

F B I

Date: 4/19/68

Transmit the following in _____
(Type in plain text or code)

Via AIRTEL _____
(Priority or Method of Mailing)

TO : ALL CONTINENTAL OFFICES
 FROM : SAC, MEMPHIS (44-1987) (P)
 SUBJECT: MURKIN
 CIVIL RIGHTS
 (OO: ME)

Re Albany airtels 4/10/68 and 4/11/68, setting forth concerns who purchased Thermo-Seal marking machines, and Bureau teletype to Memphis, 4/12/68.

The FBI Laboratory advised that pillowcase and bed sheet were found in trunk of 1966 white Mustang registered to ERIC STARVO GALT, which was located at Atlanta 4/11/68. These items contain Thermo-Seal laundry tapes of approximately same size as tapes on items previously recovered, but are yellow in color and contain code, "20R-3." In opinion of Textile Marking Machine Company, Syracuse, New York, the tapes were produced by a different machine than previous tapes since the first three characters are 15 point type and the last two characters are 18 point type,

The Textile Marking Machine Company suggests the twenty in above code would be the lot number, the R may mean that this was a return of a batch of laundry, and the three is the bundle number.

LEADS

ALL CONTINENTAL OFFICES

Will recontact laundries determined to be operating Thermo-Seal Marking Machines in an effort to locate laundry using the code, "20R-3."

2 - All Continental Offices JN
 2 - Memphis
 GMR:jms (118)

157-9586-325

SEARCHED <input checked="" type="checkbox"/>	INDEXED <input checked="" type="checkbox"/>
SERIALIZED <input checked="" type="checkbox"/>	FILED <input checked="" type="checkbox"/>
APR 22 1968 FBI - JACKSON	

Approved: [Signature] Sent _____ M Per _____
 Special Agent in Charge

F B I

Date: 4/19/68

Transmit the following in _____
(Type in plain text or code)

Via AIRTEL _____
(Priority or Method of Mailing)

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The FBI Laboratory advised that pillowcase and bed sheet were found in trunk of 1966 white Mustang registered to ERIC STARVO GALT, which was located at Atlanta 4/11/68. These items contain Thermo-Seal laundry tapes of approximately same size as tapes on items previously recovered, but are yellow in color and contain code, "2OR-3." In opinion of Textile Marking Machine Company, Syracuse, New York, the tapes were produced by a different machine than previous tapes since the first three characters are 15 point type and the last two characters are 18 point type,

The Textile Marking Machine Company suggests the twenty in above code would be the lot number, the R may mean that this was a return of a batch of laundry, and the three is the bundle number.

LEADS

ALL CONTINENTAL OFFICES

Will recontact laundries determined to be operating Thermo-Seal Marking Machines in an effort to locate laundry using the code, "2OR-3."

- 2 - All Continental Offices JN
 - 2 - Memphis
- GMR:jms (118)

this has been covered in original contact with laundries. samples were obtained with pertinent.

SEARCHED <input checked="" type="checkbox"/>	INDEXED <input checked="" type="checkbox"/>
SERIALIZED <input checked="" type="checkbox"/>	FILED <input checked="" type="checkbox"/>
APR 22 1968	
FBI - JACKSON	

Approved: _____
Special Agent in Charge

Sent _____ M Per _____
157-9586-325

SAC, MEMPHIS (44-1987)

4/22/68

SAC, JACKSON (157-9586)

MURKIN

Enclosed for Memphis are two report inserts, 15 copies of each, totaling 30 enclosures, concerning investigation at Greenville and Vicksburg, Miss., relating to Mississippi River Barge Companies. All contacts were negative.

Searched _____
Serialized _____
Indexed _____
Filed _____

JLP
2-Memphis (Enc. 30) RM
1-Jackson
JLP:mah
(3) *mmah*

ccc *marked for destruction*

157-9586-326

JN 157-9586

JWN/wgj

1

The following investigation was conducted by SA JOHN WILLIAM NEELLEY, April 11, 1968, at Greenville, Mississippi:

Records of the following companies which hire barge hands and river workers were reviewed with no record being located for ERIC STARVO GALT, JOHN WILLARD and HARVEY LOWMEYER:

American River Lines
Delta Towing Company
Vickers Towing Company
Double W. Towing Company
Feeder Line Towing Service Incorporated
Greenville Towing Company
Williamson Marine Transport, Incorporated
Marine Welding Company
Greenville Propellar Company
Greenville Fuel Service, Incorporated.
M and M Towing Company
M and M Transportation Company, Incorporated.
Mississippi Marine Corporation
O'Hara Towing Company, Incorporated

JN 157-9586

Port City Towing Company

Ramsey Transportation Company

Ramsey Towing Company, Incorporated.

Security Barge Lines

Warfield Towing Company

Superior Transportation, Incorporated.

W

JN 157-9586

JGW:mah

1

The following investigation was conducted at Vicksburg, Mississippi, on April 10, 1968, by SA JACK G. WILSON:

The sources listed here and after failed to reveal a record identifiable with the names JOHN WILLARD, HARVEY LOWMEYER, HARVEY LOWMYER, and ERIC STARVO GALT:

The Vicksburg, Mississippi, telephone directory;

The Vicksburg, Mississippi, city directory;

The Yazoo City, Mississippi, telephone directory;

The Yazoo City, Mississippi, city directory;

The Port Gibson, Mississippi, telephone directory;

The Rolling Fork, Mississippi, telephone

directory;

The Vicksburg Police Department, JOHN

EDWARDS, Identification Bureau, and Detective CHARLES PRINCE;

The Warren County Sheriff's Office, Sheriff PAUL BARRETT;

The Vicksburg Credit Bureau, Emmich Building, Mrs. EDNA COLE, Manager;

~~Magnolia Towing Company, Incorporated, 1217 Levee Street, Mrs. HELEN BLACKMON, Office Secretary;~~

~~Patton Tully Transportation Company, Levee Street, A. J. WERLING, Office Manager;~~

~~Vicksburg Mid-River Service, Incorporated, Lee Street, J. PAUL DENNIS, Vice President;~~

4

JN 157-9586

2

Warren County Voter Registration Records,
J. NOEL NUTT, Clerk of the Circuit Court.

4/22/68

AIRTEL

TO: SAC, MEMPHIS
FROM: SAC, JACKSON (157-9586)

MURKIN

Re Jackson telephone call to New Orleans, 4/19/68;
New Orleans teletype to Chicago, and Jackson dated 4/19/68;
and Chicago teletype to Jackson, Memphis and Birmingham,
4/20/68.

Investigation at Pascagoula, Miss., determined
GERALD KINGDOR HUNTER, NEI # 745 724 D, has resided in
Pascagoula in the past and received mail in care of E. M.
RAN. RAN, identified as life-long resident of Pascagoula,
bears no similarity of description to subject. HUNTER
presently being sought by Pascagoula PD as suspect in
theft of paycheck of E. M. RAN. All available information
from Captain WILLIAM FORD, Pascagoula PD, previously
obtained and furnished New Orleans.

New Orleans continues efforts to identify look-
a-like riding with HUNTER 4/19/68. If HUNTER located
by Pascagoula PD, he will be interviewed at Pascagoula.

2 - Memphis
2 - New Orleans
1 - Birmingham
JWF/whk 2 - Jackson
(5)

Searched _____
Serialized _____
Indexed _____
Filed _____

(Files to follow)

157-9586-327

4/22/68

AIRTEL

TO: SAC, MEMPHIS
FROM: SAC, JACKSON (157-9586)

MURKIN

Re Jackson telephone call to New Orleans, 4/19/68; New Orleans teletype to Chicago, and Jackson dated 4/19/68; and Chicago teletype to Jackson, Memphis and Birmingham, 4/20/68.

Investigation at Pascagoula, Miss., determined GERALD ELWOOD HULTGREN, FBI # 745 724 D, has resided in Pascagoula in the past and received mail in care of E. M. RAE. RAE, identified as life-long resident of Pascagoula, bears no similarity of description to subject. HULTGREN presently being sought by Pascagoula PD as suspect in theft of paycheck of E. M. RAE. All available information from Captain WILLIAM POPE, Pascagoula PD, previously obtained and furnished New Orleans.

New Orleans continue efforts to identify look-a-like riding with HULTGREN 4/19/68. If HULTGREN located by Pascagoula PD, he will be interviewed at Pascagoula.

2 - Memphis
2 - New Orleans
1 - Birmingham
JJF/brh 2 - Jackson
(3)

[Handwritten signature]

Searched _____
Serialized _____
Indexed _____
Filed _____

157-9586-327

*no comments
rel. to
5/1/68*
Jiles
(Follow this with PD at Pascagoula.)

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, JACKSON (157-9586)

DATE: 4/10/68

FROM : SA EDGAR L. O'NEILL, JR.

SUBJECT: MURKIN

REFERENCE:

Telephone Call from JN Office, 4/9/68.

AT GULFPORT, MISS.

On late afternoon of 4/9/68, SA LARRY BUREAU advised that it had been determined from MHSP records that a 1966 auto tag receipt had been located in name of JAMIE GALT, 1912 20th Ave., Gulfport, Miss, for a 1957 Plymouth Plaza two-door vehicle, white in color.

This is Jennie Gates

Mississippi Coast Cross Reference Directory checked from 1963 thru present. The address of 1912 20th Ave., Gulfport, Miss. always in name of A. OBERLIES. During 1967 directory reflects names of A. OBERLIES and WILLIAM A. LANDRY.

Mr. & Mrs. WILLIAM A. (ESTHER) LANDRY, 1912 20th Avenue, Gulfport, Miss. contacted on 4/9/68, and advise that they have lived at that address since 3/19/66. They stated that the residence is owned by Mr. OBERLIES, who lives in a rear apartment. Mr. & Mrs. LANDRY stated they know no one named GALT.

Mr. ADOLF OBERLIES, rear apartment, 1912 20th Ave., G'Port, Miss., contacted on 4/9/68, and advised that he has owned that residence for several years and has never rented a room or apartment to anyone named GALT. He checked his records, stating that the LANDRY family has lived there since March, 1966. Prior to that, Miss JENNIE GATES lived there from 10/30/65 through March, 1966. She worked at General Laundry on 25th Ave., G'Port. GATES has since married and moved away, but whereabouts unknown. Mr. OBERLIES stated he could locate no other records of names of tenants prior to GATES, but is certain that no one named GALT lived there.

On 4/10/68 records of the Harrison County SO were checked, and no one named GALT or GAULT ever arrested.

On 4/10/68 records of Gulfport PD likewise revealed no record of arrest in name of GALT or GAULT.

ELO:elo
(2)

copy destroyed

marked for indexing

157-9586-328



5010-108-01

SEARCHED	INDEXED
SERIALIZED	FILED
APR 11 1968	
FBI - JACKSON	

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

JN 157-9586

Page 2, Memo to SAC from SA EDGAR L. O'NEILL, JR., Dated 4/10/68.

On 4/10/68 Miss. BRENDA WELCH, Credit Bureau of Harrison County, 1816 Pass Road, Gulfport, Miss., advised that she could locate no record of anyone named GALT, GAULT, or similar variation.

On 4/10/68 Mr. L. L. DEWEY, Superintendent, General Laundry and Cleaners, 1610 25th Ave., G'Port, Miss., advised that JENNIE GATES previously worked there, but married one BOBBY RICH, and they moved to an unknown town in Florida about two years ago.

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, JACKSON (157-9586) (P)

DATE: 4/17/68

FROM : SA HAROLD M. RATCHFORD

SUBJECT: MURKIN
RM

On 4/17/68, at 10:02 a.m., EDWARD LEE, Manager at Lee Hotel, Church Street, Jackson, Miss., advised that a cab driver by the name of D. C. (LNU) advised him that at 8 a.m. this morning he dropped a white male passenger off in the vicinity of the Sun and Sand Motel, Jackson, Miss.

157-9586-329

Mr. LEE stated that D. C. was very suspicious of the man in that he got off a bus at Durant, Miss., hired a cab to take him to Jackson, Miss., and paid him \$35. D. C. further indicated to Mr. LEE that the bus that this white male was riding was en route to Jackson, Miss.

Mr. LEE stated that D. C. works for a Negro cab company in Durant, Miss., and returned to Durant this date.

LEAD:

At Durant, Miss.

Will attempt to locate and interview D. C. (LNU), Negro cab driver, to determine detailed information concerning white passenger.

Gardner advised to handle on need. At call from Durant

① - Jackson
HMR:lsk
(2) lsk

SEARCHED	INDEXED
SERIALIZED	FILED
APR 17 1968	
FBI - JACKSON	



5010-108-01

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan *157-9586-329*

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, MEMPHIS

DATE: 4/19/68

FROM : SAC, JACKSON (157-9586)

SUBJECT: MURKIN

Re New York airtel to Jackson, 4/10/68.

Referenced airtel indicated that ETHEL SCOTT, Hempstead, New York, believed subject of MURKIN case was identical with JOE BARYS (PH), Marks, Mississippi.

JOE BYARS, Mississippi Highway Safety Patrol, Driver's License Examiner, Marks, Mississippi, bears no resemblance to composite drawings or photographs in this matter.

No further investigation conducted in this lead at Jackson.

Searched	<i>[initials]</i>
Serialized	<i>[initials]</i>
Indexed	<i>[initials]</i>
Filed	<i>[initials]</i>

2-Memphis
 ② Jackson (157-9586)
 HLF:mah
 (4) *mal*

1 copy destroyed 4/19/68
CCO
Marked for destruction



5010-108-01

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

157-9586-330

4/17/68

AIRTEL AIRMAIL

TO: DIRECTOR, FBI (44-38861)
FROM: SAC, ST. LOUIS (44-775)
RE: MURKIN

Re telephone call from SAC ROY MOORE, Jackson, to ASAC EDWARD J. KRUPINSKY, 4/15/68.

RE: DANCING SCHOOL PROJECT
SUSPECT AARON ISAAC LOFTON

Enclosures: To Bureau, Memphis, Atlanta and Jackson, one copy each of complete service record of AARON ISAAC LOFTON, ASN RA 24919772.

SAC MOORE, in referenced telephone call, stated dancing school leads in this case had developed LOFTON as a suspect and requested xerox copies of his complete service record be sent to Bureau and recipient offices.

The legality of copying entire record may be questionable. Original record may be obtained by Subpoena Duces Tecum.

File is being reviewed and apparent leads will be set out by teletype, however, it is presumed Jackson has better knowledge of LOFTON's connection, and will set forth all necessary leads and request any examination desired.

UNSUB ARMED AND DANGEROUS.

- 3 - Bureau (44-38861) (Encl. 1) (AMSD)
- 2 - Memphis (44-1987) (Encl. 1) (AMSD)
- 2 - Atlanta (Encl. 1) (AMSD)
- 2 - Jackson (Encl. 1) (AMSD)
- 1 - St. Louis (44-775)

HRD:mjb
(10)

157-9586-331

SEARCHED	INDEXED
SERIALIZED	FILED
APR 18 1968	
FBI - JACKSON	

4/17/68

TO: DIRECTOR, FBI (44-38861)

FROM: SAC, ST. LOUIS (44-773)

SUBJECT: MURKIN

Re telephone call from SA ROY WOOD, Jackson, to
SA I. N. OPINIKY, 4/15/68.

RE: BONDING SCHOOL PROJECT
SUSPECT LARON ISHAM LOSTON

Enclosures: 10 Bureau, Memphis, Atlanta and Jackson,
one copy each of complete service records of LARON ISHAM LOSTON,
44-38913773.

SA WOOD, in referenced telephone call, stated that any
school leads in this case had developed LOSTON as a suspect and
requested two copies of his complete service record be sent to
Bureau and compliant offices.

The legality of copying entire record may be questionable.
Original record may be obtained by subpoena Duces Tecum.

File is being reviewed and apparent leads will be
sent by teletype, however, it is presumed Jackson has better
knowledge of LOSTON's connection, and will set forth all
necessary leads and request any examination Jackson.

URGENT AND DANGEROUS.

- Bureau (44-38861) (Encl. 1) (AMSD)
 - Memphis (44-1987) (Encl. 1) (AMSD)
 - Atlanta (Encl. 1) (AMSD)
 - Jackson (Encl. 1) (AMSD)
 - St. Louis (44-773)
- SA WOOD
(13)

SEARCHED	INDEXED
SERIALIZED	FILED
APR 18 1968	
FBI - JACKSON	

4/18/68

AIRTEL

TO: DIRECTOR, FBI (44-39861)
FROM: SAC, BALTIMORE (44-669) (P)
MURKIN

ReBatal to Bureau, 4/18/68.

Re: Dance School Project
Suspect - AARON ISAAC LOFTON

Enclosed herewith are copies of the following documents concerning AARON ISAAC LOFTON as mentioned in referenced Baltimore teletype:

1. Statement of Personal History (SS Form 308) dated 2/26/55
2. Army Report of Investigation dated 4/27/55

3 - Bureau (Enc. 2)
2 - Memphis (Enc. 2) (44-1987)
2 - Atlanta (Enc. 2)
2 - Jackson (Enc. 2)
1 - Baltimore

JEB:wjj
(10)

SEARCHED	INDEXED
SERIALIZED	FILED
APR 19 1968	
FBI - JACKSON	

157-9586-334

4/18/68

AIRTEL

TO: DIRECTOR, FBI (44-38861)
FROM: SAC, BALTIMORE (44-669) (P)

MURKIN

Rebulet to Bureau, 4/18/68.

Re: **Space School Project**
Suspect - AARON ISAAC LOFTON

Enclosed herewith are copies of the following documents concerning AARON ISAAC LOFTON as mentioned in referenced Baltimore teletype:

1. Statement of Personal History (DD Form 398) dated 2/26/55
2. Army Report of Investigation dated 4/27/55

3 - Bureau (Enc. 2)
2 - Memphis (Enc. 2) (44-1987)
2 - Atlanta (Enc. 2)
② - Jackson (Enc. 2)
1 - Baltimore

JEB:jjj
(15)

157-9586-334

SEARCHED	INDEXED
SERIALIZED	FILED
APR 19 1968	
FBI - JACKSON	

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (44-38861)

DATE: 4/19/68

FROM : SAC, Kansas City (44-760)

SUBJECT: MURKIN

Enclosed to the Bureau are six copies and to each office one copy of the following photographs:

JAMES EARL RAY, Missouri Department of Correction #00416, dated 3/17/60 and 9/8/66

WALTER TERRY RIFE, Kansas City SO #29636
FBI #4558766

Stand up photographs of RAY on the left, Kansas City SO #29637 and RIFE, Kansas City SO 29236, taken 3/28/55.

2 - Bureau (Encs. 24) (AM)
2 - Each Field Office (Encs. 4) (AM)
2 - Kansas City
(120)

157-9586-335

SEARCHED	INDEXED
SERIALIZED	FILED
APR 20 1968	
FBI-JACKSON	



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (44-38861)

DATE: 4/19/68

FROM : SAC, Kansas City (44-760)

SUBJECT: MURKIN

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JAMES EARL RAY, Missouri Department of Correction #00416, dated 3/17/60 and 9/8/66

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FBI #4558766

Stand up photographs of RAY on the left, Kansas City SO #29637 and RIFE, Kansas City SO 29236, taken 3/28/55.

- 2 - Bureau (Encs. 24) (AM)
- 2 - Each Field Office (Encs. 4) (AM)
- 2 - Kansas City (120)

1A 31
1B 32
1A 33
1B 34

one photo of Ray sent to Dallas Re #4 to

Photostat removed - hold till Monday

157-9586-335

SEARCHED <i>h</i>	INDEXED <i>h</i>
SERIALIZED <i>h</i>	FILED <i>h</i>
APR 20 1968	
FBI - JACKSON	



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

F B I

Date: 4/18/68

Transmit the following in _____
(Type in plaintext or code)

Via AIRTEL AIRMAIL
(Priority)

To: SAC, Jackson

From: SAC, Birmingham (44-1740) (P)

MURKIN
CR
(OO: ME)

GEORGE PARRISH, Birmingham telephone number 648-5835, telephonically advised 4/17/68 that a man who fits the description of ERIC STARVO GALT was observed by PARRISH in Birmingham a few days before victim KING killed. This person was driving a white 1953 Ford with Mississippi license AB-551.

LEAD:

JACKSON DIVISION

AT JACKSON, MISSISSIPPI

Ascertain identity of person whom Mississippi license AB-551 issued. Determine if this person identical with GALT.

ARMED AND DANGEROUS.

*Myra Bordin, BMV
4/22/68 no such
prefit as AB-07 A or B
per L. Butean*

157-9586-336

- 2 - Jackson
- 2 - Memphis
- 2 - Birmingham
- RMB:jml
- (6)

INDEXED
FILED
APR 20 1968
FBI - JACKSON

Approved: _____ Sent _____ M Per _____
Special Agent in Charge

1. LAST NAME, FIRST NAME, MIDDLE INITIAL LOFTON, AARON I		4. GRADE Pvt	
2. REGISTER NO. [REDACTED]		3. ARMY SERIAL NO. [REDACTED]	
5. ORGANIZATION AND ARM OR SERVICE Co B Proc Bn ASA			
6. AGE 7. RACE 20 Cau		8. LENGTH OF SERV. 9. DATE OF ADM. 4/12 26Apr 55	
10. SOURCE OF ADMISSION DEPTAL CLING #1			
*Required only when stencil procedure is used			
11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.		12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	
Adm R		Exam "2 26Apr	
PBW		XR#3202	
Car L4 dof		Consult 7 Jul	
" L5 o		OA	
" L6 ol		"	
" L7 o		" anes 7 Jul	
Car R-13-ol		OA Agno3 Anes	
Car L-15-dof		OA Agno3 Anes 21 Jul	
Car L-1 dlm		OS	
Car L-2 d		OS	
Car L-2 m		OS	
Car L-9 d		OS	
Car R-9 m		OS	
Car R-10 m		OS	
Car L*15 o		OA	
Car R-5 mo		OA	
Car R-7 o		OA	
Car L-13 do		5 Oct	
13. RESULTS AND REMARKS		MMG GN HES RS GH ITS	

SIGNATURE OF DENTAL OFFICERS
[Signature]
D.C.

16-20052-3

157-9586-331A

SEARCHED	INDEXED
SERIALIZED	FILED
APR 23 1968	
FBI-JACKSON	

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT LEFT

8 7 6 5 4 3 2 1 2 3 4 5 6 7 8

LOWER TEETH*

RIGHT LEFT

16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

OCCLUSION *N* CLASS *2*

PERIODONTOCLASIA *N* CALCULUS: SLIGHT, MEDIUM, HEAVY

DENTAL FOCI SUSPECTED YES NO

OTHER CONDITIONS

DATE: *26 April 45* SIGNATURE OF DENTAL OFFICER: *Major M. M. Glasser*

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY 1
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE (Horizontal line)

X	X	X
---	---	---

TEETH REPLACED BY FIXED BRIDGE (Oval to include abutments)

X

DA FORM 8-116
15 MAR 45 (Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 70) which will not be used upon receipt of this revision.

16-20622-4 GPO

16-20622-2 GPO

MAR 1945 8-116

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 70) which will not be used upon receipt of this revision.

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT LEFT

8 7 6 5 4 3 2 1 2 3 4 5 6 7 8

LOWER TEETH*

RIGHT LEFT

16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

OCCLUSION *2* CLASS *350*

PERIODONTOCLASIA *2* CALCULUS: SLIGHT, MEDIUM, HEAVY

DENTAL FOCI SUSPECTED YES NO

OTHER CONDITIONS

DATE: *31 Oct 55* SIGNATURE OF DENTAL OFFICER: *Dr. J. M. ...*

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY 1
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE (Horizontal line)

X	X	X
---	---	---

TEETH REPLACED BY FIXED BRIDGE (Oval to include abutments)

X

1. LAST NAME, FIRST NAME LOFTON	2. REGISTER NO. 3	4. GRADE PTC	5. ORGANIZATION AND ARM OR SERVICE Egs Det ASA 8616th Ft Kobbe	6. AGE 22	7. RACE Cau	8. LENGTH OF SERV. 1	9. DATE OF ADM. 11/14	10. SOURCE OF ADMISSION* 12 Dec 56	11. DISEASE INJURY WITH COMPLICATIONS, SYMPTOMS, ETIOLAE, ETC.	12. DATES AND NATURE OF TREATMENT AND OPERATIONS	13. RESULTS AND REMARKS
									Adm R	Exam XRT# 12 Dec 56	
									Car R-1 D OS		
									Car R-2 M OS	12 Dec 56	ARK C1-1

*Required only when stencil procedure is used.

SIGNATURE OF DENTAL OFFICER

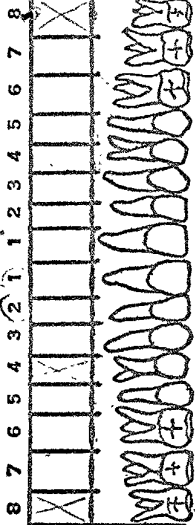
16-20822-2

NAME (LAST)		(FIRST)		(MIDDLE)		HOSP. REGISTER NO.	PREV. ADM. DATE	U. S. NAVAL HOSP.	WARD		
LOFTON AARON		ISAAC				118332		CHAS. S. C.	BTB		
DUTY STATUS	AV. STATUS	RACE	RELIG.	MAR. STATUS	(STATE) BIRTH (DATE) (AGE)	PRES. ENLISTM	TE	EXPIR. (VAB DISCH) DATE	TOTAL SERVICE YRS. MOS.		
ACT		C	P	S	MISS	22	1/24/55	1/23/58	2/9		
(TIME) ADMISSION (DATE)	F M GORGAS HOSP. ANCON CANAL ZONE						A LTR. () PHONE () P-10 () T H. RON				
2230	10/16/57										
RECORDS REC'D MARK	IF REQUESTED		POST DATE	ACT. NOTIF. - EMER.	HOW PATIENT ARRIVED (AMBULANCE NAME, ADDRESS, ETC. FOR CLAIMS)						
					AMBULATORY						
HR OR	SR	PR	SOS/ CSC	'G'	ORD.	DISC. LTR.	BAG	OTHER	OFFICER'S PR LOCATION (OR OCCUPATION, IF VAB)	GOVT. INS. (AMT)	DEPENDENTS
NEXT OF KIN (OR DEPENDENT OF) (NAME IN FULL) (RATE)				PRESENT ADDRESS				TELEPHONE	RELATIONSHIP		
LOFTON AARON BOX 64 SUMMIT MISS									FATHER		
MOTHER'S MAIDEN NAME (IN FULL)				BIRTHPLACE				MISC. (1) PLACE OF ENLIST. (2.) SOCIAL SECURITY NO. (3.) VETERAN'S ORGANIZATION, ETC.			
NUMMERY AGNES LOU				(LV) MISS							
FATHER'S NAME (IN FULL)				BIRTHPLACE							
LOFTON AARON ALTON				(LV) MISS							
PATIENT'S LEGAL RESIDENCE-TIME (OR IN CASE OF EMERGENCY NOTIFY: NAME, ADDRESS, TELEPHONE)											
SAME AS NOK											
ADMISSION DIAGNOSIS					NUMBER	DISCHARGE DIAGNOSIS			NUMBER		
DEAFNESS NEC					3999						
DISP.	DATE	TO WHERE					MISC. (SICK DAYS)	DATE S. L. BEGAN			
NAME (LAST)		(FIRST)		(MIDDLE)		S.	C.	RATE (INCL. VAB.)	CLASS/BRANCH	SERVICE OR VAB 'C' NO.	WARD
LOFTON AARON		ISAAC						SP3	USA	24919772	H-1

REPORT OF DENTAL SURVEY

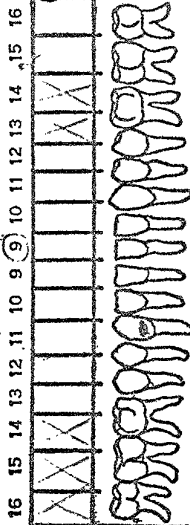
UPPER TEETH*

RIGHT LEFT



LOWER TEETH*

RIGHT LEFT



CLASS

CALCULUS: SLIGHT, MEDIUM, HEAVY

OCCLUSION *M*

PERIODONTICLASIA *M*

DENTAL FOCI SUSPECTED

OTHER CONDITIONS

YES

NO

BW-

SIGNATURE OF DENTAL OFFICER

DATE *12 Dec 56*

* RESTORABLE CARIOUS TEETH BY O

NON RESTORABLE CARIOUS TEETH BY I

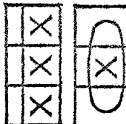
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE

(Horizontal/line)

TEETH REPLACED BY FIXED BRIDGE

(Oval to include abutments)



WD AGO FORM 8-116 15 MAR 1945
 This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.
 16-20622-2 * GPO

CHECK OUT.

WARD _____

DATE _____

You are hereby directed to proceed immediately and check out in numerical order at the activities indicated below. This is to settle all necessary matters in connection with your discharge from the U. S. Naval Hospital.

Read and understood _____ (Patient)

(No. in order of check-out.)

(Initial)

1. WARD	_____	
RECORD OFFICE (incl. PERS. ACCTG.)	_____	
POST OFFICE	_____	
LIBRARY	_____	
DISBURSING OFFICE	_____	
AGENT CASHIER	_____	
CIVIL READJUSTMENT OFFICE (SEPARATEE)	_____	DISPOSITION OF
WELFARE AND RECREATION OFFICE	_____	RECORDS
RED CROSS OFFICE	_____	HR/DR _____
VETERANS OFFICE (VAB ONLY)	_____	SR _____
MAINTENANCE/ELECTRICAL SHOP	_____	PR _____
BAG ROOM	_____	305 _____
MASTER-AT-ARMS	_____	CSC _____
_____	_____	
_____	_____	
OFFICER OF THE DAY (Info. clerk to note change)	_____	(Post No. of
		S.T.O. to indi-
		cate disposition.

This check out must be completed before allowing departure from the hospital, and a responsible officer will sign this form at the bottom as indication of proper clearance. This slip should be filed with patient's case record.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Lofton, Aaron, I				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE Pvt-1		
5. ORGANIZATION AND ARM OR SERVICE Co. B 49th ABN ENGR BN				
6. AGE 20	7. RACE Cau	8. LENGTH OF SERV. 2 wks	9. DATE OF ADM. FEB 4 1955	
10. SOURCE OF ADMISSION * DENTAL EXAMINING STATION FORT JACKSON, S. C.				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
SIGNATURE OF DENTAL OFFICER				
16-20822-3				

1. LAST NAME, FIRST NAME, MIDDLE INITIAL LOFTON, AARON I.				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE E-2		
5. ORGANIZATION AND ARM OR SERVICE Co. B 49th ABN ENGR BN				
6. AGE 20	7. RACE Cau	8. LENGTH OF SERV. 9 mos	9. DATE OF ADM. OCT 5 1955	
10. SOURCE OF ADMISSION * DENTAL CLINIC #1 FT. DEWERS, MASS.				
*Required only when stencil procedure is used.				
DENTAL IDENTIFICATION RECORD				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
SIGNATURE OF DENTAL OFFICER <i>[Signature]</i>				
16-20822-3				

REPORT OF DENTAL SURVEY

UPPER TEETH*

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	O	O	X												X

LOWER TEETH*

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	O												X

OCCLUSION *FN* CLASS 2
 PERIODONTOCLASIA *N* CALCULUS: SLIGHT, MEDIUM, HEAVY
 DENTAL FOCI SUSPECTED YES NO
 OTHER CONDITIONS

DATE **4 FEB 1955** SIGNATURE OF DENTAL OFFICER *H.A. [Signature]*

*RESTORABLE CARIOUS TEETH BY O
 NONRESTORABLE CARIOUS TEETH BY /
 MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
 (Horizontal line)

X	X	X
---	---	---

TEETH REPLACED BY FIXED BRIDGE
 (Oval to include abutments)

(X)

DA FORM 15 MAR 45 **8-116**
 (Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.
 16-20622-4 GPO

REPORT OF DENTAL SURVEY

UPPER TEETH*

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	O	O	X												X

LOWER TEETH*

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	O												X

OCCLUSION *Good* CLASS 2
 PERIODONTOCLASIA *none* CALCULUS: SLIGHT, MEDIUM, HEAVY
 DENTAL FOCI SUSPECTED YES NO
 OTHER CONDITIONS

DATE **5 OCT 55** SIGNATURE OF DENTAL OFFICER *Capt. R. [Signature]*

*RESTORABLE CARIOUS TEETH BY O
 NONRESTORABLE CARIOUS TEETH BY /
 MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
 (Horizontal line)

X	X	X
---	---	---

TEETH REPLACED BY FIXED BRIDGE
 (Oval to include abutments)

(X)

DA FORM 15 MAR 45 **8-116**
 (Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.
 16-20622-4 GPO

HOSPITAL REGISTER NO.

118332

FOR ADMISSION ROOM USE

WARD:

H-1

NAME: (Last) (First) (Middle) (Service No.) (Rank/Rate/Status)
LOFTON AARON ISAAC SP3/USA

ADMISSION DIAGNOSIS: DEAFNESS NEC		DIAGNOSIS NUMBER: 3999	
ADMITTED: (Time) (Date) 2330 10/16/57	<input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER	RELIGION: PROT	SEX: MALE
NEXT OF KIN: (Name) (Relationship)		(Address)	

DISCIPLINARY STATUS: (For Service Active Duty Patients Only)

NO DISCIPLINARY ACTION PENDING

IS A _____ COURT MARTIAL PRISONER

NO INFORMATION RECEIVED WITH RECORDS. WHEN RECEIVED WILL BE FURNISHED TO WARD BY PERSONNEL-RECORDS DIVISION BY MEANS OF DAILY REPORT OF DISCIPLINARY STATUS OF STAFF AND PATIENT PERSONNEL.

DISCIPLINARY ACTION PENDING AT DUTY STATION

FOR WARD USE

TEMPERATURE 98.6	PULSE 64	RESPIRATION 16	BLOOD PRESSURE 110/80	WEIGHT 140	AGE 22
---------------------	-------------	-------------------	--------------------------	---------------	-----------

CROSS RECORD SUMMARY (For cross indexing purposes)
(To be completed by Ward Medical Officer)

DIAGNOSIS AND NUMBER

SPECIAL STUDY (Check One)

- | | | |
|-------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NO SPECIAL STUDY | <input type="checkbox"/> CORD BLADDER | <input type="checkbox"/> ESOPHOPELLIA (over 59) |
| <input type="checkbox"/> BLINDNESS | <input type="checkbox"/> DEATH AFTER 72 HOURS | <input type="checkbox"/> BOARD CASE DR. |
| <input type="checkbox"/> DEAFNESS | <input type="checkbox"/> PENICILLIN RX FOR SYPHILIS | <input type="checkbox"/> BURN AND BODY SURFACES |
| <input type="checkbox"/> AMPUTATION | <input type="checkbox"/> RETROCECAL | <input type="checkbox"/> SYSTOLIC B/P UNDER 90mm. |

OTHER _____ (Anesthesia or Surgery)

CHANGES IN DISCIPLINARY STATUS SUBSEQUENT TO ADMISSION

Enter date and check mark if Daily Report of Disciplinary Status of Staff and Patient Personnel effects this patient.

DISCIPLINARY ACTION PENDING AT DUTY STATION
(Date)

YES NO

DISCIPLINARY ACTION PENDING THIS HOSPITAL

AWARDED _____ COURT MARTIAL
(Date)

NO FURTHER DISCIPLINARY ACTION PENDING. (Punishment and/or sentence completed)

SERIOUS/CRITICAL

Personnel- Records Office notified to obtain services of spiritual advisor

_____ (Time) _____ (Date)

DISPOSITION

WARD USE	RECORD OFFICE USE
TRANSFERRED TO WARD _____ (Date)	
TRANSFERRED TO WARD _____ (Date)	
TRANSFERRED TO WARD _____ (Date)	

CLINICAL RECORD

ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

*Ear trouble improved during hospital stay, returned on
nightly for approx. one year, disease not seen.*

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

*moderate hearing deterioration. Hearing average in
decreasing order.*

PROGRESS (Enter date of discharge and final diagnosis)

SIGNATURE OF PHYSICIAN <i>[Signature]</i>	DATE <i>6/1/55</i>	IDENTIFICATION NO.	ORGANIZATION
----------------------------------------------	-----------------------	--------------------	--------------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
-----------------------------------------------------------------------------------------------------------------------------------	--------------	----------

Lofton, Aaron L.
U.S. NAVAL HOSPITAL
CHARLESTON. S.C.

ABBREVIATED CLINICAL RECORD
Standard Form 539

DOCTOR'S ORDERS (Date and sign all orders)

10 16 58 W. ...

[Handwritten signature]

Lined area for additional text or notes.

TEMPERATURE-PULSE-RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES

U. S. GOVERNMENT PRINTING OFFICE 16-01655-2

STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-057.
Approval expires October 1, 1953.

INSTRUCTIONS: Read the certificate at the end of this questionnaire before completing your answers. Print or type all answers. All questions and statements must be completed. If proper answer is "no" or "none," so indicate. Fill out, sign, and return to requesting agency. If more space is required, use remarks section.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (if any)--LAST NAME
 MR. **AARON ISAAC LOFTON**
 MRS. MISS

SECURITY AGENCY
 WASHINGTON 25, D.C.

2. STATUS
 CIVILIAN MILITARY ON ACTIVE DUTY

3. ALIA (ES) OR CHANGES IN NAME (Other than by marriage)
 NONE

4. PERMANENT MAILING ADDRESS
 P.O. Box 64, Summit, Miss.

5. DATE OF BIRTH
 PLACE OF BIRTH (City, county, State, and country)
 DATE AND PLACE CERTIFICATE IS RECORDED
 brookhaven, Lincoln, Mississippi, USA Oct 34, Jackson, Miss.

6. U.S. CITIZEN NATIVE NATURALIZED CERT. NO. DERIVED--PARENTS CERT. NO(S)
 REGISTRATION NO. NATIVE COUNTRY DATE AND PORT OF ENTRY

ALIEN

U. S. ARMED FORCES ACTIVE SERVICE

7. YES NO ARE YOU PRESENTLY ON REGULAR OR EXTENDED ACTIVE DUTY DRAWING FULL PAY? IF "YES," COMPLETE THE FOLLOWING:
 GRADE AND SERVICE NO. SERVICE AND COMPONENT ORGANIZATION AND STATION CURRENT CONTINUOUS ACTIVE SERVICE (YRS.)
 [REDACTED] A-RA 1058 Am Div, Ft Jackson, S.C. 0
 Co B, 49th Abn Engrs, 502nd Abn Inf

YES NO ARE YOU PRESENTLY A MEMBER OF A RESERVE OR NATIONAL GUARD ORGANIZATION? IF "YES," COMPLETE THE FOLLOWING:
 GRADE AND SERVICE NO. SERVICE AND COMPONENT ORGANIZATION AND STATION OR UNIT AND LOCATION

YES NO HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL DUTY PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? IF ANSWER IS "YES," COMPLETE THE FOLLOWING:
 SERVICE COMPONENT DATE AND TYPE LAST DISCHARGE OR SEPARATION--GRADE AND SERVICE NUMBER

EDUCATION (Account for all civilian schools and military academies. Do not include service schools)

FROM--	YEARS TO--	NAME AND LOCATION OF SCHOOL	GRADUATE YES NO	DEGREE
1942	1953	Summit High School, Summit, Miss.	X	
1953	1954	Droughon's Commercial College, Jackson, Miss.		X
1954	1955	Southwest Jr. College, Summit, Miss.		X

FAMILY (If citizenship obtained through naturalization, give date and place in Item 19)

NAME (And maiden name, when applicable) DATE AND PLACE OF BIRTH PRESENT ADDRESS, IF LIVING U. S. CITIZEN YES NO
 FATHER
 Aaron Alton Lofton Brookhaven, Miss. P.O. Box 64 Summit, Miss. X

OTHER
 Agnes Lou Nunnery Lofton 18 Jun 1913 Franklin Co, Miss. P.O. Box 64 Summit, Miss. X

WIFE
 NONE

FORMER SPOUSE(S) IF DIVORCED, DATE AND PLACE
 NONE

157-9586-332
 SEARCHED INDEXED
 SERIALIZED FILED
 APR 19 1968
 FBI - JACKSON

RELATIVES LIVING IN FOREIGN COUNTRY
 NAME RELATIONSHIP COUNTRY
 NONE

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAFTR.

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

11: FOREIGN TRAVEL (Other than as a direct result of United States military duties)

FROM	TO	COUNTRY VISITED	PURPOSE OF TRAVEL
		NONE	

12: EMPLOYMENT (Account for all dates or periods)

MONTH AND YEAR FROM	MONTH AND YEAR TO	NAME AND ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR (Name)	REASON FOR LEAVING
Oct 53	Jul 54	McComb Mfg. Co, McComb, Miss.	Dave Matthews	School
Jan 51	May 53	Fox Theatre, Summit, Miss.	Frank Watkins	School
NO OTHER EMPLOYMENT				

YES NO HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT OR AGENCY?
 YES NO HAVE YOU EVER BEEN REFUSED A BOND?
 IF "YES," EXPLAIN (Use Item 19 for more space)
 SOCIAL SECURITY NO.

13. CREDIT AND CHARACTER (Give three business and five personal references, stating business address of all references if known. Do not include relatives, former employers, or persons living outside the United States or its Territories)

	NAME	YEARS KNOWN	STREET AND NUMBER	CITY	STATE
CREDIT	Firestone Store	4	Main St.	McComb	Miss.
	Jackson the Cleaner	8	None Necessary	Summit	Miss.
	Hewitts Pharmacy	3	None Necessary	Summit	Miss.
CHARACTER	J. E. Hurdle	3	Summit High School	Summit	Miss.
	Jack Covington	7	Progressive Bank	Summit	Miss.
	Grady Jackson, Jr.	6	None Necessary	Summit	Miss.
	J. G. Stephens, Jr.	5	553 Fredrick Ave.	Jackson	Miss.
	Gordon Covington, Jr.	4	None Necessary	Summit	Miss.

14. RESIDENCES DURING PAST 15 YEARS (Do not include military stations)

FROM	TO	STREET AND NUMBER	CITY	STATE OR COUNTRY
Jul 45	Aug 49	None Necessary	Summit	Miss.
Aug 49	Jun 50	99 Extension St.	Hazlehurst	Miss.
Jun 50	Jan 55	P.O. Box 64	Summit	Miss.

C O P Y

15. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	CITY AND STATE	FROM	MEMBERSHIP TO
National Guard NG 24 919 772	Summit, Miss.	Feb 54	Jan 55

16. YES NO ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?

YES NO ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?

YES NO ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

IF "YES," DESCRIBE CIRCUMSTANCES:

17. HAVE YOU EVER BEEN ARRESTED, INDICTED OR COURT MARTIALED FOR ANY REASON OTHER THAN FOR MINOR TRAFFIC VIOLATIONS?

YES NO IF "YES," GIVE DATE AND PLACE, CHARGE AND DISPOSITION:

18. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE U. S. GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU WILL BE CALLED UPON TO PERFORM?

YES NO IF SO, DESCRIBE:

ADOC

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

18. REMARKS

C O P Y

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

CLASSIFICATION OF INFORMATION	CLASSIFICATION OF INFORMATION	CLASSIFICATION OF INFORMATION	X
RESTRICTED	RESTRICTED	RESTRICTED	X

DATE	26 Feb 55	SIGNATURE OF PERSON COMPLETING FORM	<i>Canon J. L. Stone</i>
		SIGNATURE OF WITNESS	<i>Joseph R. Pearce</i>

I PLACE MY SIGNATURE BELOW IN CERTIFICATION THAT THE INFORMATION CONTAINED HEREIN IS THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT. (See U. S. Code, Title 18, Section 1001)

DATE	26 Feb 55	SIGNATURE OF PERSON COMPLETING FORM	<i>Canon J. L. Stone</i>
		SIGNATURE OF WITNESS	<i>Joseph R. Pearce</i>

20. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

3-380 160-10-HQ, ARMY GUN AGENCY WASHINGTON 25, D.C.

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION
C	O	P
		Y

REMARKS: DD Form 98 executed satisfactorily.

Instructions: 1. Print or type all answers

3. If answer is no, none or not applicable, so indicate

2. All questions and statements must be completed

4. If more space required, use Item 19 of SFH

9a FAMILY (List children over 21 years of age; Brothers & Sisters, including Step and/or Half Brothers & Sisters; Step or adoptive parents; Father-in-law; Mother-in-law; If citizenship obtained through naturalization, give date, place and Certificate # in Item 19.)

NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	PRESENT ADDRESS IF LIVING	CITIZENSHIP COUNTRY
A. I. Lofton	Brother		Franklin Co., Miss. PO box 64, Summit, Miss.	USA

9b DATE & PLACE OF MARRIAGE (s) (include present and former marriages)

None

10a RELATIVES LIVING IN FOREIGN COUNTRIES (Enter same names as listed in Item 10)

NAME	CITIZENSHIP (Country)	DATE AND PLACE LAST VISITED OR CORRESPONDED	GIVE REASON ABROAD (If U.S. Citizen)
None			

18a Do You Use Alcoholic Beverages? (If so to what extent) No

18b Have You Any Medical History of Mental or Nervous Disorder? No

18c Do You Now or Have You Ever Used Narcotics or Any Habit Forming Drugs? No

18d Are You Able To Meet All Your Current Financial Obligations? Yes

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USATR.

REPORT OF INVESTIGATION
(Background or Complaint)

DATE SUBMITTED
27 April 1955 mor

COPIES (If Made) and
 LAC GAC FBI BI

CASE CLASSIFICATION
Pers Security

IDENTIFYING DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME
LOFTON, Aaron Isaac (U)

2. SERIAL NO. (Military) [REDACTED]

3. RACE [REDACTED]

4. GRADE
Pvt

5. ARM OR SV.
RA

6. DUTY OR JOB ASSIGNMENT
Cryptologic

7. DATE OF BIRTH [REDACTED]

8. PLACE OF BIRTH
Lincoln County, Mississippi

9. DUTY STATION OR BUSINESS ADDRESS
Co B, 49th Abn Engrs,
502d Abn Inf, 101st Abn Div Ft Jackson, S.C.

10. HOME OR QUARTERS ADDRESS
P. O. Box 64, Summit, Mississippi

11. TITLE OF INCIDENT (Fire, explosion, etc.)
DNA

12. DATE (Incident cases only)
DNA

13. TIME (Incident cases only)
DNA

14. LOCATION (Installation, unit, building)
DNA

15. SERIAL NUMBERS OF EQUIPMENT, TANKS, ETC.
DNA

CONTROL DATA

16. CONTROL SYMBOL AND FILE NO.
AJACI-4.41-
E3006127-(BI-2)

17. INVESTIGATION MADE BY (Organization)
111th CIC Detachment

18. CONTROL OFFICE
ACofS, G-2, Third Army
Ft. McPherson, Ga.

INVESTIGATIVE DATA

19. INVESTIGATION REQUESTED BY
Army Security Agency
The Pentagon
Washington 25, D. C.

20. REASON FOR INVESTIGATION
To determine SUBJECT's suitability for
CRYPTOLOGIC clearance, under provisions of
SR 380-160-10.

21. DATE INVESTIGATION

COMMENCED	COMPLETED
28 March 1955	22 April 1955

22. STATUS CLOSED TERMINATED SUSPENDED PENDING

23. SYNOPSIS

LOFTON was born [REDACTED] in Lincoln County, Mississippi, and attended Mississippi Junior College, Summit, Mississippi, from 31 August 1954, to 14 January 1955, when HE withdrew (1,2,3). SUBJECT's employment from approximately 1950 to the middle of 1953 was verified (4). SUBJECT's employment from 30 September 1953, to 16 July 1954, was verified and HE is not eligible for rehire (5,6).

Ten informants recommended SUBJECT for a position of trust and variously described HIM as a person of high morals and character, honest, discreet, financially responsible, and loyal to the United States (3,4,7,8). One informant refused to recommend SUBJECT for a position of trust and described HIM as immature and requiring close supervision (6). SUBJECT's credit rating is very satisfactory (9).

Records of twelve national and local agencies reflected information concerning SUBJECT (10,11).

157-9586-333

SEARCHED [initials]
SERIALIZED [initials]
APR 19 1955
FBI - JACKSON

24. DISTRIBUTION
1 - Army Security Agency
1 - File

25. REVIEWED BY [initials]

26. TYPED NAME AND TITLE
JOHN W. BLOTZER, Major Inf
S-3, 111th CIC Detachment

27. SIGNATURE [Signature]

AGENT REPORT

(SR 380-320-10)

1. NAME OF AGENT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac
Part A [REDACTED]

(U) (E-7)

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-4600517

4. REPORT OF FINDINGS

(BIRTH) On 4 April 1955, records maintained by the Division of Vital Statistics, Old Capitol Building, Jackson, Mississippi, were examined concerning SUBJECT and the following information was recorded:

Name:	LOFTON, Aaron Isaac
Date of Birth:	[REDACTED]
Place of Birth:	Lincoln County, Mississippi
Father:	Aaron Lofton
Mother:	Agnes Nunnery
Certificate:	33821
Volume:	2048
Date Filed:	Not recorded.

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

C O P Y

TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954 - O - 284854

AGENT REPORT
(SR 380-620 10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT
LOFTON, Aaron Isaac (U) (BI-2)
IV RA [REDACTED]

2. DATE SUBMITTED
18 April 1955
3. CONTROL SYMBOL OR FILE NUMBER
AJACI-4.41-13005127

4. REPORT OF FINDINGS

2 (EDUCATION) On 12 April 1955, student records at Southwest Mississippi Junior College, Summit, Mississippi, were examined concerning SUBJECT with the assistance of Miss Martha Gene Willoughby, Assistant Registrar. The following information was recorded:

Name: Aaron Isaac LOFTON
Date of Birth: [REDACTED]
Father: Aaron Lofton
Dates of Attendance: 31 August 1954 to 14 January 1955
Average Grade: B
Graduate: No
Previous School: Summit High School, Summit, Mississippi.

3 (FORMER INSTRUCTOR) On 12 April 1955, Mrs. Annette E. Statham, Instructor of English and History, Southwest Mississippi Junior College, Summit, Mississippi, was interviewed concerning SUBJECT and stated in substance:

SUBJECT was an above average student and was highly regarded by everyone who knew HIM. HE was never a disciplinary problem. Nothing is known which would reflect adversely on HIS character, honesty, integrity, or discretion. SUBJECT's loyalty to the United States is unquestioned. Informant recommended LOFTON for a position of trust and responsibility with the United States Army.

C O P Y

TYPED NAME AND ORGANIZATION OF SPECIAL AGENT
ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT
Robert W. Chaffin

FORM 341
APR 52 341 REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

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AGENT REPORT
(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (J) (P.A.-2)
Pvt A [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E3005 27

REPORT OF FINDINGS

4 (EMPLOYMENT-FORMER SUPERVISOR) On 13 April 1955, B. Frank Watkins, Owner, Fox Theater, Summit, Mississippi, was interviewed concerning SUBJECT and stated in substance:

There are no employment records concerning SUBJECT. HE was employed at the Fox Theater from approximately 1950 to the middle of 1953. SUBJECT was hired as a popcorn machine operator and HE worked HIS way up to projection operator before HE resigned to attend a business college in Jackson, Mississippi. LOFTON was efficient, dependable, and favorably regarded by everyone who knew HIM. Nothing is known which would reflect adversely on HIS honesty, integrity, discretion, or financial responsibility. Informant recommended LOFTON for a position of trust and responsibility with the United States Army.

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4. NAMED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM 341 APR 52 REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

C O P Y

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

AGENT REPORT

(SR 380-3 (7-70))

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (S) (I-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1958

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-3005127

4. REPORT OF FINDINGS

⁵ (EMPLOYMENT) On 13 April 1955, employment records of the McComb Manufacturing Company, McComb, Mississippi, were examined concerning SUBJECT with the assistance of Mrs. Ida Duncan, Personnel Director. The following information was recorded:

Name: Aaron Isaac LOFTON

Date of Birth: [REDACTED]

Place of Birth: Lincoln County, Mississippi

Father: Aaron Lofton

Dates of Employment: 30 September 1953 to 16 July 1954

Position: Inventory Clerk

Reason for Leaving: Return to School

Last School Attended: Draughon's Business College, Jackson, Mississippi for four months.

⁶ (FORMER SUPERVISOR) On 13 April 1955, David C. Matthews, Chief Accountant, McComb Manufacturing Company, McComb, Mississippi was interviewed concerning SUBJECT and stated in substance:

Informant knew SUBJECT as HIS supervisor while HE was employed by the McComb Manufacturing Company for approximately nine months in 1953 and 1954. SUBJECT was immature and required close supervision in HIS work. HE was very capable, but HE did not seem to be very interested in HIS work. Informant would not rehire SUBJECT because HE could not be depended on to do HIS work properly without close supervision. To the best of informant's knowledge, LOFTON does not indulge in alcoholic beverages. Nothing is known which would reflect adversely on HIS honesty, integrity, or discretion. HIS loyalty to the United States is unquestioned. Informant did not recommend LOFTON for a position of trust and responsibility with the United States Army because HE was immature and required close supervision.

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
11th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED

U. S. GOVERNMENT PRINTING OFFICE: 1954-O-284854

NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON Aaron Isaac (U) (BI-2)
Pat [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E3005127

REPORT OF FINDINGS

7 (CHARACTER REFERENCES) On 13 and 14 April 1955, the following character references were interviewed concerning SUBJECT:

James E. Hurdle, Superintendent, Summit Separate School District, Summit High School, Summit, Mississippi, has known SUBJECT as a friend and student for three years.

E. Gordon Covington, Jr., Co-owner, J. T. Covington and Son, Summit, Mississippi, has known SUBJECT six years as a friend and customer.

H. Grady Jackson, Jr., Manager, Jackson the Cleaner, Summit, Mississippi, has known SUBJECT approximately ten years as a friend and customer.

Jefferson G. Stephens, Jr., Draftsman, United States Pipe Line Company, Deposit Guaranty Bank Building, Jackson, Mississippi, has known SUBJECT five years as a friend.

Informants stated in substance: SUBJECT is a fine young man of high character and morals and is favorably regarded by everyone who knows HIM. HE has a very pleasing personality. To the best of informants' knowledge, SUBJECT does not drink or have any bad habits. Nothing is known which would reflect adversely on HIS honesty, integrity, discretion, or financial responsibility. HIS loyalty to the United States is above reproach. To the best of informants' knowledge, SUBJECT has no foreign relations or connections and belongs to no questionable organizations. LOFTON was recommended for a position of trust and responsibility with the United States Army.

8 (DEVELOPED REFERENCES) On 12 and 13 April 1955, the following developed references were interviewed:

Miss Martha Gene Willoughby, Assistant Registrar, Southwest Mississippi Junior College, Summit, Mississippi, has known SUBJECT three years as a friend.

Mrs. Clarence G. Brown, Assistant Tax Collector, City Hall, Summit, Mississippi, has known SUBJECT all of HIS life as a friend.

Mr. Edward L. Smith, M/Sgt [REDACTED], Hqs & Hqs, National Guard 154th Infantry and Heavy Mortar Battalion, City Hall, Summit, Mississippi, has known SUBJECT since 8 February 1954 as a friend and associate in the National Guard.

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

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AGENT REPORT
(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U) (SI-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1952

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-1005127

COPY

4. REPORT OF FINDINGS

Mr. Julius E. Magee, Biology Instructor, Southwest Mississippi Junior College, Summit, Mississippi, has known SUBJECT for four years as a friend and neighbor.

Informants stated in substance: SUBJECT is a person of high character and morals. HE has a very pleasing personality and is favorably regarded by all who know HIM. To the best of informants' knowledge, SUBJECT does not drink nor have any bad habits. Nothing is known which would reflect adversely upon HIS honesty, integrity, discretion, or financial responsibility. SUBJECT's loyalty to the United States Government is unquestioned. To the best of informants' knowledge, HE has no foreign interests or connections and belongs to no questionable organizations. LOFTON was recommended for a position of trust and responsibility with the United States Government.

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5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT
ROBERT W. CHAFFIN, REGION III,
11th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE: 1954-O-284854

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AGENT REPORT
(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U) (DS-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E3005127

REPORT OF FINDINGS

9 (CREDIT) On 13 April 1955, Jimmy R. Thatcher, Credit Manager, Firestone Tire and Rubber Company, 201 Main Street, McComb, Mississippi consulted records of that firm concerning SUBJECT and divulged the following information:

Name: Ike LOFTON

Address: Box 64, Summit, Mississippi

Account Opened: 12 February 1954

High Credit: \$73.81

Method of Payment: \$10.00 Bi-monthly

Account Closed: 7 May 1954

Credit Rating: Very Satisfactory

Eligible for further credit: Yes

AGENT'S NOTES: During the course of investigation it was developed that SUBJECT's nickname is IKE.

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REPORTING NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM 341
1 APR 52 REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE: 1954-O-284854

(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (C) (BI-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-3005127

4. REPORT OF FINDINGS

¹⁰ (AGENCY) On 12 and 14 April 1955, the name files and/or docketts of the following agencies were examined concerning SUBJECT and no record on LOFTON exists:

Circuit Court, Pike County, Magnolia, Mississippi,
County Court, Pike County, Magnolia, Mississippi,
Sheriff's Office, Pike County, Magnolia, Mississippi,
City Police, McComb, Mississippi,
Town Marshal, Summit, Mississippi,
Circuit Court, Hinds County, Jackson, Mississippi,
County Court, Hinds County, Jackson, Mississippi,
Sheriff's Office, Hinds County, Jackson, Mississippi,
City Police, Jackson, Mississippi.

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5. NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
11th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

C O P Y

AGENT REPORT
(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U)
Pvt RA [REDACTED]

2. DATE SUBMITTED

27 April 1955

mor

3. CONTROL SYMBOL OR FILE NUMBER

AJACT-4.4. E3005127-(BI-2)

4. REPORT OF FINDINGS

On [REDACTED], files of G2, Third Army, Fort McPherson, Ga., were checked re SUBJECT and revealed no record. (B-2)

11. On 15 April 1955 files of the following agencies were checked re SUBJECT with results as indicated:

(x)	G2, DA	:	NR	()	INS	:
(x)	FBI, Criminal, Wash., D. C.	:	NR	()	Coast Guard	:
(x)	FBI, Sub., Wash., D. C.	:	NR	()	USMC	:
()	TAG	:		()	HCUA	:
()	CSC	:		()	OSI	:
()	ANAFPSB	:		()	AFAGO	:
()	Bur of Pers, Dept of Navy	:		()	State Dept	:
()	ONI	:		()	CIA	:
()	FBI	:		()	CPI	:

(B-2)

END OF REPORT

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

S. C. WORKMASTER, 111th CIC Detachment

6. SIGNATURE OF SPECIAL AGENT

Martin O Baer

DA FORM 341 1 APR 52

REPLACES WD AGO FORM

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COPY

COPY

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR	MEDICATION-TREATMENT	OBSERVATIONS
10/16	2300		pt was admitted to ward amb. & no complaints 98° 64-16 B.P. Dr. & Nurse notified Kirstead
10/17	0530		good night on admission Kirstead
	2000		good day, asleep
10/18	0530		good night - (Kirstead)

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Lofton, Aaron I.

U.S. NAVAL HOSPITAL
CHARLESTON, S.C.

REGISTER NO.

118732

WARD NO.

H-1

NURSING NOTES
Standard Form 510

WALTER REED ARMY MEDICAL CENTER
Washington 12, D. C.

DEPENDENTS RECEIVING MEDICAL CARE

S T A T E M E N T

1. Reference: AR 40-121, Dependent Medical Care

2. I, Aaron I. Lofton SP3 [REDACTED]
(Name) (Rank) (SN)

having been (~~discharged~~) (separated) (~~resigned~~) from active service on
1 November 1957, ~~XXXX~~ (do not) have a dependent receiving
(Date)

medical care in a (military) (civilian) medical facility.

3. a. Name and address of dependent(s):

b. Name and address of (military) (civilian) medical facility or
physician:

4. Forwarding address after release from active duty.

Aaron I. Lofton
(Signature)

* Para (3) must be completed if a dependent is receiving medical care.

WRAMC FORM C-70
15 Dec 56

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.		2. GRADE AND COMPONENT OR POSITION SP-3		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, Street or RFD, city or town, zone and State) P.O. Box 64, Summit, Miss.			5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 OCT 57
7. SEX M	8. RACE Cauc	9. TOTAL YRS. GOVT. SERVICE MILITARY 2 yrs 7 mo CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT 9901
12. DATE OF BIRTH [REDACTED]	13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton—Father—Box 64, Summit, Miss.		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	49	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	47	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD DIABETES HAD CANCER	Cousin
BROTHERS					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE HAD HEART TROUBLE	Brother Cousin
SISTERS					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE HAD RHEUMATISM (Arthritis)	Father, Brother
CHILDREN					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES HAD EPILEPSY (Fits)	Father, Mother
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, Erysipelas	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

22. FEMALES ONLY: A. HAVE YOU EVER—

B. COMPLETE THE FOLLOWING:

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

1
2 1/2 yrs 9 mo. Interior Decorator
 RIGHT HANDED LEFT HANDED

YES	NO	CHECK EACH "YES" OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) <i>Chest Clinic Gargas Hospital ANCON, Canal Zone</i>
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) <i>Pending on condition of hearing at a later date</i>

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: ARON J. KATZON SIGNATURE: [Signature]

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Partial loss of hearing, hospitalized
Whooping cough, childhood- no sequela
Asthma, hay fever, EPTS, mild
ENT, running ears, fungus, treated and cured
Indigestion, mild, improved.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: P. W. AND SK. LINDO, MD DATE: 29 Oct 57 SIGNATURE: _____ NUMBER OF ATTACHED SHEETS: _____

REPORT OF MEDICAL EXAMINATION

2. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.			2. GRADE AND COMPONENT OR POSITION Sp3		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) PO Box 64, Summit, Miss.			5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 Oct 57	
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT MHD-WRAH	
12. DATE OF BIRTH		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton, Father, Same as # 4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Walter Reed Army Hospital, Wash. 12, D.C.				16. OTHER INFORMATION		

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)
NORMAL	ABNOR- MAL	
<input checked="" type="checkbox"/>		18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>		19. NOSE
<input checked="" type="checkbox"/>		20. SINUSES
<input checked="" type="checkbox"/>		21. MOUTH AND THROAT
	<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>		23. DRUMS (Perforation)
<input checked="" type="checkbox"/>		24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 61)
<input checked="" type="checkbox"/>		25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>		26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>		28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>		29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>		30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>		31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>		33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>		34. G-U SYSTEM
<input checked="" type="checkbox"/>		35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>		36. FEET
<input checked="" type="checkbox"/>		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>		38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>		40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>		41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

22: Partial loss of hearing, bilateral; Hospital Diagnosis, H3.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)															REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX.—Replaced by dentures															Class 2	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
I																E
G																F
H																T
T																

45. URINALYSIS: SP. GR. 1.017			46. CHEST X-RAY (Place, date, film number, result) WRAH, 29 Oct 57			47. SEROLOGY (Specify test used and result) Cardiolipin Flocculation Negative		
ALBUMIN Neg	SUGAR Neg	MICROSCOPIC Essen. Negative	49. BLOOD TYPE AND RH FACTOR			50. OTHER TESTS		

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 11"		52. WEIGHT 143		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
SITTING	SYS. 110	RECUM. BENT	SYS.	STANDING (3 min.)	SYS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.	
	DIAS. 70		DIAS.		DIAS.						72
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/	20-2	CORR. TO 20/		BY	S.	CX		J-1	CORR. TO	BY	
LEFT 20/	20-1	CORR. TO 20/		BY	S.	CX		J-1	CORR. TO	BY	
62. HETEROPIORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											
NSA											
63. ACCOMMODATION			64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		
RIGHT Normal LEFT Normal			Normal-Pseudo-Isocho						CORRECTED		
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION		
Normal									Normal		
70. HEARING			71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	/15 SV	/15	250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192		
			RIGHT 5	5	10	10	55	45	8		
LEFT WV	/15 SV	/15	LEFT 0	5	20	15	60	80	13		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hospitalized WRAH.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

71 Deafness, perceptive type, bilateral, very mild, possibly due to acoustic trauma. Hearing: Average Loss: AS: 13db; AD: 8db. Speech reception score: AS: 10 db; AD: 5 db; AU: 5 db. Discrimination: AS: 92%; AD: 92%. Unchanged. LOD: YES

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	3	1	1

77. EXAMINEE (Check)

IS QUALIFIED FOR
 IS NOT

Separation

PHYSICAL CATEGORY

A	B	C	E
		X	

79. TYPED OR PRINTED NAME OF PHYSICIAN

M. HOWARD SKOLNICK, MD

SIGNATURE

M. Howard Skolnick MD

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

FREDERICK A. HELIG, LT. COL., DC

SIGNATURE

Frederick A. Helig Lt Col DC

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS