

UNITED STATES VETERANS BUREAU
Form 3101
Revised Sept., 1921

REQUEST FOR ARMY INFORMATION 0.317-WRB/MBD/mlb.

FOR USE OF—

VETERANS BUREAU
CLAIMS & INSURANCE
Record Verification
MAY 11 1965
May 8, 19 25.
UNIT #931.

DIVISION CLAIMS SUBDIVISION _____ SECTION REIMB. UNIT 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 Civil War
Home address _____
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 _____
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 CHARLES E. MULHEARN, Ass't. Director.

1. Name Moales, John,
(Last.) (First.) (Middle.)
2. Army Serial No. _____
3. Rank and organization at discharge Corpl., Co. B, 39th
Regt. U.S.C. Inf.
4. Date of enlistment Mar. 22/64.
5. Physical defects at enlistment _____
6. Was he medically examined and accepted at camp? _____
7. Date and hour of induction by draft board _____
8. General or limited service _____
9. Date of discharge Dec. 4/65.
10. Character of discharge honorable.
11. Date of indefinite furlough _____
12. Physical defects at discharge _____
13. Complete medical history _____
14. Future address _____
15. Date of reenlistment (new army) _____
16. Present rank, organization, and location _____
17. Date and cause of death _____
18. Death in line of duty? _____ Death due to own
misconduct? _____
19. Emergency address _____
20. Date of birth _____
21. Date and rank of retirement _____
22. Dates and history of desertion or absences with court-martial
findings _____

Report below on National Guardsmen only.

23. Date of President's call (World War) _____
24. Date mustered into Federal Service _____
25. Date of physical examination for Federal Service (World
War) _____
26. Was guardsman accepted on physical examination for Fed-
eral Service? _____

(SEE REVERSE SIDE)

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SC-4126-066