

VETERANS ADMINISTRATION
Form 3161
Revised July, 1929

REQUEST FOR ARMY INFORMATION
FOR USE OF— REIMBURSEMENT SECTION

VETERANS ADMINISTRATION
Record Verification Unit
MAY 16 1932

MAY 14, 1932

DIVISION Claims SUBDIVISION Compensation SECTION MCC-Cb UNIT B. 920

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

Name JOB HEATH, Jacob
(Last.) (First.) (Middle.)

Army Serial No.: S CIVIL WAR VETERAN

Rank and organization Pvt. Co. C. 19th U.S. Col. Inf

Allotment No.: A _____

Date 90 Camp

Compensation Claim No.: C _____

Date of enlistment Dec. 25, 1863

Converted Insurance No.: K _____

Date of discharge 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 _____

Has final settlement been made? _____

COMPLETE MILITARY HISTORY.

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____

George E. Brown
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 _____
- 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) _____

MAY 18 1932
OLD RECORDS DIV.

Report below on National Guardsmen only.

MSA SC 4126-435-82