

REQUEST FOR ARMY INFORMATION
FOR USE OF—

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 December 25, 1863 Camp
 Date of enlistment
 Date of discharge or death January 15, 1867
 Home address _____
 Status of allotment through Z. F. O. _____
 Has final settlement been made? _____
 Certified copies of Forms 1-B _____

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____
 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

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)

MSA 5C 4126-435-84