

UNITED STATES VETERANS BUREAU
Form 31
Revised Sept., 1925

REQUEST FOR ARMY INFORMATION 0.317-WR/MBD/11/10/25
FOR USE OF—

MAY 18 1925
RECORDS SECTION
MAY 11 1925
May 8 1925

DIVISION CLAIMS SUBDIVISION _____ SECTION REIMB. UNIT RM. #931.

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

Name MOALES John
(Last.) (First.) (Middle.)
Rank and organization Co. B, 39th. Regt. U.S. C.
Date _____ Camp Vol. Troops.
Date of enlistment _____
Date of discharge or death _____
Home address _____
Status of allotment through Z. F. O. _____
Has final settlement been made? _____
Certified copies of Forms 1-B _____

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 _____

Alleged disability _____ incurred at _____
at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____
ed at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____
ed at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____
ed at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

By CHARLES E. MULHEARN, Ass't. Director.

- Name Moales, John
(Last.) (First.) (Middle.)
- Army Serial No. _____
- Rank and organization at discharge Corpl., Co. B, 39th Regt. U.S. C. Inf.
- Date of enlistment Mar. 22/64.
- Physical defects at enlistment _____
- Was he medically examined and accepted at camp? _____
- Date and hour of induction by draft board _____
- General or limited service _____
- Date of discharge Dec. 4/35.
- Character of discharge honorable.
- 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 mustered into Federal Service _____
- Date of physical examination for Federal Service (World War) _____
- Was guardsman accepted on physical examination for Federal Service? _____

DATE 10-29-25
M.S.

(SEE REVERSE SIDE)

SC-4126-483-064