

SECOND REQUEST WITH ADDITIONAL INFORMATION
REQUEST FOR ARMY INFORMATION

FOR USE OF—

U. S. VETERANS BUREAU
Record Verification Unit
APR 17 1936

4-19-
April 15,

DIVISION Awards SUBDIVISION _____ SECTION Reimb. UNIT Room 927

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. U.S. Col.

Date March 23, 1864 Troop, name of state - Maryland

Date of enlistment March 23, 1864

Date of discharge or death December 4, 1865

Home address _____

Status of allotment through Z. F. O. _____

Has final settlement been made? _____

Certified copies of Forms 1-B _____

Alleged disability _____

Treated at _____ Hospital No. _____ at _____

Treated at _____ Hospital No. _____ at _____

Treated at _____ Hospital No. _____ at _____

Treated at _____ Hospital No. _____ at _____

Army Serial No.: S _____ Civil War Veteran

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 _____

By GEORGE E. LAMM,
Assistant Director.

1. Name Armstrong, John
(Last.) (First.) (Middle.)

2. Army Serial No. Civil War

3. Rank and organization at discharge Pvt., Co. B, 39th
Regiment United States Colored Infantry

4. Date of enlistment March 23, 1864

5. Physical defects at enlistment _____

6. Was he medically examined and accepted at camp? _____

7. Date and hour of induction by draft board _____

8. Defects noted by draft board _____

9. General or limited service _____

10. Date of discharge December 4, 1865

11. Character of discharge Honorable

12. Date of indefinite furlough _____

13. Physical defects at discharge _____

14. Complete medical history _____

15. Future address _____

16. Date of reenlistment (new army) _____

17. Present rank, organization, and location _____

18. Date and cause of death _____

19. Death in line of duty? _____ Death due to own
misconduct? _____

20. Emergency address _____

21. Date of birth _____

22. Date and rank of retirement _____

23. Dates and history of desertion or absences with court-
martial findings _____

Report below on National Guardsmen only.

24. Date of President's call (World War) _____

25. Date answered President's call _____

26. Date mustered into Federal Service _____

27. Date of physical examination for Federal Service (World
War) _____

(SEE REVERSE SIDE)

2-9732