

SECOND REQUEST WITH ADDITIONAL INFORMATION
REQUEST FOR ARMY INFORMATION

FOR USE OF—

U. S. VETERANS BUREAU
Record Verification Unit
APR 17 1930

4-19
April 15,

1930

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 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 _____ 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 E. Ijams
GEORGE E. IJAMS,
Assistant director.

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 _____

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 _____
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) _____

RECEIVED

REIMBURSEMENT SECTION
AWARDS DIVISION

RECEIVED
APR 18 1930
OLD RECORDS DIVN.

Report below on National Guardsmen only.

(SEE REVERSE SIDE)

2-9722