

REQUEST FOR ARMY INFORMATION
FOR USE OF—

Connect

6-9-32

June 4, 1932

DIVISION Claims SUBDIVISION Reimbursement SECTION _____ UNIT 920

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

Name Heath Jacob
(Last) (First) (Middle.)
Rank and organization Pvt. Co. c, 19th U. S. Col. Inf.
Date of enlistment December 25, 1863
Date of discharge or death January 15, 1867
Home address _____

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____

Status of allotment through Z. F. O. _____
Has final settlement been made? _____
Certified copies of Forms 1-B _____

Additional information
Complete Military History

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

X 801
1. Name Heath A.
(Last) (Middle.)
Not found as Jacob Heath.
2. Army Serial No. _____
3. Rank and organization at discharge Sgt., Co. C, 19
U. S. Col'd Inf.
4. Date of enlistment Dec. 2/63. Age 22 years.
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 1/15/67.
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 File - Naval 8 1902
27. Date of physical examination for Federal Service (World War) _____

Report below on National Guardsmen only.

MSA SC 4126-435-84