

UNITED STATES VETERANS BUREAU
FORM 3101

Revised Sept., 1921.

REQUEST FOR ARMY INFORMATION

FABB/WRB/MT/mlb

FOR USE OF--

U. S. VETERANS BUREAU
Claims & Insurance Section
Record Verification Unit
SEP 16 1926

September 15, 1926

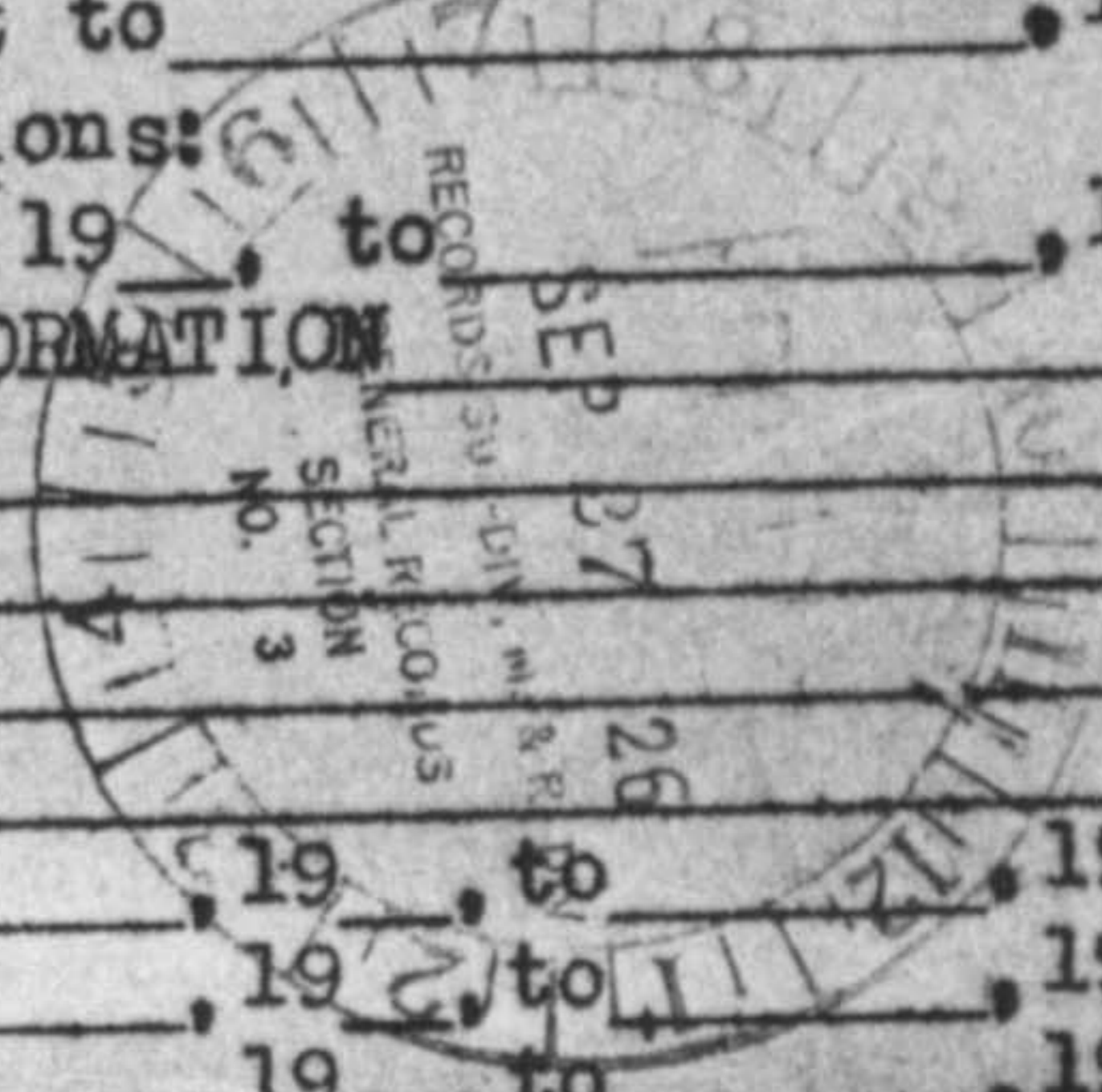
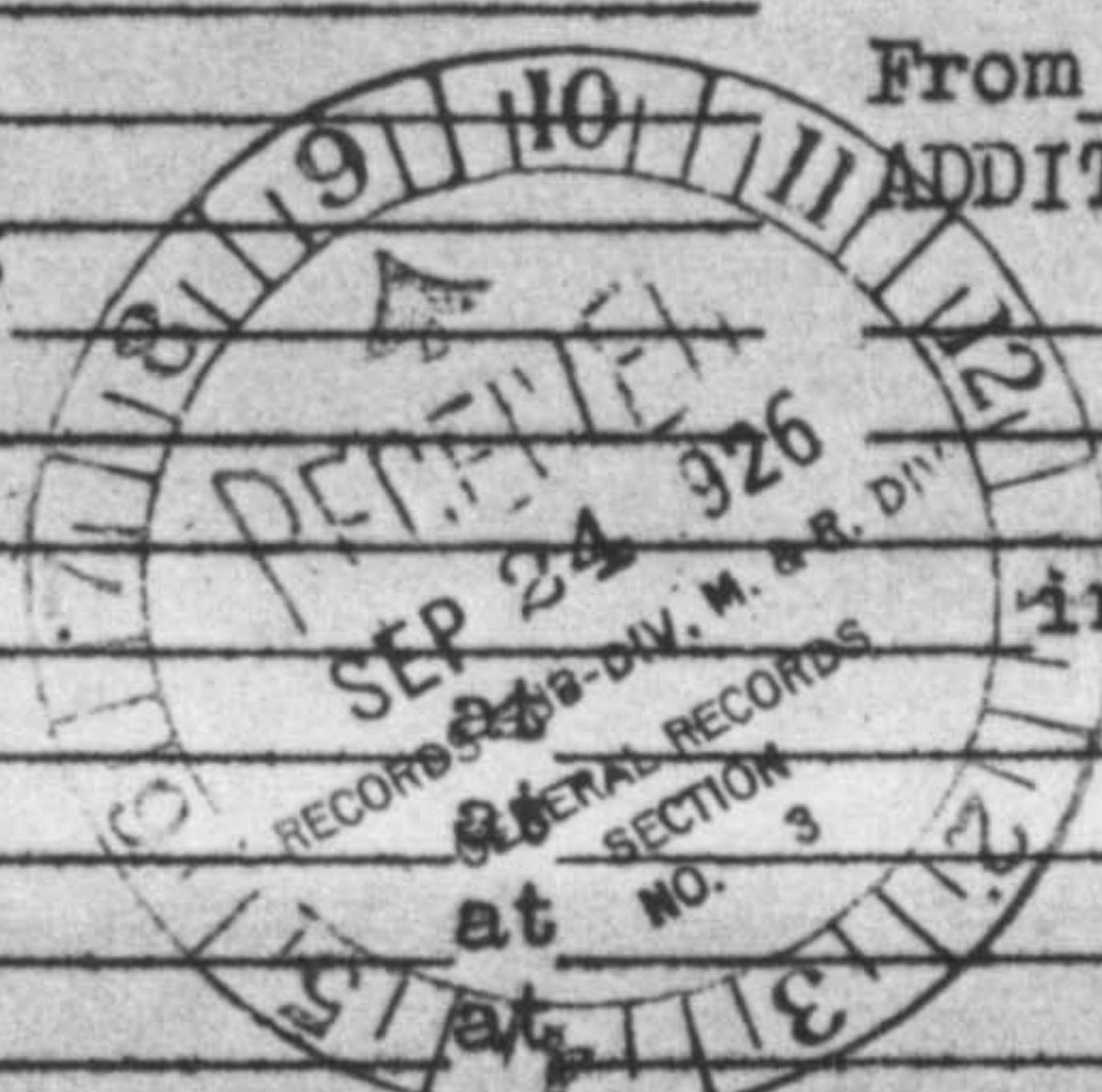
DIVISION AWARDS SUBDIVISION _____ SECTION RRIMB. UNIT Rm. #927.

It is requested that information be given on the subject checked and this sheet returned to the UNITED STATES VETERANS BUREAU.

Name GALE John CLB 9-27-26 Army Serial No.: S _____
(Last.) (First.) (Middle.) Allotment No.: A _____
Rank and Organization Co. E, 7th. Regt. Col. US Comp. Claim No.: C _____
Date _____ Camp Vol. Infty. Conv. Ins. No.: K _____
Date of enlistment _____ Term Ins. No.: T _____
Date of discharge or death _____ Allot. Deductions, Class A _____
Home address _____ Class B _____
From _____, 19____, to _____, 19____
Made subsequent to _____, 19____
Premium deductions: _____
From _____, 19____, to _____, 19____

Status of Allot. through Z.F.O. _____
Has final settlement been made? _____
Certified copies of Forms 1-B _____

Alleged disability _____ incurred at _____
Treated at _____ Hosp. No. _____ from _____, 19____, to _____, 19____
Treated at _____ Hosp. No. _____ from _____, 19____, to _____, 19____
Treated at _____ Hosp. No. _____ at _____, _____ from _____, 19____, to _____, 19____
Treated at _____ Hosp. No. _____ at _____, _____ from _____, 19____, to _____, 19____



FILE DATE 9/25/26
NAME John G. Gale

By GEORGE E. LAMM, Ass't. Director.

- 1. Name Gale John (Last.) (First.) (Middle.)
- 2. Army Serial No. _____
- 3. Rank and Org. at Disch. Pvt., Co. E, 7th
- 4. Date of enlistment Sept. 27/63
- 5. Physical defects at Enl. _____
- 6. Was he medically exam. and accepted at camp? _____
- 7. Date and hours of induction by draft board _____
- 8. General or limited Service _____
- 9. Date of discharge Oct. 13/66
- 10. Character of Disch. Honorable.
- 11. Date of indefinite furlough _____
- 12. Physical defects at Disch. _____
- 13. Complete medical history _____
- 14. Future address _____
- 15. Date of Reenlistment (New army) _____
- 16. Present rank, org. and location _____
- 17. Date and cause of death _____
- 18. Death in line of duty? _____ Death due to own misconduct? _____
- 19. Emergency address _____
- 20. Date of birth _____
- 21. Date and Rank or Retirement _____
- 22. Dates and history of desertion or absences with court-martial findings _____
- 23. Date of President's call (World War) _____
- 24. Date mustered into Fed. Serv. _____
- 25. Date of Physical exam. for Fed. Service (World War) _____
- 26. Was guardsman accepted on physical exam. for Fed. Serv.? _____

REPORT BELOW ON NATIONAL GUARDSMEN ONLY.

(SEE REVERSE SIDE.)

801 - Gale, John