

# REQUEST FOR ARMY INFORMATION

FOR USE OF—

**PARR/WRR/LEE/om**

Oct. 18, 1926, 19

DIVISION **AWARDS** SUBDIVISION \_\_\_\_\_ SECTION **REIMB** UNIT **4927**

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name **PRICE** **Nathian** **10/20/26**  
(Last.) (First.) (Middle.)  
Rank and organization **Pvt. Co. 1 9th Reg. USA**  
Date \_\_\_\_\_ Camp \_\_\_\_\_  
Date of enlistment **Nov. 22, 1918**  
Date of discharge or death \_\_\_\_\_  
Home address \_\_\_\_\_

Army Serial No.: S \_\_\_\_\_  
Allotment No.: A \_\_\_\_\_  
Compensation Claim No.: C \_\_\_\_\_  
Converted Insurance No.: K \_\_\_\_\_  
Term Insurance No.: T \_\_\_\_\_  
Allotment deductions, Class A \_\_\_\_\_ Class B \_\_\_\_\_  
From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Made subsequent to \_\_\_\_\_, 19\_\_\_\_

**Civil War Veteran**

Premium deductions:  
From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Additional information \_\_\_\_\_

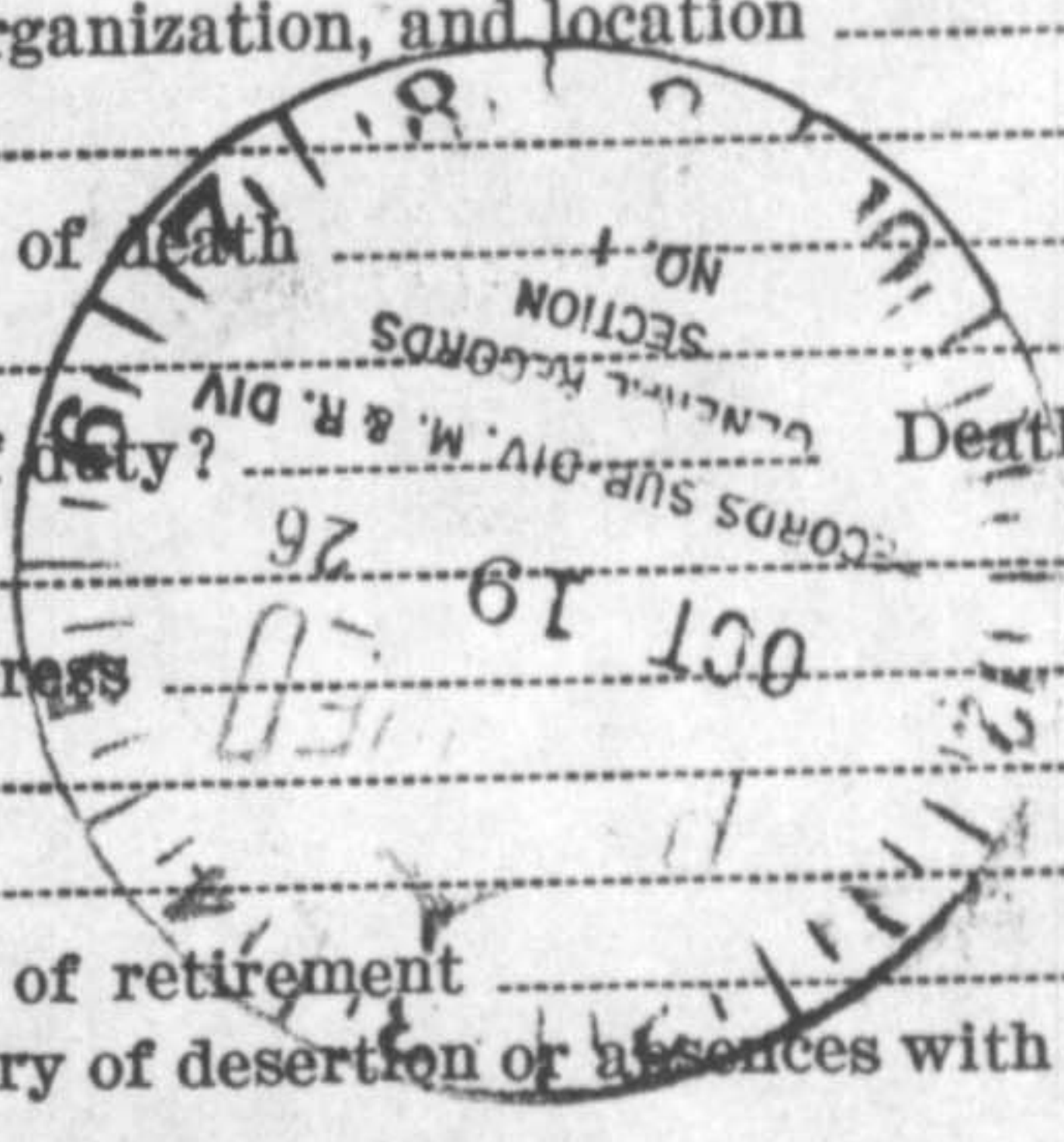
Status of allotment through Z. F. O. \_\_\_\_\_  
Has final settlement been made? \_\_\_\_\_  
Certified copies of Forms 1-B \_\_\_\_\_

Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By **GEORGE H. JANS, Asst. Director.**

1. Name (Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge
4. Date of enlistment
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. General or limited service
9. Date of discharge
10. Character of discharge
11. Date of indefinite furlough
12. Physical defects at discharge
13. Complete medical history
14. Future address
15. Date of reenlistment (new army)

16. Present rank, organization, 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 of retirement
22. Dates and history of desertion or absences with court-martial findings



**FILE SECTION NO. 2**

Report below on National Guardsmen only.

**OCT 20 1926**

**Chief Clerk's Division**

23. Date of President's call (World War)
24. Date mustered into Federal Service
25. Date of physical examination for Federal Service (World War)
26. Was guardsman accepted on physical examination for Federal Service?

(SEE REVERSE SIDE)