 00
	101, 112277	25 7/19	70 00								
607A	923790	4/3/19	70 00								

M. F. W. 127.
50M-617.
1772 33-1140.

Remarks: **Separation Allowance.**

*See also that re
Dependents Portion with*

GEN'L AUDITOR
Posting checked by
W. B. L. M.
DATE *10-9-19*

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Duplicate 97189 M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

Name

Parasovia Malgk

Address

*Medziboz**Russia*

Relation to Soldier

wife, child or mother

Wife

Name of Soldier

*Malgk Rodion*Regtl. No. *183341*

Rank

Pte

Corps

89th Batt

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Wrote again to Petrograd for information. 8-3-17 <u>awd</u></i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



SEPARATION ALLOWANCE.

Name of Dependant

Name of Soldier

Relation to Soldier

Regtl. No.

1

3

Rank

Corps

P.O.

P.O.

To what Corps belonging

2

4

when called out

P.O.

P.O.

REMARKS.

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. \$ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...					
Apl.	1916						
May							130.
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							
Jan.	1917						
Feb.							
Mar.							
Apl.							
May			370 15				Separation Cheque & form correct M. H. H. H. H. H.
June							
July							
Aug.							
Sept.							
		Carried Forward ...					

Malak. R. 183341

4.

Cr	Date	Dr	Mr. P. Malak.	Date	Dr	Mr. P. Malak.
1916		1916				
- June	1916	Dec 22	Paid	185	35	
- July	1916	May 3	17	198	86	
- Aug	1916	June 22		102	51	
- Sept	1916	Bal		110	68	
- Oct	1916					
- Nov	1916					
- Dec	1916					
- Jan	1916					
- Feb	1916					
- Mar	1916					
- Apr	1916					
- May	1916					
	180			597	40	

ASSIGNED PAY *and/or* SEPARATION ALLOWANCE

Payable to _____

Name _____

Address _____

From Canada: No. _____ Rank _____ Unit _____

ASSIGNED PAY

Authority _____ Dol. _____ Effect _____

ASSIGNED
PAY

SEPARATION
ALLOWANCE

" " " " " "

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND AND ADVISE
FROM OFFICER IN CHARGE OF SOLDIER
NAMED HEREIN.
Noted on L P 6

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 191					
JAN.					
FEB.					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

DISCHARGED TO C/

Malak R. # 183341

263

Mrs. P. Malak

Dr Date	ap	la	\$	£	s	d	Rbs	Kop	Date	Rbs	Dr Kop
1916									1917		
Oct	ap	15	3	1	8	48	70		May 3 rd	198	86
Nov	ap	15	3	1	8	49	65		June 22 nd	102	51
Dec	ap	15	3	1	8	49	95				
1917 Jan	ap	15	3	1	8	50	56				
Feb	ap	15	3	1	8	51	18				
Mar	ap	15	3	1	8	51	33				
		90	18	10		301	37			301	37
1917 Apl	ap	15	3	1	8	52	41			110	68
May	ap	15	3	1	8	58	27				
		30	6	3	4	110	68				

Bal

Remarks

Cr.

Dr.

Balance on Transfer

Unit Transferred

Rank and Name

Reg'l
No.

9456. Roberto E. C.

Reg't No.	Rank and Name	Unit Transferred	Balance on Transfer		Remarks
Date	Particulars	Group Date	Dr.	Cr.	
31. 10. 14.	On the String th.	N.	23. 10. 14. CL. 1.	A. 2.	

[illegible]

M. F. W 41
1 0M-7.16
1772-39 889

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

FOREIGN

MILITIA AND DEFENCE

30545

ASSIGNED PAY.

To whom Mrs. Paraska Malak,
 Address P.O. Nedziboz S. Terechovey,
 Podolsk *Sub.*
 Russia.

By whom assigned Malak, R.

Regtl. No. 183341

Rank Private

Corps &c. 89th Battalion.

Rate \$15.00

Date to Commence 1st June, 1916.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June		<i>84224</i>	<i>15</i>	<i>+</i>	<i>Cancelled EXP. 7/6/16</i>
July		<i>114420</i>	<i>30</i>	<i>/</i>	
Aug.		<i>149913</i>	<i>15</i>	<i>/</i>	
Sept.		<i>188617</i>	<i>15</i>	<i>/</i>	
Oct.		<i>224230</i>	<i>15</i>	<i>/</i>	
Nov.		<i>263226</i>	<i>15</i>	<i>/</i>	
Dec.		<i>304684</i>	<i>15</i>	<i>/</i>	
Jan.	1917	<i>345554</i>	<i>15</i>		
Feb.		<i>389613</i>	<i>15</i>		
March			<i>15</i>		
April			<i>150</i>		
May			<i>15</i>		
June			<i>225</i>		
July					
Aug.					

A.P. Checked & found correct
E.B. Mr. Gee 10/4/17
23/3/17

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Duplicate
21463
M. F. W. 11a.
50m.-4-16.
1772-39-818.

Sheet No. 2.

L. L. Job 310.-Req. 674.

Paraska Malak

Wife
PAYMENTS. 183341

Name of Soldier

Malak Roden
etc



Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				130-
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

Name *Paraska Malak*Address *Medziboz**Rusia*

Relation to Soldier

wife, child or mother

*Wife*Name of Soldier *Malak Roden*Regtl. No. *183341*Rank *Pte*Corps *89th Batt*

To what Corps belonging

when called out

PAYMENTS

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

ENGLISH

Duplicate sent to England for payment.

A/c Closed

Ret'd per *J.P. 826/*Date *13 9 10*Clerk *Am. L. Hill*

SEPARATION ALLOWANCE

50m.—4-16.

1772—39—818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574

*Paraska Malak*Wife
PAYMENTS.

183341

Name of Soldier

Malak Roden
pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Duplicate Sent to England for payment.</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

RELATIONSHIP OF DEPENDANT

AUTHOR

NAME OF HOSPITAL

RELATIONSHIP OF DEPENDANT

Estimado Gen 10th 2/2/17

[illegible]

ACQUITTANCE ROLLS

[illegible][illegible]

1710	
3300	6129
2410	11215
6710	
2410	170 311/116 20715

CRD
5946 4/8.
2382 59.86
6/8.
6056 19/9
131 25/9

Granville
401 $\frac{3}{3}$

P. 697.

183341 *P. malak* *BB*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢	¢			
29. 10. 17	1725	15			265	Field	Hamerton Wilson		
16. 8. 17	378		1		497	Ramsgate			
15. 6. 17	592		1		416				
17. 7. 17	814		11		535	4. 87	Ported by W.W. 1/2 Clear		
3. 8. 17	85		2		97	Brimschott			
					7562				

[illegible]

PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY			
DATE	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT		
			\$			\$			\$		
1916											
June			17 10								
"	30	100	30 00	30	10	3 00					
July	31	100	31 00	31	10	3 10					
Aug	31	100	31 00	31	10	3 10					
Sept 30	30	1	30 -	30	10	3 -					
✓											
Oct 1/31			31 -			3 10					
Nov 1/30			30 -			3 -					
Dec 1/31			31 -			3 10					
Jan 1/31			31 40			21 40					
Feb 1/28			30 80								
March	31	100	31 10								
Apr	30	4	33 -								
			384 50			122 40					

MARRIED OR SINGLE

Married

PLACE OF BIRTH

Serechovey, Russia.

NAME AND ADDRESS OF NEXT OF KIN

*Mrs Paraska Malak,
P.O. Medziboz, S. Yerechovey, Podolsk, Russia*

RELATIONSHIP OF NEXT OF KIN

Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

20⁰⁰

EFFECTIVE (DATE) *15 Nov 1915*
(Authy 1/2 La claims Asp. Ill)

PAYABLE TO

*Mrs Paraska Malak
P.O. Medziboz S. Yerechovey Podolsk. Gub Russia*

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

AP checked and found correct. EMMG 10th 12 23/17.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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AFT. RIDING HORSE AND MULES.

* TOTAL STRENGTH

ATIONS

ATIONS

FUEL

SALT WOOD COAL

5746 4/8
2382 89 8/8
6056 19/9
121 25/9

Granville 401 3/3

[illegible]

HOSPITAL, &c.

NAME OF HOSPITAL _____

REG'L NO.	183341	RANK	Private	NAME	Malak, Roden.
IF IN PERMT. CORPS WHAT UNIT		UNIT	89th C. Bn	TRANSFERRED TO	10th Bn
					DATE 1/9/16
PERMANENT FORCE ALLOWANCES				TRANSFERRED TO	Sub Bn L (Hq)
					DATE 25/1/17
PLACE OF ATTESTATION	Calgary, Canada.			TRANSFERRED TO	DATE
DATE OF ATTESTATION	15th Nov. 1915			TRANSFERRED TO	DATE

ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE _____

PAYABLE TO	Mrs. Paraska Kalate	RELATIONSHIP	Wife	18 SEP 1918
ASSIGNED PAY MONTHLY \$	P.O. Medziboz, S. Terechovy, Podolsk, Russia.	DATE EFFECTIVE		

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)	Shopped	EFFECTIVE	1. 9. 17.	REASON	Discharged.
DISCHARGE DATE AND PLACE	24. 8. 17. Canada	REASON AND AUTHORITY	Befbos 3715 Braunschweig 8/17		

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

QUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2		3		4		1	2	3	4				CREDIT	DEBIT			
D.	DATE	NO.	DATE	NO.	DATE												
6129							1460			1500		2960	1710				Balance from Canada
1215							.973			1500		2473	2050				
2715							.973	.487		1500		2960	2987				Upd to 10th Bin. Dec. 193. Eff. 7/9/16
												2437	2437				
										15		2422	4315				
										15		2997	5528				
							.261			15		1761	7067				
							.1134			15		2634	7843				
							.262										
							.523			15		2285	8968				
							.262			15		1762	10286				
										15		1744	11952				
										15		1986	13266				
										165		25184					

Sailing Lust 45 13/9/14 6th Bal 110^{°4}

183341

Re Galak. R.

	384 50		384 50		34 15 29 20 28 19
May 31 1 st	34 10		34 10		
June 30 "	33	376 65 20	423. 65	127. 74. 9. S. H. han	4 67
July 31 "	34 10	20	54 10	Loyd	
Aug 24 1 st	26 40	20	46 40	Loyd	
	512 10	430 65	542 75		34 15 29 20 28 19

DATE	DESCRIPTION	AMOUNT	BALANCE
Oct 17	Bal forward	195 39	195 39
	✓		185 66
Nov 17	AR 9618 Auction 4/9/17	9 73	
	AR 578 Grandpce Hosp 16/1/17	4 86	
	" 64 A.R.D. 15/8/17	9 73	
	" 592 Ramsgate Pubs 15/6	4 87	
	all AR D.D. 0132 19/7/17		
	S.D. 17/17 16/7/17	7 30	173 50
1918		7 30	
Mar	(S/m) cheque AR 5353 4/4/18 48 66		
	(AR 814 Grandpce Hosp 17/7/17)	4 87	168 63
		4 87	
May	AR 1775 8 th Bn 20 th 12	2 62	166 01
		2 62	
June	Dr Bal to Canada	166 01	
		166 01	

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
20	23-49			165 "		251 84					
				15-		15 - 151 76					
	4 57			15- 20 ⁰⁰ <i>37 65</i>		410 52 164 89					P.G. from 11/1/16 to 29/12 A.S.P. P.2 B.W. 1617 11/17
				15-20		35 183 99					
20	24 36			15- 20 <i>225 120 65</i>		35 195 39 75-64 119 77 <i>747 36</i>					Transf'd to Robt D.L. (Dis), 29/12 B.A. 11-99/12
<div><div>AJW FORM REND Shop EFFEC. 1/4 DISCHARGED TO <i>Kan</i> DATE 24/8 PAYBOOK VERIFIED <i>28/8</i> by BAL <i>8119 77</i> L.P.C. REND <i>28/8</i> AUTHY. <i>Befbos BB15 1/47</i></div><div>for disposal.</div><div>Checked <i>H.V. Williams</i> L.P.C.</div></div>											
Left L.P.C. 17/12/17 P.S. C.B. 117 <i>out by</i>											
Suppl L.P.C. 12/4/18 for (AR 314) <i>B/66 xx</i>											

DAILY RATE OF PAY AND ALLOWANCES

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

