

REQUEST FOR ARMY INFORMATION

FOR USE OF— REIMBURSEMENT SECTION

MAY 14, 1932

19

DIVISION Claims SUBDIVISION Compensation SECTION 100-01 UNIT R. 920

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

Name HEATH, Jacob Army Serial No.: S CIVIL WAR VETERAN
(Last.) (First.) (Middle.)

Rank and organization Pvt. Co. C. 19th U.S. Col. Inf. Allotment No.: A
Date _____ Camp _____ Compensation Claim No.: C

Date of enlistment Dec. 25, 1863 Converted Insurance No.: K

Date of discharge or death Jan. 15, 1867 Term Insurance No.: T

Home address _____ Allotment deductions, Class A _____ Class B _____
From _____, 19____, to _____, 19____
Made subsequent to _____, 19____

Premium deductions: From _____, 19____, to _____, 19____

Status of allotment through Z. F. O. _____ Additional information COMPLETE MILITARY HISTORY.

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. BROWN, Director of Compensation.

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. Defects noted by draft board _____

9. General or limited service _____

10. Date of discharge _____

11. Character of discharge _____

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)