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37. HOUR AND DATE OF DEATH

39. SIGNATURE OF PHYSICIAN

36. AUTOPSY PERFORMED (If "YES," indicate date and place)

38. EXACT PLACE OF DEATH

١,	Standard Form 592
	Rev. Feb. 1951
	By Bureau of the Budget
	Circular A-32





#### CLINICAL RECORD

#### NARRATIVE SUMMARY

August 6, 1956

August 13, 1956

NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

X-Ray No. 220-375

Chart No. 695035

History: This 21 year old army private complained of slight chest pain on very deep breathing in the middle of the chest, of one day's duration. In May of 1956, though feeling well, he had had a survey film taken. He was advised to have a large one made and this showed prominence of the right hilum.

Past History: Revealed ocassional wheezing with URI's long ago and ocassional hay fever.-

Physical Examination: This was normal except for a slight rib depression in the right anterior axillary line.

Laboratory: Routine hematology was normal; ESR was 19 mm.; urinalysis and stool examination were normal. Serum calcium was 10.0 mgs. %; A/G ratio was 4.54/2.14. Routine serology and heterophile agglutinums were negative. An EKG. was within normal limits. Chest x-rays showed hilar adenopathy on the right. X-Rays of the hands were normal.-

Course in the Hospital: Patient was completely afebrile. The chest pain disappeared during the first day. Histoplasmin and PPD #2 were positive.

Impression:

Observation pulmonary lesion. 300-001

This work up failed to reveal the etiology of the hilar adenopathy.

Disposition:

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

- 1) Return to duty.
- 2) Return to the Chest clinic in 4 weeks.-
- 3) Obtain chest films taken in Jackson, Miss. in 1955 .-

Walter G. Strauss, M. D.

W. Threes N.D

Chest Service Gorgas Hospital

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN

WALTER G. STRAUSS. M. D. B/21/56

WALTER G. STRAUSS. M. D. B/21/56

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

TOPTON AARON T. WARD NO.

GORGAS

NARRATIVE SUMMARY

Standard Form 502

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35, CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHEMA, ETC. IT MEANS THE DISEASE, INIURY or COMPLICATIONS WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.	INTERVAL BETWEEN ONSET AND DEATH
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INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, BPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE DISEASE, INJURY, or COMPLICATIONS WHICH CAUSED DEATH.	ic. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items Ia, b and o)	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
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	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	
36. AUTOPSY PERFORMED (If	"YES," indicate date and place)	37. HOUR AND DATE OF DEATH	•
38. EXACT PLACE OF DEATH		39. SIGNATURE OF PHYSICIAN	

U. S. GOVERNMENT PRINTING OFFICE 69-16-71200-

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Standard Form 829
Promulgated May 1950
By Bureau of the Budget
Circular A-32 Rev.

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# SERVICE RECORD

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5- PHYSICAL AND MENTAL DATA	town or P A	RESS (Number & street or rus	al route (il	f none, so	state), city,	
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7. PLACE OF ENLISTMENT	90=1   1. 0. DC	8. ENLISTED IN THE GRADE		AUTHORIZA	ATION	
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9. ENLISTED UNDER AUTHORITY, OF SR615-120-52	,	10. BRANCH ENLISTED FOR Signal Corps (AS	A)/ 4500/	TIL	7	
11. FOR ASSIGNMENT IN	. waterer "	. 12. TOTAL	SERVICE FOR	PAY PURPO	OSES	
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20. MARITAL STATUS 21. NUMBER.		PEOPLE DEPENDENT ON YOU FO				
listee)	· Arth D	TEOLE DELENGENT ON 100 TO	. 3011041 (10		ibred by en-	
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GRAMMAR HIGH SCH COLLEGE	None W					,
24. CIVILIAN TRADE OR OCCUPATION (	Best qualified)	HOW LONG EMPLOYED (Yrs & mo	s) (Best que		EKLY WAGE	
		fied trade or occupation)	,	1	one	
Student	105	Not applicable				
25. REGISTERED FOR SELECTIVE SERVI	YES NO	26. SELECTIVE SERVICE BOAR	D NUMBER AND	ADDRESS	(City, county,	
IF YES, GIVE NUMBER		#62, McComb, Pi				
27. PRIOR ROTC OR CADET TRAINING (Yes		RESERVE COMMISSIONED STATUS		de now hel	d, if any)	
29. LAST SERVICE (USA, USAF,USN,USN USA		(Reg, Res, AUS, AFUS, FedNo o Active Fed Svc)	G, or St G)	31.	- SERVICE NUMB	ER .
32. ORGANIZATION 154 Inf Bn, Miss NG	33. TYPE, AUT	HORITY, AND DATE OF DISCHARG	ΞE	34.	. IN GRADE OF	WOS
35. HAVE YOU EVER BEEN: a. CONVICT	ED OF A FELONY OR ANY	OTHER OFFENSE (excluding mine	s traffic vic	olation= \2	,	X) NO
b. ADJUDICATED A YOUTHFUL OFFENDER consider only convictions and adjud	CORJUVENILE DELINOUEN	T?     YES   X   NO (Tf a a	rhia van d	ive detail	ls.Prior service	e personnel
adju	Ginev last	/ to be in	Dated by en	1118 (ee).		
26		16490	<u> </u>			
36. HAVE YOU EVER BEEN IMPRISONED U imprisoned subsequent to date of la	under sentence of any ast discharge.) (To be	COURT? IF SO, GIVE DETAILS e initialed by enlistee)	6. (Prior se	ervice per	rsonnel answer	"No" un less
	•	170 / Card of				
37- ARE YOU NOW OR HAVE YOU EVER BE	EEN ON SUSPENDED SENT	ENCE, PAROLE, PROBATION, OR AF	RE YOU AWAITI	ING FINAL A	ACTION ON CHARG	ES AGAINST
YOU? (Prior service personnel cons	sider only period sine	ce date of last discharge.)	(To be initi	isled by e	enlistee)	
38. HAVE YOU EVER PREVIOUSLY BEEN RE		OR FULLSTHENT IN ANY OF THE	APMED SORCES	S 00 H447	YOU EVED DEE:	DISCHARGE
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41.REMARKS (To be initialed by enlist	(00)			
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42.1 UNDERSTAND THAT I AM LIABLE TO FALSE STATEMENT, WILLFUL MISREPRESEI REJECTED BECAUSE OF ANY DISQUALIFICA ME WITH RETURN TRANSPORTATION TO THE	ATATION, OR CONCEALMENT AS TO ATION KNOWN TO ME AND CONCEA	MY QUALIFICATION	ONS FOR ENLISTMENT: IN A	DDITION, I KNOW IF I AM
I DECLARE THAT I AM NOT NOW A MEMB ANY COMPONENT THEREOF (Regular, Resi AND EXPLAINED BY ME: THAT THE FOREG RECTLY RECORDED AND ARE TRUE IN ALL	erve, or National Guard)  N   DING OUESTIONS AND MY ANSWER	ACTIVE, INACTIVE, S THERETO HAVE B	, RESERVÉ, OR RETIRED STAT SEEN READ TO ME: THAT MY	TUS UNLESS SO INDICATED ANSWERS HAVE BEEN COR-
GIVEN AT (Place of acceptance)		. \	DATE OF ACCEPTANCE	-
Jackson, Mississippi			24 January 195	· · · · · · · · · · · · · · · · · · ·
SIGNATURE OF WITNESS (First name-Mid	dle initial-Last name)	SIGNATURE OF AP	PLICANT (First name-Midd)	le name-Last name)
43.REMARKS (For use by the recruiting	( officer)	1		43a-DATE DD FORM 53 FORWARDED
	· · · · · · · · · · · · · · · · · · ·	, 'W.'	-	24 Jan 55
VERIFIED AT  Jackson, Mississippi	BY (Signature of recruiting	officer)	GRADE AND ORGANIZATION Capt USAF 3370	OF RECRUITING OFFICER
44.	OATH AND CERTIFI			
		2014 01 20270		
STATE OF Missi	ssippi		\$\$:	
CITY, TOWN, OR MILITARY POST	' Jackson			
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45. (Fingerprint impressions wil	FINGERPRINTS		every person enlisting	( or reenlisting)
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THIS IS A PLICHAMENT ARMY SECURITY AGENCY RECORD - DO NOT REMOVE FROM 201 FILE

 19	Jan	55	
 (Da	ita)		

SUBJECT: Enlistment and Schooling for Army Security Agency

Chief, Army Security Agency TOS Washington 25. D.C.

- 1. I, the undersigned to voluntarily request enlistment in the Regular Army for assignment to the Army Security Agency and, upon acceptance, do further request enrollment in an Army School for the purpose of pursuing a course of instruction which will qualify me for a job with the Army Security Agency. I thoroughly understand that:
- a. I must attain a minimum percentile score of 31 or higher on the Armod Forces Qualification Test (AFCT).
- b. Non-Prior-Service personnel, unless possessing a usable skill based on civilian qualifications, will normally be sent, following basic training, to a service or troop school for technical training; however, the individual must qualify for attendance in accordance with current school selection criteria.
- .c. The schooling I am finally selected for will be based upon scores I obtain on a series of Army aptitude tests to be given me.
- d. In the event my test scores do not meet the prorequisites for technical training, I will be schooling or duty in a non-technical field.
- c. Personnel found to be disqualified for duty with the Army Security Agency, or not possessing nernally accepted aptitude for training in an MCS required by the Maney, will be reassigned in accordance with the needs of the Army and required to complete the period for which enlisted.
- f. All personnel assigned to the Army Security Agency must be elegred in accordance with Sh 350-160-10. Personnel who fail to receive elegrance will be reassigned outside the Agency in accordance with the needs of the Army and required to complete the period for which enlisted.
- g. Continued assignment to the Army Security Agency will be contigent \_ upon satisfactory service, maintenance of required standards, and the needs of the Agency.

2. I am qualified by previous service in MOS \_\_\_\_\_, and desire to serve in this specialty with the Army Security Agency.

(Signature of Applicant)

AARON ISAAC LOFTON

(Typed or printed name of applicant)

DISTRIBUTION: Original to Chief, ASA, duplicate to 201 file. GAS Form 34 (23 Oct 53)

Local reproduction is authorized

DATE:	24 January	1955

In connection with my enlistment in the Regular Army this date, I hereby acknowledge that I completely understanding the following:

That the statement included in my enlistment record which indicates my choice of service does not constitute any guarantee that my entire enlistment will be served in the branch of service, overseas command, or specific assignment that I have chosen, and

That military necessity may make it necessary for the Army to effect my transfer at any time to any other assignment within the continental United States or an overseas command,

That acceptance for enlistment carries no promise, whatsoever, relative to furnishing transportation for dependents to overseas commands or to the furnishing of family quarters either in overseas commands or in the continental United States.

I further certify that entered under item 41 of the enlistment record are all promises made to me other than those listed in items 8, 10, and 11 thereof.

DATE 24 January 1955

I, Aaron Isaac Lofton , a citizen of the United States or \_\_\_\_\_\_\_, for the purpose of amplifying the statements made by me in the enlistment record this date, do hereby acknowledge to have voluntarily enlisted this 24th day of January 1955, in the Regular Army of the United States of America. I understand that the period of my enlistment is three(3) cars. I understand that upon separation from my current enlistment, if qualified, I will be transferred to the Army Reserve and required to serve therein for a period which then added to my active service will equal a total of 8 years, unless sooner discharged in accordance with standards prescribed by the Secretary of Defense.

#### CERTIFICATE

#### STATUS OF DEPENDENTS

I certify that the following statements are true and correct:

- l. I have been informed and am fully aware that Army regulations prohibit the enlistment of non-prior service personnel who have dependents whose existence would establish an entitlement to increased allowances or allocations of pay.
- 2. I hereby state that I have no persons dependent upon me for support, including, but not limited to, the following:
  - a. Wife and/or children.
- b. Parents dependent upon me for support to the extent that I contribute more than fifty (50) percent of the amount necessary for their support.
- 3. I have been informed and fully am aware that concealment of dependents upon enlistment in the Armod Forces is punishable under Article 83, Uniform Code of Military Justice, with penalities authorized including dishonorable discharge, forfeiture of all pay due, and confinement for one (1) year.
- 4. I will not attempt to claim additional allowances, or allotments requiring contributions on the part of the United States Government, subsequent to my arrival at my first duty station, based on my present status of dependents.
- 5. I make this certificate freely and with no mental reservations whatsoever, prior to enlisting in the United States army.

(Enlisted Signature)

Aaron Isaac Lofton (Typod Name of Enlistee)

WITNESS: (Myster C) Corrissioned Officer)

(Typod Hame of Officer)

DATE: 24 January 1955

FROM THE BUREAU OF THE BUREAU

## PORT OF MEDICAL HISTORY OF DEFICIAL LISE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME-	-FIRST N	AME-MIDDLE NAM	AE.						2. GRA	DE AND	COMPONE	NT OR POSIT	ON	13	S IDENTIFICATION NO
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4. HOME ADDR	ESS (Nu	mber, street or RF.	D, city	or to	on, zone and Sta	te)			5. PUR	POSE OF	EXAMINA	TION		(	6. DATE OF EXAMINATION
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8. FAMILY HIS	TORY			<u> </u>						19. HA	S ANY BI	OOD RELATION	ON (	Parent, brot	her, sister, other)
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en wHAY F				1	MEDICINE		-	-	L			DER OR ELBOW	_		
		eck each item)					42.	FEM			HAVE YOU	EVER-	В.		HE FOLLOWING:
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YES	NO	CHECK EACH ITEM YES OR	NO. EVERY ITEM (	HECKED "YES" MU	ST BE FULLY EXPL	AINED IN BLANK	SPACE ON RIGHT	
	نسه	27. HAVE YOU BEEN UNABLE TO HOLD A	SE OF:					
	·	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT	r, etc.					
4	O. come	B. INABILITY TO PERFORM CERTAIN MOTIONS						
		C. INABILITY TO ASSUME CERFAIN POSITIONS						
	مسم	D. OTHER MEDICAL REASONS (If yes, give rea	sons)					
_	مسسية	28. HAVE YOU EVER WORKED WITH RADIOACTIVE STANCE?	SUB-					
	2	29. DID YOU HAVE DIFFICULTY WITH SCHOOL ST OR TEACHERS? (It yes, give details)	UDIES					
	مست	<ol> <li>HAVE YOU EVER BEEN REFUSED EMPLOYMENT BEEN OF YOUR HEALTH? (If yes, state reason and details)</li> </ol>					•	
	-	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE (If yes, state reason and give details)						
	5	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO ANY OPERATIONS? (If yes, describe and age at which occurred)						
	<u>_</u>	33. HAVE YOU EVER BEEN A PATIENT (committ voluntary) IN A MENTAL HOSPITAL OR SAN IUM? (If yes, specify when, where, why name of doctor, and complete addre hospital or clinic)	ATOR-					
	ميس	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY O THAN THOSE ALREADY NOTED? (II yes, sp when, where, and give details)	OTHER ecify	•				
	٢	35. HAVE YOU CONSULTED OR BEEN TREATED BY CL PHYSICIANS, HEALERS, OR OTHER PRACTIFIC WITHIN THE PAST 5 YEARS? (If yes, give of plete address of doctor, hospital, cl and details)	ONERS					
-	Second	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OF THAN MINOR COLDS? (If yes, which illnesses)			. :			
	4	37. HAVE YOU EVER BEEN REJECTED FOR MILL SERVICE BECAUSE OF PHYSICAL MENTAL, OR O REASONS! (If yes, give date and reason rejection)	THER					
`	-	38. HAVE YOU EVER BEEN DISCHARGED FROM MILL SERVICE BECAUSE OF PHYSICAL MENTAL, OR OR REASONS? (If yes, give date, reason, type of discharge: whether honor other than honorable, for unfitness or suitability)	THER . and able,		,			
	L	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, YOU APPLIED FOR, OR DO YOU INTEND TO APPL PENSION OR COMPENSATION FOR EXISTING DIS ITY? (If yes, specify what kind, grante whom, and what amount, when, why	Y FOR SABIL-					
I AUT	HORIZE	AT I HAVE REVIEWED THE FOREGOING INFORMATION ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MEI AY APPLICATION FOR THIS EMPLOYMENT OR SERVI	NTIONED ABOVE TO I	AND THAT IT IS THURNISH THE GOVER	RUE AND COMPLETE	TO THE BEST OF	MY KNOWLEDGE.	CORD FOR PURPOSES
		D NAME OF EXAMINEE		SIGNATURE	ou ils	AND 1		
40, PHYSI	CIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DA	ATA (Physician shal	comment on all po	sitive answers in it	ms 20 thru 59)	Tyre	
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### REPORT OF MEDICAL EXAMINATION

1. LAST	NAME-	FIRST NA	ME-MID	DLE N	ME	21					*****	2.	GRADE	AND C	OMPONEN	T OR POSITION	3. IDENTIFICATION NO.
		AARON		- 6		c a A									E-1		
4 HOME	ADDDE	cc (Num	her stree	t or R1	FD. citu			and Sta	te)			5.	PURPOS	SE OF E	EXAMINAT	ION	6. DATE OF EXAMINATION
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NORMAL	ABNOR- MAL	umn:	k each enter '	'N. E.	" if no	t eval	uated	5									•
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x		21. MOU															
x		22. EARS	S-GENE	RAL GCU	t. & ext. ity under	eanals) items 7	(Audite 0 and 7	779 (1)									
x		23, DRU	MS (Per	foration	1)								_	_		•	
	x	24. EYES	S-GENE	RAL (Vi	isual acu ler items	ity and 59, 60, 6	refracti and 61)	on . 2								ye green	
x		25. OPH						1 .	C	Conge	enit	al h	eter	rock	romi	c might ir:	is
x		26, PUPI	LS (Equ	ality a	nd react	ion)											•
x	-	27. ocu	LAR MOT	TILITY	(Associa	ted para	llel ma s)	70-									
x		28. LUN															,
x		29, HEA	RT (Thr	ust, size	e, rhyth	m, sour	ids)										
x		30. VASO	CULAR S	YSTEM	(Varico	sities, e	tc.)						,				
x		31. ABD	OMEN AN	D VISC	ERA (In	iclude h	ernia)										
x		32. ANUS	S AND R	ECTUM	(Hemori (Prostat	rhoids, fu	stulae)										,
x		33. END															
	x	34. G-U	SYSTEM					3	4. (	one 1	Plus	alk	umi	n or	one	occasion,	negative for
x		35. UPPE	R EXTR	EMITIES	(Streng	th, range	e of		3	3 su	cces	sive	day	ys			
x		36. FEET						_		,						•	, .
х		37. LOW	ER EXTR	EMITIE	S (Excer	ot feet)	of moti	(m)									
x		38. SPIN					0, 11101									,	
x		39. IDEN	TIFYING	BODY	MARKS.	SCARS,	TATTO	os									
х		40. SKIN	. LYMPH	ATICS				-									
x		41. NEU	ROLOGIC	(Equili	brium te	sts under	item 7	2)					•				
x		42. PSYC	HIATRIC	(Specify	y any per	sonality .	deviatio	n)		, ,			-				
Females	only			(Ch.	eck how	done)		$\dashv$									
		43. PELV	ic [	VAGI	NAL.	RE	CTAL							(Con:	tinue in	item 73)	
44. DENTA	L (Plac	е аррторі						f upper	and lou	ver teeth	respect	ively)				REMARKS AND ADI	DITIONAL DENTAL DEFECTS AND
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				MEASUREMENT	S AND OTHER	FINDIN							
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57. BLOOD PRESSURE (.1rm	at heart level)				58. PULSE (	Arm at	heart level)						
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59. DISTANT	VISION		60.	REFF	RACTION			61.			NEAR VISION		
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62, HETEROPHORIA: (Specify distance) ES°	EX	c	R. H.	L. H.	PRI	SM DIV,		PRIS	M CONV.		PC	PD	
63. ACCOMMODATION		64. COLOR	VISION (Tes	st used and result)	65. D	EPTH PE	ERCEPTION l and score)		RRECTED				
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66. FIELD OF VISION		67. NIGHT	VISION (188	t used and score)	168. R	ED LENS	•			69, IN	RAOCULAR TE	NSION	
70	174	<u> </u>					7-3		1				
70. HEARING	71.	250   500		2000 3000	4000 8000		- 12. PSY	CHOLO	SICAL AND P	SYCHO	MOTOR (Tests	usea ana	icore)
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LEFT WV 155 SV	/IS RIGHT			<i>      </i>			_						
73. NOTES (Continued) AND	LEFT CONTENT OF	INTERNAL INC	TORY	\/////////////////////////////////////									
74. SUMMARY OF DEFECTS AI	nd diagnoses (.	List diagnoses		se additional shect. sumbers)	s of plain pa	i neer if ne	ccessary)				CEB CEB		
75. RECOMMENDATIONS—FUR	THER SPECIALIS	T EXAMINATIO	NS INDICAT	ED (Specify)					76.	·	PHYSICAL	PROFILE	
							*		Р	1	J L	н	E S,
	None		*							1 1	1 1	1	1 1
7. EXAMINEE (Check)  IS IS IS QUALIFIED FOR	Mil	itary S	ervice	)	unanzeni diskliki dirifungan ya						PHYSICAL C	ATEGORY	
78. IF NOT QUALIFIED, LIST D	ISQUALIFYING DI	FECTS BY ITE	M NUMBER			,	,	····		A X	В	С	E
79. TYPED OR PRINTED NAME	OF PHYSICIAN				SIGNATU					Δ	I		
80, TYPED OR PRINTED NAME	OF PHYSICIAN				SIGNATI			-		***************************************			
81. TYPED OR PRINTED NAME	OF DENTIST OR	PHYSICIAN (In	rdicate whic	h)	SIGNATE	RE			1				
82. TYPED OR PRINTED NAME HUGH C. WATSO			PROVING AL	THORITY	SIGNATU	RE/C	luch	l	Wo	150	m, }	NUM TACI	BER OF AT- IED SHEETS
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den en	1. N/	ME (Last, F	irst. Initia	ls) AND	SERVICE NUMBER	2. FROM (1 24)	ián°55	3.	TO (Doi	Noc 5	57
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edentas						OSGA	R B ALL	TAMOO RY	Polle	end Call	ħ
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G FELIX ORALMS, CWO, 8616DU, ASACARIB

Mys.H. ARTHIN, CWO, W-2, USA, HQ USASACARIB

GREENLAW, CAPT, MSC

Hq. WELVE (9901) Wash DC

5.	E-C 14		LEGEND: heert	N/A to the items	below which ar	not applicable					
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ERS		Male .	Blond	Grey	5-1	1 145	YES [	NO	Sin	gle	
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ER C	C. REASON AND AUTHORITY					· · · · · · · · · · · · · · · · · · ·		EFFEC-		MONTH	YEAR
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٥	Hq USASACARIB Ft		CZ TIVE SERVICE LOCA	L BOARD NUM		NORABLE				Form 2	
<u></u>	14. SELECTIVE SERVICE NUMBER	-	IIVE SERVICE EGGA	L BOARD ROME	JEN, CIT 1, CO,	ATT AND STATE			DAY	MONTH	YEAR
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	DAY MONTH YEAR	ENLIST	TED (First Enlistment)	XENLISTED	(Prior Service)	REENLISTED		-	DAY	MONTH	YEAR
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DD FORM 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED EORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

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ii .	BENEFICIARY		SHAF	RE							
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REPLACES DA AGO FORM R-5277, 1 DEC 1951, WHICH IS OBSOLETE

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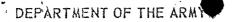
ORIGINAL will be prepared in all cases. Attach to SF 88 and forward to The Adjutant General with personnel records.

DUPLICATE will be prepared in all disability separations regardless of whether VA Form 8-526e is prepared, and in all other types of separations only when VA Form 8-526e is prepared. Attached to #4 copy of DD Form 214 and duplicate copy of SF 88. Forward to VA regional office having jurisdiction over area in which individual's home is located as shown in item 47, DD Form 214, not later than 48 hours after separation.

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FULL NAME AND ADDRESS OF C PART		OFFICE RECEIVING F. ME	÷f	_	1.01.1	CY HUMBER
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t e						
FIRST NAME - MIDDLE NAME - LAST NAME, OF (If deceased so sta	lute)	*.	ADDRESS			
16. FATHER		10 Box 64				
Aaron Alton Lofton		Summit, Wiss				
17. MOTHER		PO Box 64				
. Agnes Nunnery Lofton		Summit, Miss				
18. WIFE OR HUSBAND (IJ none, so state)		-				
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19. NAME OF CHILDREN (If none, so state)		ADDRESS	MAR	RIED	SEX	DATE OF
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FOR INSTRUCTIONS ON	N PREPARAT	ION AND DISPOSITION REFER	TO:	·	★ GPC	: 1934 0-32101
ARMY (Including Army Reserve) - SR 600-105-1 ARMY NATIONAL GUARD - NGR 29	-	AIR FORCE - AF		R 35.	38	

DO NOT FORWARD THIS FORM TO VETERANS ADMINISTRATION

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603 prepared from DA Form 1140	2,
DATE SIGNATURE	
13 Dec 59 /s/ Aaron I. Lofton	
COMMANDERS RECEIVING THIS REPORT WILL FORWARD IT BY CONTINUOUS LINE INDORSEMENTS, STAMPED OR TYPED.	
1ST IND HO  SIGN US CORPS B'HAM 21 Jan 60 TO: CG. THIRD US ARMY, FT MEPHERSON, CA.  ATTN: MRU Kad. fund. CG XII US army Corpse (1)	2 ( 1 i.
RECORDS WERE FORWARDED TO (Headquartera)  ON DA	is date
DA FORM 603 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE . U. S. GOVERNMENT PRINT	



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OFFICIAL BUSINESS

CHIEF OR COMMANDING OFFICER

MILITARY DISTRICT OR UNIT

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ı	FROM	THROU	GН	JÓE	TITLE											(P)	forse	Int	erce	ptor				05	8.25		9 001	
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33.		RECORD OF ASSIG	NMENTS -		-	34. REMARKS—Gode of Conduct 27Apr56—Rel USAR par 8-AR 635-205.
FFECTIVE DATE	The state of the s	MOS	GRADE	ORGANIZATION AND STATION	MONTHS HELD	Net USAK Par 8-AR 635-205.
1Feb55	Basic Combat Training		Put-1	Co.R 49AbnEngrFt. Jackson S.	2	SPN 412 PETS Convenience of
27Apr55	Svc Sch Morse Int.	050.10	ن- سررنع	Co.I 2nd STU BN Ft. Devens	1. Z	Government 1 Nov 57
27 405 55	Morse Interceptor  Morse Interceptor	26.10	PFC	H/H Det ASACARIB Ft Kobbed	2	,
31 Oct 55	Morse Interceptor	058.10	513	H/H Det ASACARIB Ft Kobbed HqusasacariB, FtKobbeCZ	i	
1Jan57	Morse Interceptor	058.20	SP3/E4)	HqUSASACARIB, FtKobbeCZ	23	
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	mashing on 25, d.	c. STATES ARIM	75 N	rm Approved dget Bureau No. 2	22-R016.3
	1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed b		BFR 3. SEX	4. RACE	CODING COLUMN
	Lofton, Aaron Isdac		MALE	Caucasian	
		DRESS (Number & street or ru	ral route (if non	e, so state), city	
0.6100100	A PHISICAL CALEGORY D. MENIAL DATA	O., county and state)	10 2	4	
		Box 64, Summit, Pike	W 30		-
	7. PLACE OF ENLISTMENT Jackson, Mississippi	8. ENLISTED IN THE GRADE initialed by enlistee)	SR6	15-120-2	
	9. ENLISTED UNDER AUTHORITY, OF	10. BRANCH ENLISTED FOR		A F	
	SR615-120-52  11. FOR ASSIGNMENT IN	Signal Corps (AS	SERVICE FOR PAY	PHIDDOCES	<del>                                     </del>
9	TON ASSIGNMENT IN	O YEARS	MONTHS .	DAYS	1
ACCOUNT OF THE PERSON	Army Security Agency/	17.75	204, 1.00	,	
	DECLARATION	OF APPLICANT	. /		
	13. DATE OF BIRTH 14. PLACE OF BIRTH (Ci	ty and state)	15. COLOR EYES	16. COLOR HAIR	
	DAY MONTH YEAR Brookhaven, M	lssissippi	Grey	Blond	
	17. CITIZEN AYES NO 18. IF NATURALIZED OR	DECLARANT, GIVE DATE, PLACE,	AND 19. NATUR	RALIZATION OR	
	IF NO. FILED DECLARATION?		DECLARANT	NUMB ER	
`	L YES L NO	PLICABLE	NOT A	PPLICABLE	<u> </u>
	20. MARITAL STATUS   21. NUMBER, AGE, & RELATIONSHIP O	F PEOPLE DEPENDENT ON YOU FO	R SUPPORT (To be	initialed by en-	
	Single None/ AJX				
		OOLS ATTENDED (If degree, st	ate kind)		
	GRAMMAR HIGH SCH COLLEGE				
	8 4 1 None			1	
	24. CIVILIAN TRADE OR OCCUPATION (Best qualified)	fied trade or occupation)	os) (Best quali-	WEEKLY WAGE (Average)	
***************************************	Student	Not applicable		None	
200000000000000000000000000000000000000	25. REGISTERED FOR SELECTIVE SERVICE YES NO	26. SELECTIVE SERVICE BOA	RD NUMBER AND ADD	RESS (City, county,	
TO STATE OF THE PARTY OF THE PA	IF YES, GIVE NUMBER	1 -	ike, Mississ	ippi	
	27. PRIOR ROTC OR CADET TRAINING (Years-Type unit) 28.	RESERVE COMMISSIONED STATUS	(Br. SN,&grade no	w held, if any)	
a page and a page a page a page a page a page a page a page a page a page a page a page a page a page a page a	29. LAST SERVICE (USA, USAF, USN, USMC, USCG) 30. COMPONEN	T (Reg. Res. AUS. AFUS. FedN No Active Fed Svc)	G, or St G)	31. SERVICE NUMB	ER
- SPERMINE	32. ORGANIZATION 33. TYPE. AU	THORITY, AND DATE OF DISCHAR	GE	34. IN GRADE OF	MOS
on the same of		OTHER DESERVE			-14
A CHARLES	35. HAVE YOU EVER BEEN: 3. CONVICTED OF A FELONY OR ANY b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUE	NT?   IYES   AINO / If a c	orh is var dived	ataile Deine	∆iNO ce personnel
Parameter.	consider only convictions and adjudications since last	active service.) (To be in	itialed by enlist	ee).	
Kanesacm.		1 400 X			
TORNESS AND A	36. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF AN imprisoned subsequent to date of last discharge.) (To l	Y COURT? IF SO, GIVE DETAIL be initialed by enlistee)	S. (Prior servic	e personnel answer	"No" un lesa
Personagenese		10 / Sal	P		
ARTHUR AND ARTHUR AND	37. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SEN	TENCE PAROLE PROBATION OR A	PE YOU AWAITING E	INAL ACTION ON CHAR	GES AGAINST
TRUMENTED.	(Frior service personnel consider only period sin	nce date of last discharge.)	(To be initialed	by enlistee)	OF9 WOWINGS
Suspension of the Control of the Con	YES 🔀 NO	1.063			
Sections	38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION FROM A PREVIOUS ENLISTMENT OTHER THAN HONORABLY, OR BY FOR MEDICAL REASONS?	REASON OF UNSUITABILITY OR I	UNDESTRABLE HABIT	S OR TRAITS OF CH	ARACTER, OR
gheraneckine	39. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ENTRIES AND CORRECT. (To be initialed by enlistee)	RECORDED BY ME ON STANDARD	FORM 89, REPORT	OF MEDICAL HISTOR	Y, ARE TRUE
siogueuro.	40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NO	DW SOUND AND WELL? XXYES	NO IF "NO" 6	SIVE DETAILS. (To	be initialed
- Annie Control of the State of	C-Baptist	1 ath	`		
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2025 RELEASE UNDER E.O. 14176

				ALTO DESCRIPTION OF THE PROPERTY OF THE PROPER
41. REMARKS. (To be initialed by enlist	(ee)			. ,
*		1	•	apparent.
	Pone/ 12 IL	- 474	,	
42.1 UNDERSTAND THAT I AM LIABLE TO FALSE STATEMENT, WILLFUL MISREPRESE REJECTED BECAUSE OF ANY DISQUALIFIC ME WITH RETURN TRANSPORTATION TO TH	D TRIAL BY COURT MARTIAL FO NTATION, OR CONCEALMENT AS T ATION KNOWN TO ME AND CONCEA	O MY QUALIFICATION	NS FOR ENLISTMENT: IN A	DDITION, I KNOW IF I AM 🛭
I DECLARE THAT I AM NOT NOW A MEME ANY COMPONENT THEREOF (Regular, Res- AND EXPLAINED BY ME: THAT THE FOREG	BER OF ANY OF THE ARMED FORCE erve, or National Guard) IN OING QUESTIONS AND MY ANSWE	AGTIVE, INACTIVE, RS THERETO HAVE BE	RESERVE, OR RETIRED STATE EN READ TO ME: THAT MY	TUS UNLESS SO INDICATED ANSWERS HAVE BEEN COR-
RECTLY RECORDED AND ARE TRUE IN ALL	RESPECTS AND THAT I FULLY C	INDERSTAND THE CONE	DATE OF ACCEPTANCE	M ENLIGIING.
GIVEN AT (Piace of acceptance)		N.		er a
SIGNATURE OF WITNESS VETER Rame-Min	die initial-Last name)	SIGNATURE OF APP	LICANT (First name-Middle	The name Last rame)
43-REMARKS (For use by the recruiting	——————————————————————————————————————	1 Course	100 G. 100 50 (	43a DATE DD FORM 53
,		•		FORWARDED
·	* *			Cy-
				24 Jan 55
VERIFIED AT	BY (Signature of recruiting	officer) .	GRADE AND ORGANIZATION	OF RECRUITING OFFICER
- Jackson, Masissippi	CALL AND CERTIF	CARE OF ENLIGY	Capt HSAF 3370	817
44.	OATH AND CERTIF	ICAIL OF ENLIST	MERI	7-5
STATE OF MISSI	ssippi		\$\$:	
CITY, TOWN, OR MILITARY POST	Jackson			
- L. Aaron Isaac Lofton		. DO SULEMINA SA	EAD /or office) THAT I	MILL DEAD TONE CALTU AND
FIRST MANE-HIDOLE	HAME-LAST HAME	_		WILL BEAR TRUE FAITH AND
ALLEGIANCE TO THE UNITED STATES OF AND THAT I WILL OBEY THE ORDERS OF ING TO REGULATIONS AND THE UNIFORM	THE PRESIDENT OF THE UNITED	STATES AND THE ORE	DERS OF THE OFFICERS AP	POINTED OVER ME, ACCORD-
three(3) years/ Of	January 19 55, IN The			FOR A PERIOD OF GED BY PROPER AUTHORITY.
WORDS AND FIGURES THINIALED BY EN			./	01-
•	SIG	NATURES La	now Iske	2 Low
	510	10-3	FIRST HAME-MIDDLE HAME	-LAST HANE
	to the Man			As to
CERTIFY THAT THE ABOVE OATH WAS	S SUBSCRIBED AND DULY SWORN	TO BEFORE ME THIS	2/.thDAY	r OF January
A.D. 19 FURTHER CERTIFY THAT FOUND ENLISTEE ENTIRELY SOBER AND I LISTEE FULFILLS ALL LEGAL REQUIREMENT OBSERVED THE REGULATIONS WHICH GOVE TO THE APPLICANT BEFORE SUBSCRIBING	N FULL POSSESSION OF ALL ME NTS, AND THAT IN ENLISTING A RN THE RECRUITING SERVICE.	NTAL FACULTIES; TH APPLICANT INTO THE	HAT TO THE BEST OF MY J SERVICE OF THE UNITED	UDGMENT AND BELIEF EN-
	· · · · · · · · · · · · · · · · · · ·	00	× 0-12	
CLYNTON J COLLINS, Garage Typed name, arabe, and organizat		_ <u>Carre</u>	SIGNATURE OF RECRUITIN	IO OFFICER
1Carefully compare with the name at	top of page 1 3rt	n midnatura munt	e identical with that a	wherethed to Declare
2The dates in the oath and certification		on of Applicant.		reserved to becisis.
45. (Fingerprint impressions with		- RIGHT MAND	very person enlistin	g or reenlisting)
1. IHUMB: 2.		IDDLE 4.	RING	5. JULITLE
			Military All September 1920	

Standard Local 88 Chee Inc. 1860 PROMULATER BY BUREAU ME THE BURGET \* CHECKLAR A-24

## REST OF MEDICAL EXAMINATION

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47. RAT	ING OR	SPE	CIALTY									TIME	IN THIS	CAPAC	ITY: T	TOTAL		LAS	T SIX M	ONTHS		
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1						MEASUREMENT	S AND	OTHER F	INDING	S			-		
51. HEIGHT	11"	52. V	ight ICS	c*	53. COLO	r hair *CTZ1	1 .	COLOR EY		55	. BUIL		меріим П	HEAVY OBESE	56. теме. 90.₀0
57. BLOOD	PRESSURE (A	rm at heart	level)				58. F	PULSE (.17	m at h	eart lerel)					
SITTING	SYS. 110 DIAS. 70	RECU			STANDING (8 min.)	SYS. DIAS.	SITT	ing 72		FTER EXER	CISE	2 MIN	AFTER	RECUMBENT	AFTER STANDING 3 MIN.
59.	DIST	NOISIV TAA	-		60.	REF	RACTIO	)N			61.			NEAR VISION	
RIGHT 20/	2)-2	CCRR. TO	20/		BY	S.		cx				Jes J	CORR.	TO	BY
LEFT CO/	20-1	CORR. TO	20/		BY	S		cx				Jen]	CORR.	TO	ΕY
62. HETERO	PHORIA. distance) E	s°	EX	>	п. н.	L, H.		PRISM	DIV.		PRIS	M CONV		PC	PD
63, ACCOM	MODATION			64. COLGR	VISION (Tes	st used and result)		65. DEP			UNCO	RRECT	ED		
RIGHT NO	ermi Le	fi Kory	ial	Corrol	<b>1</b> ⊷∵30.	o:lesI=ob		(1881	usea a	nd score)	CORE	ECTED			
66. FIELD C	F VISION			67. NIGHT	VISION (Tes	used and score)		68. RED	LENS				69. 18	TRAOCULAR TO	NSION
Harm	กใ							-						žio: t	nal
70.	HEARING		71.	<del></del>	AU	DIOMETER				72. PSYC	HOLO	SICAL A	ND PSYCH	OMOTOR (Tests	s used and score)
RIGHT WV	/15 SV	/15	RIGHT	250 50 250 51	2 1024	2000 3000 2043 2896 20	4000 4096	8000 8192 45	8				*		
LEFT WV	/15 SV	/15	LEFT	0 5		15	60	-	15						
73 NOTES	(Continued) A	ND SIGNIE	CANT OR	INTERVAL MI	STORY	the state of the s									

Hospitalized WPAH.

(Use additional sheets of plain paper if necessary)

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

# 71 Teaftess, perceptive type, bilateral, very mild, possibly due to accustic trauma. Hearing: Average Loss: AS: 13db; AD: 8db. Spooch recoption score: AS: 10 db; AD: 5 db; AU: 5 db. Piscrimination: AS: 92%; AP: 92%. Unchanged. LOD: YES

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)			76.		PHYSICAL	PROFIL	E	
None	•		P	.u	L	н	E	S
•			1	2	1	3	1	1
77. EXAMINEE (Check)  SI IS  QUALIFIED FOR  SO CITATION				ı	PHYSICAL	CATEGO	RY	•
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		. :	A		В	С		E
						X		
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE		***					
e. I tan simila, in								
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE			,	,	,		
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE							
problem a. Baro, In. Ob., Do								
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE						NUMBER	
the first the second se					,		ACHED	SHEETS

# Standard Form 89 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BURGET CIRCULAR A-24

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



				44-1-										_	_				
1.,	LAST	NAME-	-FIRST I	AME-MIDDLE NAME						2. GRA	DE AND	COMPONE	NT.OR POSIT	ON		2	DENTIFICATION	110	
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4	HOW	E ADDR	ESS (Nu	mber, street or RFD,	_		Name of the last o			5. PUR	POSE OF	EXAMINA	TION	1			DATE OF EXAM		7
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7.	SEX	T	B. RACE				GOVT. SERVICE 10. DEPARTMENT	. AGE	NC'	Y, OR SER	vice,		11. ORGANI	ZATI	101	TINU			
	M	2	60	JUC DY	LITA }	RY COL	CIVILIAN ARM	/					40	3	Ĺ	Dames			
12.	DATI	E OF BIF	тн	13. PLACE OF BIRTH			14. NAME, RELAT	ions	HIP.	, AND ADI	RESS OF	NEXT O	FKIN	,				_	-
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15.	EXA	MINING	FACILITY	OR EXAMINER, AND A	DDR	ESS	)	16.	OT	THER INFO	RMATIO	N						,	
						,	•												
17.	STAT	TEMENT	OF EXAM	INEE'S PRESENT HEAL	TH	N OV	IN WORDS. (Follow by description of	f pus	t hi	istory, if c	omplair	it exists)							
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19 1		ILÝ HIS	TORY						_		19. HA	S ANY BL	OOD RELATIO	ON (.	Po	arent, brother	, sister, other	,	
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20.	AVE	YOU E	VER HAD	OR HAVE YOU NOW ()	Plac	e chec	ck at left of each item)						`	_					
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	سيا	SWOL	LEN OR P	AINFUL JOINTS	4	-	ASTHMA	Τ	1	PILES	OR RECT	AL DISEA	ASE		1	PARALYS	IS (Inc. infa:	ntile)	
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سنا		WHOO	PING COL	JGH	Γ	سا	PAIN OR PRESSURE IN CHEST	Г	2	-KIDNE	Y STONE	OR BLOO	DD IN URINE		2	CAR, TRA	IN, SEA, OR A	IR SICKNES	SS
-	~	FREQU	ENT OR	SEVERE HEADACHE		L.	CHRONIC COUGH	1	C	SUGAR	OR ALB	UMIN IN	URINE		ı	FREQUEN	T TROUBLE S	LEEPING	
	6	DIZZI	ESS OR I	FAINTING SPELLS		سنا	PALPITATION OR POUNDING HEART		4	BOILS					T	FREQUENT	OR TERRIFYING	NIGHTMARE	ES .
	L	EYE T	ROUBLE		Γ	L	HIGH OR LOW BLOOD PRESSURE		L	VENER	EAL DISE	ASE			T	DEPRESS	ION OR EXCES	SIVE WOR	RY
1	-	EAR, N	OSE OR	THROAT TROUBLE	<del> </del>	-	CRAMPS IN YOUR LEGS		L	RECEN	T GAIN C	OR LOSS	OF WEIGHT	-		LOSS OF	MEMORY OR	AMNESIA	
1	-	RUNNI	NG EARS		200		FREQUENT INDIGESTION		1	ÄRTHE	ITIS OR	RHEUMA	TISM		ĺ.	BED WET	TING		
	4	CHRO	NIC OR FI	REQUENT COLDS	i -		STOMACH, LIVER OR INTESTINAL TROUBLE	$\vdash$	<del>                                     </del>				DEFORMITY	-	۲	NERVOUS	TROUBLE OF	ANY SORT	-
	_			OR GUM TROUBLE	-	1	GALL BLADDER TROUBLE OR GALL STONES	1	H	LAMEN				$\vdash$	1,		G OR NARCOT		
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1		HAY F			$\vdash$	1	ANY REACTION TO SERUM, DRUG OR	+		+			DER OR ELBOW	-	1.	-	KUAL TENDEN		
21 1	SUE					1	MEDICINE	22	_						16				
	NVE			eck each item)	_	امروا	ATTEMPTED SUIICIDE	122.	FE	MALES OF			, EVER-	13.	-		FOLLOWING:		Ni .
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		MANY J THREE		E YOU HAD IN THE	44.	HEL	AT IS THE LONGEST PERIOD YOU D ANY OF THESE JOBS?			HAT IS YO					1		(Check on	-	
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ÝES	หอ์ '	CHECK EACH ITE OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPL
٠.	١, ،	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	•
	-	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	2	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	1 Lum	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	home	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	2	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	1	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	سنا	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	1	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (It yes, state reason and give details)	
,	1	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
ž <sub>re</sub>	1	33, HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	ę.
L·	<i>a</i>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	about 10/10/10
سسنا		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)	Chest Clinic Gorgas Hospital ANCON, CANAL ZONE
	1	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	L	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	L	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)	
and the same		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)	Pending on condition of hearing
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
A K	1R	ED NAME OF EXAMINEE  ON IN LOFTON	SIGNATURE D. Lation
40. PHYS	ICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	hysician shall comment on all positive answers in items 20 thru 89)
Who Ast ENT	opin hma, , ru	loss of hearing, hospitalized cough, childhood no seque hay fever, EPTS, mild nning ears, fungus, treated tion, mild, improved.	la
		, state of the sta	

NUMBER OF ATTACHED SHEETS

29 Oct 57

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

### & - EXPLANATION

- 1. The interests of National Security all persons being considered for membership or retention in the Armed Forces be reliable, trustworthy, of good character, and of complete and minswerving loyalty to the United States. Accordingly, it is necessary for you to furnish information concerning your security qualifications. The answers which you give will be used in determining whether you are eligible for membership in the Armed Forces, in selection of your duty assignment, and for such other action as may be appropriate.
- 2. You are advised that in accordance with the Fifth Amendment of the Constitution of the United States you

cannot be compelled to kish any statements which you may reasonably believe may lead to your prosecution for a crime. This is the only reason for which you may avail yourself of the privilege afforded by the Fifth Amendment in refusing to answer questions under Part IV below. Claiming the Fifth Amendment will not by itself constitute sufficient grounds to exempt you from military service for reasons of security. You are not required to answer any questions in this questionnaire, the answer to which might be incriminating. If you do claim the privilege granted by the Fifth Amendment in refusing to answer any question, you should make a statement to that effect after the question involved.

### 11 - ORGANIZATIONS OF SECURITY SIGNIFICANCE

Your age at the time of such association, circumstances, prompting it, and the extent and frequency of involvement, are all highly pertinent, and will be fully weighed. Set forth all such factors under "Remarks". below, and continue on separate attached sheets of paper if necessary.

3. If there is any doubt in your mind as to whether your name has been linked with one of the organizations named, or as to whether a particular association is "worth mentioning", make a full explanation under "Remarks".

associations, with one or more of the organizations named may not, of itself, cause you to be ineligible for acceptance or retention in the Armed Forces.

Organizations designated by the Attorney General, pursuant to Executive Order 10450, are listed below:

American Russian Institute, Philadelphia. American Russian Institute of San Francisco.

American Russian Institute of Southern California, Los

American Slav Congress. American Women for Peace. American Youth Congress.
American Youth for Democracy.
Armenian Progressive League of America.
Associated Klans of America.

Association of Georgia Klans.
Association of German Nationals (Reichsdeutsche Verein-

Association of Centum and Workers (also known as Lieuwiu-Darbininku Susivienijimas).

Association of Lithuanian Workers (also known as Lieuwiu-Darbininku Susivienijimas).

Ausland-Organization der NSDAP, Overseas Dranch of Nazi

Baltimore Forum. Benjamin Davis Freedom Committee.

Benjamin Lavis recommended.

Black Dragon Society.

Boston School for Marxist Studies, Boston, Massachusetts.

Bridges-Roberton-Schmidt Defense Committee. Bulgarian American People's League of the United States of

California Emergency Defense Committee.

California Emergency Defense Committee.
California Labor School, Inc., 321 Divisadero Street, San Francisco, California. Inc., 321 Divisadero Street, San Francisco, California.
Carpatho-Russian People's Society.
Central Council of American Women of Croatian Descent (also known as Central Council of American Croatian Women, National Conntil of Condian Women).
Central Japanese Association (Beikobu Chuo Niphonjin Kai).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront).
Cervantes Fraternal Society.

Cervantes Fraternal Societ

China Welfare Appeal, Inc. Chopin Cultural Center. Citizens Committee to Free Earl Browder.

Citizens Protective League.

Civil Liberties Sponsoring Committee of Pittsburgh.

Civil Rights Congress and its affiliated organizations, includ-

ing: Civil Rights Congress for Texas. Veterans Against Discrimination of Civil Rights Congress of New York.

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Comite Coordinator Pro Republica Espanola. Comite Pro Derechos Civiles.
Committee to Abolish Discrimination in Maryland.

Committee to Aid the Fighting South Committee to Defend the Rights and Freedom of Pittsburgh's

Political Prisoners.

Committee for a Democratic Far Eastern Policy. Committee for Constitutional and Political Freedom. Committee for the Defense of the Pittsburgh Six.
Committee for Nationalist Action.
Committee for the Negro in the Arts.

Committee for Peace and Brotherhood Festival in Philadelphia.

Committee for the Protection of the Bill of Rights.
Committee for World Youth Friendship and Cultural Ex-

Committee to Defend Marie Richardson, Committee to Uphold the Bill of Rights,
Commonwealth College, Mena, Arkansas,
Congress Against Discrimination.
Congress of the Unemployed.

Connecticut Committee to Aid Victims of the Smith Act.
Connecticut State Youth Conference.
Congress of American Revolutionary Writers.
Congress of American Women.

Congress of American Women.
Council on African Affairs,
Council of Greek Americans.
Council for Jobs, Relief, and Housing,
Council for Pan-American Democracy.
Croatian Benevolent Fraternity.

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan). Daily Worker Press Club. Daniels Defense Committee.

Dante Alighieri Society (Between 1935 and 1940). Dennis Defense Committee.

Easy Bay Peace Committee, Citizens Committee to Free Earl Browdez.

Citizens Committee for Harry Bridges:

Citizens Committee for the Upper West Side (New York

City).

Citizens Emergency Conference,

Citizens Emergency Defense Conference,

Citizens Protective League.

Emissione Progressive League.

Everypood of the North American Spanish Aid Committee).

Everybody's Committee to Outlaw War.

Families of the Baltimore Smith Act Victime. Elsinore Progressive League

Families of the Smith Act Victims.
Federation of Italian War Veterans in the U. S. A., Inc. (Associations Nationale Combastensi Italians, Federatione degli Stati Uniti d'America).
Finnish-American Mutual Aid Society.
Florida Press and Educational League.
Frederick Douglass Educational Center.

Freedom Stage, Inc.

1. There is set forth below a list of names of organizations, groups, and movements, reported by the Attorney General of the United States as baying significance in connection with the national security. Please examine the list carefully, and note those organizations, and organizations of similar names, with which you are familiar. Then answer the questions set

2. Your statement concerning membership or other

Communist Party, U. S. A., its subdivisions, subsidiaries and

Communist Political Association, its subdivisions, subsidiaries and affiliates, including—
Alabama People's Educational Association

Abraham Lincoln Brigade. Abraham Lincoln School, Chicago, Illinois, Action Committee to Free Spain Now. American Association for Reconstruction in Yugoslavia, Inc.

American Association for Reconstruction in Yugostavis, Inc. American Branch of the Federation of Greek Maritime Unions, American Christian Nationalist Party.

American Committee for European Workers' Relief.

American Committee for Protection of Foreign Born.

American Committee for the Settlement of Jews in Birobidjan,

Florida Press and Educational League.
Oklahoma League for Political Education.
People's Educational and Press Association of Texas.
Virginia League for People's Education.

forth in Part IV below.

American Committee for Spanish Freedom. American Committee for Yugoslav Relief, Inc. American Committee for Yugoslav Relief, Inc.

American Committee to Survey Labor Conditions in Europe.

American Council for a Democratic Greece, formerly known
as the Greek American Council; Greek American Committee for National Unity.

American Council on Soviet Relations.

American Groatian Congress.

American Jewish Labor Council.

American Jewish Labor Council.

American League Against War and Penocracy.

American League for Peace and Democracy.

American Lithuanian Workers Literary Association (also known as Amérikos Lietuviu Darbiniuku Literaturos Draugija). known as Amerikos Liesuviu Draugija).
American National Labor Party,
American National Socialist League,
American National Socialist Party,
American Nationalist Party, American Patriots, Inc.
American Peace Crusade.
American Peace Mobilization.
American Poles for Peace.
American Polish Labor Council.

American Polish Labor Council.

American Rescue Ship Mission (a project of the United American Spanish Aid Committee).

American Russian Fraternal Society.

American-Russian Institute, New York (also known as the American Russian Institute for Cultural Relations with the Soviet Union).

DD 1 JUL 5698 EFFECTIVE ON AND AFTER 1 OCT 56, ALL PREVIOUS EDITIONS ARE OBSOLETE. EFFECTIVE ON AND AFTER 1 OCT 56,

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Librady dethe New Germany (Frande des Neuen Dele

Constitution of a section of the

Friends of the Soviet Union.

Garibaldi American Fratemal Society.
George Washington Carver School, New York City.
George Washington Carver School, New York City.
German-American Republican League.
German-American Vocational League (Doutscho-Amerikanische Beruftge-meinschaft).
Guardian Club.

Harlem Trade Union Council. Hawaii Civil Liberties Committee Heimuska Kai, also known as Nokubei Heieki Gimusha Kal. Zaibel Nihonjin, Herjaku Gimusha Kai and Zaibei Hein

usha Kai (Japanese Residing in America Military Conscripts
Association).

Hellenic-American Brotherhood. Hinode Kai (Imperial Japanese Reservists). Hinomaru Kai (Rising Sun Flag Society—a group of Japanese Hokubei Zaigo Shoke Dan (North American Reserve Officers

Hollywood Writers Mobilization for Defense. Hungarian-American Council for Democracy. Hungarian Brotherhood.

Idaho Pension Union. Independent Party (Seattle, Washington). Independent People's Party. Independent Socialist League. Industrial Workers of the World, International Labor Defense. International Workers Order, its subdivisions, subsidiaries and affiliates.

Japanese Association of America.

Japanese Overseas Central Society (Kairal Dobo Chuo Kai).

Japanese Overseas Convention, Tokyo, Japan, 1940.

Japanese Protective Association (Revuiting Organization).

Jefferson School of Social Science, New York City.

Jewish Culture Society.

Jewish People's Committee.

Jewish People's Fraternal Order.

Jikyoku Lin Kai (The Committee for the Critis).

Johnson-Forest Group.

Johnson-Forest Group. Johnsonites. Joint Anti-Fascist Refugee Committee. Joint Council of Progressive Italian-Americans, Inc. Joseph Weydemeyer School of Social Science, St. Louis, Mis-

Kibei Scinen Kai (Association of U.S. elitzens of Japanese ancestry who have returned to America after studying in Ispan).

Knights of the White Carnellia.

Ku Klux Klan.

Kyfihaeuser, also known as Kyfihaeuser League (Kyfihaeuser

Bund), Kyfihaeuser Fellowship (Kyfihaeuser Kamerad
ekstri).

Kyfihacuser War Relief (Kyfihacuser Krieghshillswerk).

Labor Council for Negro Rights, Labor Research Association, Inc. Labor Youth League. League for Common Sense. ue of American W Lictor Society (Italian Black Shirts).

Macedonian-American People's League. Mario Morgantini Circle.

Maritime Labor Committee to Defend Al Lannon. ه را دور دور وادر بازی که بهای است. Miritand Congress Against Discrimination.
Massachusetts Committee for the Bill of Rights.
Massachusetts Minute Women for Peace (not connected with
the Minute Women of the U. S. A., Inc.).
Maurice Braverman Defense Committee.
Michigan Civil Rights Federation.
Michigan Council for Peace. Michigan School of Social Science.

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterant). National Association of Mexican Americans (also known as Association Nacional Mexico-Americana). National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in Febru-

ary 1942).
National Committee for the Defense of Political Prisoners.

National Committee for the Defense of Political Prisoners.
National Committee for Freedom of the Press.
National Committee to Win Amnesty for Smith Act Victims,
National Committee to Win the Peace.
National Conference on American Policy in China and the Pac
East (a Conference called by the Committee for a Democratic Far Eastern Policy).
National Council of Americans of Croatian Descent.
National Council of American-Soviet Friendship.
National Exception for Continuing Librarium.

National Council of American-Soviet Friendship.
National Federation for Constitutional Liberties.
National Labor Conference for Peace.
National Negro Cabor Council.
National Negro Labor Council.
Nationalist Action League.
Nationalist Action League.
Nationalist Party of Puerto Rico.
Nature Friends of America (Since 1935).
Negro Labor Victory Committee.
New Committee for Publications.
Nichiber Korgon Kaits (The George Feiji Thest

Nichibei Kogyo Kaisha (The Great Fujii Theatre).
North American Committee to Aid Spanish Democracy.
North American Spanish Aid Committee.
North Philadelphia Forum. Northwest Japanese Association.

Ohio School of Social Sciences. Oklahoma Committee to Defend Political Prisoners, Oklahoma League for Political Education, Original Southern Klans, Incorporated.

Pacific Northwest Labor School, Seattle, Washington, Palo Alto Peace Club. Partido del Pueblo of Panama (operating in the Canal Zone).

Peace Information Center. Peace Movement of Ethiopia.

People's Drama, Inc.
People's Educational and Press Association of Texas, People's Educational Association (Incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School.

School.
People's Institute of Applied Religion.
People's Institute of Applied Religion.
People's Radio Foundation, Inc.
People's Rights Party.
Philadelphia Labor Committee for Negro Rights.
Philadelphia School of Social Science and Art.
Photo League (New York City).
Pittsburgh Arts Club.
Political Prisoners' Welfare Committee.
Pologia Society of the IMYO.

Polonia Society of the IWO. Progressive German-Americans, also known as Progressive

German-Americans of Chicago.
Proletarian Party of America.
Protestant War Veterans of the United States, Inc. Provisional Committee of Citizens for Peace, Southwest Area, Provisional Committee on Latin American Affairs.

Provisional Committee to Abolish Discrimination in the State of Maryland.

to Rican Comite Pro Educatoles Civiles (CLC), Romquenos Unidos (Piterto Ricans United),

Quad City Committee for Peace, Queensbridge Tenants League.

Revolutionary Workers League.
Romanian-American Fraternal Society. Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association, com-posed of veterant of Resto-Japanese War). Samuel Adams School. Boston, Mass. Santa Barbara Peace Forum.

Santa Darmia Pacce Forum.
Schappes Defense Committee,
Schneiderman-Darcy Defense Committee,
School of Jeynsh Studies, New York City,
Seattle Labor School, Seattle, Washington,
Serbian-American Fraternal Society.
Serbian Vidovdan Council. Shinto Temples.

Shinto Temples.
Silver Shirt Legion of America (Limited to State Shinto abolished in 1945).
Slavic Council of Southern California.
Slavic Council of Southern California.
Slovak Workers Society.
Slovenian-American National Council.
Socialist Workers Party, including American Committee for European Workers' Relief.
Socialist Youth League.
Sokoku Kai (Fatherland Society).
Southern News Youth Congress. Sokoku Kai (Paineriana Society), Southern Negro Youth Congress. Suiko Sha (Reserve Officers Association, Los Angeles), Syracuse Women for Peace.

Tom Paine School of Social Science, Philadelphia, Pennsyl-

Tom Paine School of Westchester, New York Trade Union Committee for Peace. Trade Unionists for Peace. Tri-State Negro Trade Union Council.

Ukranian-American Fraternal Union. Union of American Croatians. Union of New York Veterans. United American Spanish Aid Committee, United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations.

United Committee of South Slavic Americans.
United Defense Council of Southern California.
United Harlem Tenants and Consumers Organization.
United May Day Committee.
United Negro and Allied Veterans of America.

Veterans Against Discrimination of Civil Rights Congress of

New York.
Veterans of the Abraham Lincoln Brigade,
Virginia League for People's Education. Voice of Freedom Committee.

Walt Whitman School of Social Science, Newark, New Jersey. Washington Bookshop Association. Washington Committee to Defend the Bill of Rights. Washington Committee for Democratic Action. Washington Commonwealth Federation.
Washington Pension Union.
Wisconsin Conference on Social Legislation. Workers Alliance (since April 1936). Workers Party (including Socialiss Youth League).

Yiddisher Kultur Farband. Yugoslav-American Cooperative Home, Inc. Yugoslav Seamen's Club, Inc.

### 11: - INSTRUCTIONS

1. Set forth an explanation for each answer checked "Yes" under question 2 below under "Remarks". Attach as many extra sheets as necessary for a full explanation, signing or initialing each extra sheet.

2. Title 18, U.S. Code, Section 1001, provides, in pertinent part: "Whoever ... falsifies, conceals or covers up ... a material fact, or makes any false ... statements ... or makes or uses any false writing ... shall be fined not more than \$10,000 or imprisoned not more than five years, or both". Any false, fraudulent or fictitious response to the questions under Part IV below may give rise to criminal liability under Title 18, U.S.C., Section 1001. You are advised, however,

that you will not incur such liability unless you supply inaccurate statements with knowledge of their untruthfulness. You are therefore advised that before you sign this form and turn it in to Selective Service or military authorities, you should be sure that it is truthful; that detailed explanations are given for each "Yes" answer under question 2 of Part IV below, and that details given are as full and complete as you can make them.

S. In stating details, it is permissible, if your memory is hazy on particular points, to use such expressions as, "I think", "in my opinion", "I believe", or "to the best of my recollection".

GERALD J. BESHENS JK

Z3 NOV DD

1200ac

## forth a full explanation under "Remarks" below)

1. I have read the list of names or organi-	YES NO	j. Have you ever contributed money	YES	МО
zations, groups, and movements set forth under	\ /	to any of the organizations, groups,		V
Part II of this form and the explanation which	IV	or movements listed?		
precedes it.		k. Have you ever contributed services		$\nabla$
2. Concerning the list of organizations,		to any of the organizations, groups,		l X
groups and movements set forth under Part		or movements listed?		$/ \setminus$
II above:		. 1. Have you ever subscribed to any		1
. a. Are you now a member of any of the or-	1 3 /	publication of any of the organiza-		X
ganizations, groups, or movements	I IX	tions, groups, or movements listed?		$/ \setminus$
listed?		m. Have you ever been employed by a		1
b. Have you ever been a member of any		foreign government or any agency		X
of the organizations, groups, or	LX	thereof?		
movements listed?		n. Are you now a member of the		1
c. Are you now employed by any of the	1. 1	Communist Party of any foreign	-	ΙX
organizations, groups, or movements	$  \cdot   \times$	country?		$/\backslash$
listed?		o. Have you ever been a member of		
d. Have you ever been employed by any	1	the Communist Party of any foreign		X
of the organizations, groups, or	1 - IX	country?		$V \setminus$
. movements listed?		p. Have you ever been the subject of		$\nabla$
e. Have you ever attended any meeting		a loyalty or security hearing?		$\triangle$
of any of the organizations, groups,	1 - IX	q. Are you now or have you ever been		1.
or movements listed?		a member of any organization, association,		
f. Have you ever attended any social	. \	movement, group or combination of persons		1
gathering of any of the organizations,	ΙIX	not on the Attorney General's list which		
groups, or movements listed?		advocates the overthrow of our constitu-		
g. Have you ever attended any gather-	1	tional form of government, or which has	'	
ing of any kind sponsored by any of		adopted the policy of advocating or ap-		
the organizations, groups, or move-	1 1	proving the commission of acts of force		
ments listed?	L /	or violence to deny other persons their		
h. Have you prepared material for		rights under the Constitution of the		
publication by any of the organiza-	1   X	United States, or which seeks to alter		
tions, groups, or movements listed?	-  /\	the form of government of the United		$\vee$
i. Have you ever corresponded with		States by unconstitutional means?		$\Lambda$
any of the organizations, groups, or	$ \cdot _{X}$	r. Have you ever been known by any		1
movements listed or with any publi-	-  /\	other last name than that used in		X
cation thereof?		signing this questionnaire?		$/\backslash$
REHARKS	, ,			

None to my Knowledge - Male

CERT	1 2	CAT	ON

IN REGARD TO ANY PART OF THIS QUESTIONNAIRE CONCERNING WHICH I HAVE HAD ANY QUESTION AS TO THE MEANING, I HAVE REQUESTED AND HAVE OBTAINED A COMPLETE EXPLANATION. I CERTIFY THAT THE STATEMENTS MADE BY ME UNDER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT.

AAron Isaac Lofton

TYPED NAME OF WITNESS

GERALD J. BESHENS JR

SERVICE NUMBER (IF
SIGNATURE OF PERSON MAKING CERTIFICATION
SERVICE NUMBER (IF
SIGNATURE OF PERSON MAKING CERTIFICATION
ONLY
SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

23 Nov 56

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