

CIVIL WAR VETERAN

REQUEST FOR ARMY INFORMATION
FOR USE OF—

March 17, 1930

DIVISION Awards SUBDIVISION Reimb. SECTION Room 927 UNIT FABB

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

Name Armstrong John
(Last.) (First.) (Middle.)
Rank and organization Pvt. Co. B 39th Reg.
Date _____ Camp _____
Date of enlistment March 3, 1864
Date of discharge or death December 4, 1865
Home address Baltimore, Maryland
Date of death February 10, 1930

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____

Civil War Veteran
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____
Premium deductions:
From _____, 19____, to _____, 19____
Additional information Please furnish complete medical and military history

By GEORGE E. IJAMS, Assistant Director

- Name _____
(Last.) (First.) (Middle.)
- Army Serial No. _____
- Rank and organization at discharge _____
- Date of enlistment _____
- Physical defects at enlistment _____
- Was he medically examined and accepted at camp? _____
- Date and hour of induction by draft board _____
- Defects noted by draft board _____
- General or limited service _____
- Date of discharge _____
- Character of discharge _____
- Date of indefinite furlough _____
- Physical defects at discharge _____
- Complete medical history _____
- Future address _____
- Date of reenlistment (new army) _____

- Present rank, organization, and location _____
- Date and cause of death _____
- Death in line of duty? _____ Death due to own misconduct? _____
- Emergency address _____
- Date of birth _____
- Date and rank of retirement _____
- Dates and history of desertion or absences with court-martial findings _____

Report below on National Guardsmen only.

- Date of President's call (World War) _____
- Date answered President's call _____
- Date mustered into Federal Service _____
- Date of physical examination for Federal Service (World War) _____

(SEE REVERSE SIDE)

2-9732