7-2-19 amd

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 4/3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... /

Proceedings on discharge..... /

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... /

Last Pay Certificate..... /

M2W178 — 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CHICOLASKY NICHOLAS

Regt. No. 4070795 Rank Pte

Corps 1st Depot Bn M.R.

Demob'm.

6

18329

H

ORIGINAL

#10 M. D. First Depot Battalion Manitoba. Regiment

Discharged R.O. 1357 B.O. #10 10-1-19 Para 60

Regtl. No. D.4070795

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: CHICOLASKY
2. Christian name: NICHOLAS
3. Present address: Sifton, P.O. Manitoba, Canada.
4. Military Service Act letter and number: Defaulter
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: February 15th. 1891
6. Place of birth: Austria
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Farmer
10. Name of next-of-kin: Mr Russell Chicolasky
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Sifton, P.O. Manitoba, Canada.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act :—

(a) Place: Winnipeg, Canada (b) Date: June 18th. 1918 (c) Category: A 2

DECLARATION OF RECRUIT

I, Nicholas Chicolasky, do solemnly declare that the above particulars refer to me, and are true.

his Mark.
Nicholas (x) Chicolasky (Signature of Recruit)

Witness: [illegible]

DESCRIPTION ON CALLING UP

Apparent age	27 yrs.	4 mths.
Height	5 ft.	5 ins.
Chest measurement	fully expanded	36 ins.
	range of expansion	2½ ins.
Complexion		Dark
Eyes		Brown
Hair		Dark

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Scar right thumb,
Scar right arm,
Scar left forearm,

I hearby waive all claim for exemption and conditional leave of absence.

R. P. Wilmot Capt. Major for
Commanding 1st Depot Battalion Manitoba Regiment
O. C. Depot Btln.

Regt.

Place: Winnipeg, Canada, Date: ~~June~~ November 11th. 1917

M. F. W. 133.
500M.—5-18.
1772—39—1158.

11/11/19

Austria Roman Catholic Farmer Single

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Chicolasky Christian name Nicholas

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Defaulter

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Sifton, P.O. Manitoba, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of June 1918 1917, by the undersigned medical board sitting at Winnipeg, Manitoba, Canada.

5. Age as stated 27 Years 4 Months. 6. Apparent age Years Months

7. Height 5 Feet 5 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 33½ Ins. / Maximum 36 Ins. } 10. Complexion Dark { Eyes Brown / Hair Dark }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar R thumb Scar R arm. Scar left forearm

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

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

V/R 20/20
V/L 20/20
H/R Normal
H/L Normal

Signature of Man

)Sgd) M.C.Panton.Capt. *President.*

R. S. Burns, Lieut. *Member.* *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 11th. *day of* November *191*7 *at* Winnipeg, Manitoba, Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt'n M.R.	4070795		11-11-17
Transferred to	10th.Batt'n CG.R.			27-7-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

January.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No 4070795. Rank Pte. Name Chicolasky. N.

Corps 10th. Battalion, C.G.R. who was* Discharged.

On 9-1- 191 9., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1- 191 9., to 9-1-19. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month Dec.	32.	15
Advances by Cheques } No.			Regt'l. Pay 9 days at $ 1 c.	9.	
Advances by Cheques } No.			Field Allow. 9 days at $ c. 10		90
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges LWOP. B.O. 188	9.	90	Other Allowances* Clothing	35.	
Payment on transfer or discharge No. 5841	67.	40	Other Credits* Xmas. Mess		25
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	77.	30	Total	77.	30

*Give particulars.

A monthly stoppage of $ Nil. (†) has (‡) been paid on account of Assigned Pay for the month of 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.

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

REMARKS:—

State (1) date of enlistment 11-11-17.

(2) if married and if a Separation Allowance Card has been submitted No. No.

(3) cause of discharge authority B.O. 10.

(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 17-1-19.

Place Winnipeg, Man.

Paymaster.

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.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. D.4070795 Rank PRIVATE Name Chicolasky Nicholas

Enlisted (a) 11/11/17 Terms of Service (a) C. E. F. C. E. F. Service reckons from (a) 17/6/18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) CIVIL. Farmer MILITARY

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				
22/7/18	AAG	Trans. 10th Bn CGR	Winnipeg	27/7/18	
		Discharged R.O. 1357 B.O. # 10 10-1-19 Para 60			

[illegible] for O.C. 10th Battn. Canadian Garrison Regt.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				

H. Q. .....

M. D. No. 10

Surname Chicolasky

T. O. S. June 17th 1918

Christian names Nicholas

D. O. Pt. II 172 of 21/6/18

Regtl. No. 4070795 Rank Pte.

S. O. S. Dis. 9-1-1919

Unit Man. Regt. 1st Dpo. Bn.

Reason "Demob"

Auth. DO. 10 of 10-1-19 10/C GW.

Next of kin Chicolasky, Russell

Relationship Father

Address Sifton, Man.

Also notify: .....

BORN—Place Austria

Date Feb 15th 1891.

ATTESTED—Place Winnipeg, Man.

Date Nov. 11th 1917

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839

J. E. M.

(1)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Broadway Barracks
27th December 1918

TO:—

Regimental No. 4070795
Pte. Chicolosky, M.
Sigton
Man.

9.1.19

Regimental No. 4070795

Serial No.

1. You are directed to report on or before 10th January 1919. for the purpose of being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Depot at Winnipeg. Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

E. Wallace
Lieut. Rank

for the O.C. 10th Depot Bn. Can. Garr. Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 7th day of January 1919.

Signed, sealed and delivered in the presence of

W. W. Spence
Notary Public, Commissioner for Oaths or Justice of the Peace.

M. Chicolosky
SEAL

Regt. No. 4070795

Unit 10th Batt. C.G.R.

M.F.B. 218B (Demob.)
1077-D.P.-40M-11-18.
1772-39-173.

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 4070795.

Name Nicholas Chicolasky of the Tench ~~Depot~~

Battalion Canadian Garrison Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

E. Waller

Lieut. Rank

Authority Part II. Order

No. B010 10/1/19 Para 60.

For the O.C. 10th ~~Depot~~ Bn. Can: Garr: Regt.

M.F.B. 218B (Demob.) DATED AT Winnipeg this Tench day of January 1919.

LIST OF DISCHARGE DOCUMENTS.

Particulars of Recruit	M.F.W. 133
Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
Casualty Form	M.F.W. 54 or A.F.B. 103
Last Pay Certificate	M.F.W. 44
Certificate that Missing Documents are Unobtainable.	
Medical History Sheet	M.F.B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227
Dental History Sheet	M.F.B. 465
Medical Report	M.F.W. 129
Regimental Conduct Sheet	M.F.B. 263
Company Conduct Sheet	M.F.B. 263a

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 4070795 RANK Pte NAME (IN FULL) CHICOLASKY. N.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 11-11-17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Wpeg DATE 9/1/19 REASON AUTHORITY B010 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1918 Dec							32	15	32	15																									32	15	
19 Jan	9	1.10	9	90	35	25	32	15	77	30			58	41					67	40							9	90			77	30					Look here fo 100188 Ca
			9	90	35	25	64	30	109	45									67	40							9	90			77	30			32	15	

Certified Account Completed to date of discharge

[signature] Capt.

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT	CREDIT	
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	