44 - HQ- 38861 1326

EBF

Enclosure

44-38861-1326

44- HQ-38861 1326

EBF

861 - 1326

44-HQ-38861-1326

ATTENTION

BEFORE CHANGING CLASSIFICATION OR PROCESSING ANY DOCUMENT FROM THIS FILE FOR RELEASE TO THE GENERAL PUBLIC, CONTACT FOI/PA SECTION UNIT D, EXT. 5767.

FBI/DOJ

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: [illegible], Aaron I.
2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 4. GRADE: Pfc
5. ORGANIZATION AND ARM OR SERVICE: 644 D.T.
6. AGE: 21 | 7. RACE: Cau | 8. LENGTH OF SERV.: 10/12 | 9. DATE OF ADM.: 31 Oct 55
10. SOURCE OF ADMISSION*

*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
Adm R	Exam "2 26Apr	2 MMG
PBW	XR#3202	GN
	Consult 7 Jul	2 HFS
Car L4 dof	OA	
" L5 o	"	
" L6 ol	"	
L7 o	" anes 7 Jul	2 RS
Car R-13-ol	OA Agno3 Anes	
Car L-15-dofl	OA Agno3 Anes 21 Jul	2 GH
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	OA 5 Oct	20-1 JTS

SIGNATURE OF DENTAL OFFICER: [illegible]

16—20622-3

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: LOFTON, AARON I
2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 4. GRADE: Pvt
5. ORGANIZATION AND ARM OR SERVICE: Co B Proc Bn ASA
6. AGE: 20 | 7. RACE: Cau | 8. LENGTH OF SERV.: 4/12 | 9. DATE OF ADM.: 26Apr 55
10. SOURCE OF ADMISSION: DENTAL CLINIC #1 Ft Benning Ga

*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
Adm R	Exam "2 26Apr	2 MMG
PBW	XR#3202	GN
	Consult 7 Jul	2 HFS
Car L4 dof	OA	
" L5 o	"	
" L6 ol	"	
L7 o	" anes 7 Jul	2 RS
Car R-13-ol	OA Agno3 Anes	
Car L-15-dofl	OA Agno3 Anes 21 Jul	2 GH
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	OA 5 Oct	20-1 JTS

SIGNATURE OF DENTAL OFFICER: [illegible]

16—20622-3

44-38861-132

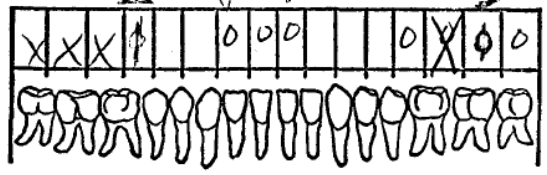
REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT

LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT



CLASS 2

OCCLUSION N

PERIODONTOCLASIA N

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

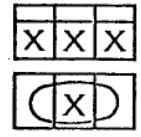
CALCULUS: SLIGHT, MEDIUM, HEAVY

DATE	SIGNATURE OF DENTAL OFFICER
26 April 1945	Major M. M. Gleason

*RESTORABLE CARIOUS TEETH BY O

NONRESTORABLE CARIOUS TEETH BY /

MISSING NATURAL TEETH BY X



TEETH REPLACED BY DENTURE
(*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE
(*Oval to include abutments*)

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*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT

LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT

CLASS 350

OCCLUSION

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

CALCULUS: SLIGHT, MEDIUM, HEAVY

DATE 21 Oct 45 | SIGNATURE OF DENTAL OFFICER

*RESTORABLE CARIOUS TEETH BY O

NONRESTORABLE CARIOUS TEETH BY /

MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE
(*Oval to include abutments*)

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

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE	5. ORGANIZATION AND ARM OR SERVICE	6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	10. SOURCE OF ADMISSION*
LOFTON, Aaron		[redacted]	PFC	Hqs Det ASA 8616th Ft Kobbe	22	Cau	1 11/12	12 Dec 56	

*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
Adm R	Exam XR# 12 Dec 56	
Car R-1 D	OS	
Car R-2 M	OS 12 Dec 56	ARK C1-1

SIGNATURE OF DENTAL OFFICER

16—20622-2

NAME (LAST) (FIRST) (MIDDLE)	HOSP. REGISTER NO.	PREV. ADM. DATE	U. S. NAVAL HOSP.	WARD
LOFTON AARON ISAAC	118332		CHAS. S.C.	B2B

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)	FROM	AUTH.	LTR. ( ) PHONE ( ) P-10 ( )
2230 10/16/57	GORGAS HOSP. ANCON CANAL ZONE	RON	

RECORDS REC'D MARK '1' IF REQUESTED HR/DR	SR	PR	305/CSC	'G'	ORD.	DISC. LTR.	BAG	OTHER	POST DATE	ACT. NOTIF.-EMER.	HOW PATIENT ARRIVED (AMBULANCE NAME, ADDRESS, ETC. FOR CLAIMS)
											AMBULATORY

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.
NURNBRY 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)

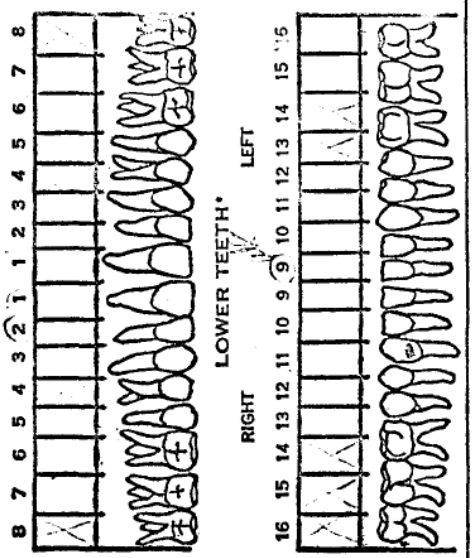
SAME AS NOK

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	[redacted]	E-1

REPORT OF DENTAL SURVEY



CLASS

CALCULUS: SLIGHT, MEDIUM, HEAVY

OCCLUSION /

PERIODONTOCLASIA /

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

DATE 13 Dec 45

SIGNATURE OF DENTAL OFFICER

*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)

WD AGD FORM 8-116
15 MAR 1945

This form supersedes WD AGO Form 8-116, 21 Nov 1944 (formerly WD MD Form 79) which will 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 facilitate 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	_____	DISPOSITION OF RECORDS
CIVIL READJUSTMENT OFFICE (SEPARATEE)	_____	
WELFARE AND RECREATION OFFICE	_____	HR/DR_____
RED CROSS OFFICE	_____	SR _____
VETERANS OFFICE (VAB ONLY)	_____	PR _____
MAINTENANCE/ELECTRICAL SHOP	_____	305 _____
BAG ROOM	_____	CSC _____
MASTER-AT-ARMS	_____	_____
_____	_____	(Post No. of
_____	_____	S.T.O. to indi-
OFFICER OF THE DAY (Info. clerk to note change)	_____	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.

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: Lofton, Aaron, I

2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 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—20622-3

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: LOFTON, AARON I.

2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 4. GRADE

5. ORGANIZATION AND ARM OR SERVICE

6. AGE: 20 | 7. RACE | 8. LENGTH OF SERV. | 9. DATE OF ADM.: OCT 1955

10. SOURCE OF ADMISSION *: DENTAL CLINIC #1 FT. DEVENS, MASS.

*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

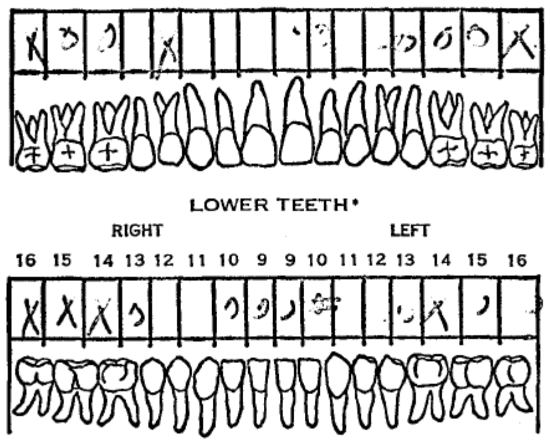
SIGNATURE OF DENTAL OFFICER

16—20622-3

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 — LEFT 1 2 3 4 5 6 7 8



LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 — LEFT 9 10 11 12 13 14 15 16

CLASS 2

OCCLUSION I

CALCULUS: SLIGHT, MEDIUM, HEAVY

PERIODONTOCLASIA ✓

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

DATE	SIGNATURE OF DENTAL OFFICER
4 FEB 1955	[illegible]

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X
TEETH REPLACED BY DENTURE *(Horizontal line)*
TEETH REPLACED BY FIXED BRIDGE *(Oval to include abutments)*

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

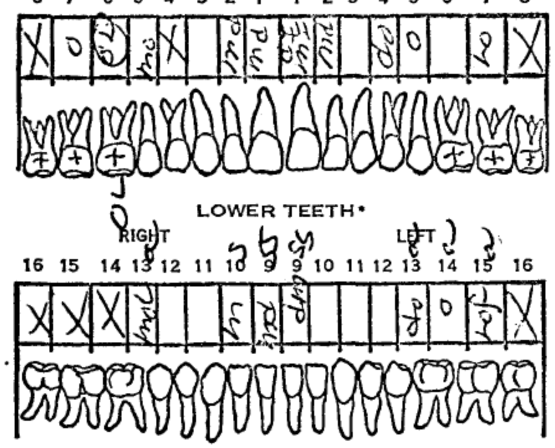
This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-4 GPO

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 — LEFT 1 2 3 4 5 6 7 8



LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 — LEFT 9 10 11 12 13 14 15 16

CLASS 2

OCCLUSION Good

CALCULUS: SLIGHT, MEDIUM, HEAVY

PERIODONTOCLASIA none

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

DATE	SIGNATURE OF DENTAL OFFICER
5 Oct 55	Capt. R. J. [illegible]

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X
TEETH REPLACED BY DENTURE *(Horizontal line)*
TEETH REPLACED BY FIXED BRIDGE *(Oval to include abutments)*

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

This form supersedes WD AGO Form 8-116, 31 May 19[illegible] (formerly WD MD Form 79) which will not be [illegible] upon receipt of this revision.

16—20622-4 GPO

CLINICAL CHART COVER
6NO-HOSP-NB-N2 (Rev. 12/52)

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

FOR ADMISSION ROOM USE

HOSPITAL REGISTER NO.	WARD:
118332	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) 2230 (Date) 10/16/57 [X] AMBULATORY [ ] 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

[ ] DISCIPLINARY ACTION PENDING AT DUTY STATION

[ ] 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.

FOR WARD USE

HT 6'

TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE	WEIGHT	AGE
98	64	16	110/80	140	22

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

DIAGNOSIS AND NUMBER

SURGICAL OPERATIONS

SPECIAL STUDY (Check One)

[ ] NO SPECIAL STUDY
[ ] CORD BLADDER
[ ] ESOINOPHELLIA (over 5%)
[ ] BLINDNESS
[ ] DEATH AFTER 72 HOURS
[ ] BOARD CASE DR.
[ ] DEAFNESS
[ ] PENICILLIN RX FOR SYPHILIS
[ ] BURN AND BODY SURFACES
[ ] AMPUTATION
[ ] RETROCECAL
[ ] SYSTOLIC B/P UNDER 90mm.

OTHER _____ (Anethesia 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)	

12/52-3572-NAVY-6NDP&PO-5M

Standard Form 539
Rev. August 1954
Promulgated By Bureau
of the Budget Circular A-32

CLINICAL RECORD	ABBREVIATED CLINICAL RECORD

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

[illegible] hearing [illegible]
[illegible] year. [illegible]

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

[illegible] & hearing difficulty. Hears [illegible]
[illegible]

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
[illegible]	[illegible]		

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 I.		H1

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

ABBREVIATED CLINICAL RECORD
Standard Form 539

U. S. GOVERNMENT PRINTING OFFICE 16—61555-8

DOCTOR'S ORDERS (*Date and sign all orders*)

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—61555-2

Standard Form 510
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR	MEDICATION—TREATMENT	OBSERVATIONS
10/16	2300		pt was admitted to ward amb & no complaints of P.R 98° 64-16 B.P. Dr. & Nurse notified. Kirstead
10/17	0530		good night on admission Kirstead
	2000		good day - ward stay good night - Kirstead
10/18	530		

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.	WARD NO.
118732	H-1

NURSING NOTES
Standard Form 510

16—56173-4

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) ~~(released)~~ from active service on 1 November 1957, ~~(will)~~ (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 0-70
15 Dec 56

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

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	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
LOFTON, AARON I.	SP-2	[redacted]
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
P.O. Box 64, SUMMIT, MISS.	INDUCTION	29 OCT 57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Negro	None / None	Army	9901

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	Lincoln Co., Miss.	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

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	49	Good		
MOTHER	47	Good		
SPOUSE				
BROTHERS	20	Good		
~~AND~~				
~~SISTERS~~				
CHILDREN				

19. HAS ANY BLOOD RELATION *(Parent, brother, sister, other)* **OR HUSBAND OR WIFE:**

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

21. HAVE YOU EVER (*Check each item*)					22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:	
✓		WORN GLASSES		✓	ATTEMPTED SUICIDE			BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
	✓	WORN AN ARTIFICIAL EYE		✓	BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
	✓	WORN HEARING AIDS		✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
	✓	STUTTERED OR STAMMERED		✓	COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
	✓	WORN A BRACE OR BACK SUPPORT		✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION	QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ 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?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (*Check one*)
1	MONTHS 2 yr 9 mo.	Interior Decorator	☒ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	✓	D. OTHER MEDICAL REASONS *(If yes, give reasons)*	
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? *(If yes, give details)*	
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? *(If yes, state reason and give details)*	
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? *(If yes, state reason and give details)*	
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? *(If yes, describe and give age at which occurred)*	
	✓	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)*	
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? *(If yes, specify when, where, and give details)*	
✓		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
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? *(If yes, which illnesses)*	
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? *(If yes, give date and reason for rejection)*	
	✓	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)*	
✓		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 at a later date

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 THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
ADAM J. LOFTON	Adam J. Lofton

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	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
M. HOWARD SKOLNICK, MD	29 Oct 57		

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-213344

Standard Form 88
(Rev. Apr. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Lofton, Aaron I.	Sp3	[redacted]
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
PO Box 64, Summit, Miss.	Separation	29 Oct 57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau	3		Army	MHD-WRAH

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	Lincoln Co., Miss.	Aaron I. Lofton, Father, Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Walter Reed Army Hospital, Wash. 12, D.C.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
	X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

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*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X	X	XX	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class 2

LABORATORY FINDINGS

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

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
5' 11"	143	Brown	Green	☐ / ☒ / ☐ / ☐	98.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 110 / DIAS. 70	RECUM-BENT	SYS. / DIAS.	STANDING (3 min.)	SYS. / DIAS.

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
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. HETEROPHORIA (*Specify distance*) NSA — ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT Normal LEFT Normal	Normal-Pseudo-Ischo		

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal			Normal

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER

	256 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	5	5	10	10		55	45	8
LEFT	0	5	20	15		60	80	13

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

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 ☐ IS NOT QUALIFIED FOR Separation

PHYSICAL CATEGORY

A	B	C	E
		X	

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

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**

S. GOVERNMENT PRINTING OFFICE : 1953 — O 243413 16 62288-1

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION UNDER EO 10450

(SR 380-160-1, SR 380-160-10 or SR 620-220-1)

PART I BASIC INFORMATION

FROM: *(Originating headquarters)*	DATE	DOSSIER NUMBER
Hq., The ASA Tng Cen, 8622 DU, Ft Devens, Mass.	12 May 1955	E 3006127

LAST NAME - FIRST NAME - MIDDLE INITIAL	MILITARY OR CIVILIAN GRADE	SERVICE OR SOCIAL SECURITY NUMBER
LOFTON, Aaron I.	Pvt	[redacted]

DATE OF BIRTH *(Day, Month, Year)*	PLACE OF BIRTH *(City, county, state, country)*	CIVILIAN JOB TITLE *(If any)*
	Lincoln County, Mississippi	None

PART II SECURITY CLEARANCE

DATE INVESTIGATION COMPLETED *(Day, Month, Year)*	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION
22 April 1955	Background	Third Army

HIGHEST CLASSIFICATION OR TYPE OF INFORMATION TO WHICH ACCESS IS AUTHORIZED *(Top Secret, Secret, Confidential, or Cryptologic duties)*	DATE INTERIM CLEARANCE GRANTED *(Day, Month, Year)*	DATE FINAL CLEARANCE GRANTED *(Day, Month, Year)*
TOP SECRET	-----	12 May 1955

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED ☒ UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; ☐ UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE JURISDICTION OF THE ARMY ESTABLISHMENT IS ATTACHED AS INCLOSURE ONE.

PART III SECURITY DETERMINATION UNDER EO 10450 - *(CIVILIAN EMPLOYEES ONLY)*

DATE INVESTIGATION COMPLETED *(Day, Month, Year)*	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION

SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, II AND V

NON-SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, III, AND V

PART IV REMARKS

PART V OFFICIAL MAKING CERTIFICATION

ORGANIZATION	PLACE	DATE
Hq., The ASA Tng Cen, 8622 DU	Ft Devens, Mass.	12 May 1955

TYPED NAME, GRADE AND SERVICE NUMBER	SIGNATURE
LUTHER KELLER II, Lt Col, [redacted]	Luther Keller II

DISTRIBUTION: *(SR 380-160-1, SR 380-160-10 or SR 620-220-1 as appropriate)*

1 Copy 201
1 Copy GAS-22, CRF
1 Copy TAG

RECORDS OF INTERIM CLEARANCE WILL NOT BE FORWARDED TO DEPARTMENT OF THE ARMY: SEE SR 380-160-1

FORM REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME—FIRST NAME—MIDDLE INITIAL	
1540R No. evid of A or N		☐ DIS ☐ INJ ☐ BC	Lofton Aaron I	
	5. SEX: M	6. RELIGION: P	7. PREV. ADM.: ☐ YES ☒ NO	8. REGISTER NO.: 11045
	9. SERVICE NO.: [redacted]	10. GRADE: PVT	11. RATING OR DSGN	12. DEPARTMENT: Army
	13. ORGANIZATION AND BRANCH OF SERVICE: ASA (USA)	14. FLYING STATUS		
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: AAron Lofton (F) Box 64 Sumit, Mississippi	16. AGE: 21	17. RACE: CAU	18. LENGTH OF SERVICE: 1 6/12
	19. DATE OF ADMISSION: 6 Aug 56			
	20. SOURCE OF ADMISSION: Direct Abs SK Home & Hosp, CZ			
	NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (*Dep of EM, etc.*) in space 13.			
	21. ADMITTING OFFICER: HE. Hinman, Capt/MC	22. CONTINUATION OF ITEMS 13 AND 20: (13) USARC.NTB MOS 056.10		

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

Dg.1 (7932) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	☒ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION
Duty	13 Aug 56

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
H. E. Hinman Capt MC	Jon Hinman 1st MSE

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER
US ARMY DISPENSARY FORT KOBBE, CANAL ZONE	11045

DD FORM 1 MAY 51 481-3 (4 PART) 69-16—71206-1

34. ADDITIONAL REMARKS (*Show item number to which extended entry applies. Group all continuations of a particular item.*)

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, EPTS," "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.	*Ia.* 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 c)	ANTECEDENT CAUSES	*b.* DUE TO (*Or as the consequence of*)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (*Item Ia*) STATING THE UNDERLYING CAUSE LAST.	*c.* DUE TO (*Or as the consequence of*)	
	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 c9-16—71266-1

Standard Form 502
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—32

MR 66824

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION August 6, 1956	DATE OF DISCHARGE 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: 1) Return to duty.
2) Return to the Chest clinic in 4 weeks.-
3) Obtain chest films taken in Jackson, Miss. in 1955.-

W. Strauss M.D.

Walter G. Strauss, M. D.
Chest Service
Gorgas Hospital

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION No.	ORGANIZATION
WALTER G. STRAUSS, M. D.	8/21/56	[redacted]	US ARMY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER No.	WARD NO.
LOFTON AARON I.	[redacted]	30

GORGAS
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NARRATIVE SUMMARY
Standard Form 502

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME — FIRST NAME — MIDDLE INITIAL
1540R No Evid of A or N LD-Yes Dg 1: (1342) Histoplasmoisis 84 2132	30	☒ DIS ☐ INJ ☐ BC	LOFTON, Aaron I

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	P	☐ YES ☒ NO	[redacted]	[redacted]	PVT2

11. RATING OR DESIG.	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
-	Army	ASA (3616)	-

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Aaron Lofton (F) Box 64 Summit, Mississippi	21	Cau	1 6/12	6 Aug 1956

20. SOURCE OF ADMISSION: To be recorded by USA Disp Ft Kobbe, CZ

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
F Hinamn CAPT/mg	(13) USARCARIB Ft Kobbe, CZ 056.10

23. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27 DAYS DURATION THIS FACILITY

ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER

DD FORM 1 NOV 51 **481—1** REPLACES WD MD FORM 55A, 1 FEB 45, WHICH IS OBSOLETE.

34. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

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, EPTS," "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, ASTHEMA, ETC. IT MEANS THE *DISEASE, INJURY or COMPLICATIONS* WHICH CAUSED DEATH.	Ia. 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 c)	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	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

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME—FIRST NAME—MIDDLE INITIAL
15 hour No. evid of A or H		☐ DIS ☐ INJ ☐ BC	[redacted]

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
F	P	☐ YES ☐ NO	[redacted]	[redacted]	[redacted]

11. RATING OR DSGN	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
	[redacted]	[redacted]	

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Miron Lofton (F) Box C: Ackerman, Mississippi	[redacted]	[redacted]	[redacted]	[redacted]

20. SOURCE OF ADMISSION	21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
[redacted]	[redacted]	[redacted]

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (*Dep of EM, etc.*) in space 13.

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

Dg.1 (7932) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION
Duty	13 Aug 56

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
	[redacted]

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER
US ARMY DISPENSARY FORT KOBBE, CANAL ZONE	[redacted]

DD FORM 1 MAY 51 481-3 (4 PART) 69-16—71260-1

34. ADDITIONAL REMARKS (*Show item number to which extended entry applies. Group all continuations of a particular item.*)

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, EPTS," "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.	*Ia.* 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 c)	ANTECEDENT CAUSES	*b.* DUE TO (*Or as the consequence of*)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (*Item Ia*) STATING THE UNDERLYING CAUSE LAST.	*c.* DUE TO (*Or as the consequence of*)	
	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 c9-16—71200-1

CLINICAL RECORD-COVER SHEET

1. ADMISSION NOTES	2. WARD: M/1	3. TYPE OF CASE: ☐ DIS ☐ INJ ☐ BC	4. LAST NAME — FIRST NAME — MIDDLE INITIAL: Lofton, Aaron L.		
	5. SEX: M	6. RELIGION: P	7. PREV. ADM.: ☐ YES ☐ NO	8. REGISTER NO.	9. SERVICE NO. [redacted] 10. GRADE: PFC
	11. RATING OR DESIG.	12. DEPARTMENT: Army	13. ORGANIZATION AND BRANCH OF SERVICE: HQ ASAF (?) B (?)		14. FLYING STATUS
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: Aaron Lofton (F) Post Office #64 Summit, Miss	16. AGE: 21	17. RACE: (Aa)	18. LENGTH OF SERVICE: 1 yr	19. DATE OF ADMISSION
		20. SOURCE OF ADMISSION			
		NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (*Dep. of EM, etc.*) in space 13.			
	21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20.			

23. DIAGNOSES (*See instructions for recording as shown on reverse side, Include all required related data*)

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION
30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER

DD FORM 1 MAY 51 481 Replaces WD AGO Form 8-33, 1 Apr 45, which is obsolete. 16—64559-2

34. ADDITIONAL REMARKS (*Show item number to which extended entry applies. Group all continuations of a particular item*)

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, EPTS," "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.	Ia. 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 c*)	ANTECEDENT CAUSES	b. DUE TO (*Or as the consequence of*)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (*Item Ia*) STATING THE UNDERLYING CAUSE LAST.	c. DUE TO (*Or as the consequence of*)	
	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 : 1953—O-230709 16—61554a*1

Standard Form 509
(Revised August 1954)
Promulgated by
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES**
(Sign all notes)

DATE	
19 June 56	Chronic indigestion for past year. No vomiting. Has burning sensation after eating [illegible] acid + spicy foods.
	Rx Belladonna, Vitcaps [illegible].
	[illegible signature]
8 Sept 56	Pt complains of callus on foot [illegible]
	Exam: seems to be a cone type callus with depression in its base.
	Rx To treatment room for removal.
	[illegible]
	Rx Plantar wart. Removed by E.S.U. and bacitracin dressing applied. RTC 10 days [illegible]
	[illegible initials]
Oct. 19-1956 1035	Pt arrived at disp. at 1035 with first 3 Toes on RT foot smashed. X Ray shows that 1st + 2nd Toes are fractured. Rx 4 (4-0) stitches put in Big Toe. [illegible] 600,000 u. PCN, ½ cc of tetanus [illegible] Codeine #2. Pt. [illegible] at [illegible] Mat. [illegible] [illegible] Pt awoke at 0400 [illegible] and complain of pain. Given 2 more Codeine,

(Continue on reverse side)

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

DOCTOR'S PROGRESS NOTES
Standard Form 509

10—56183-3

DOCTOR'S PROGRESS NOTES
(*Sign all notes*)

DATE	
30 Dec	Sutures removed; wound healed.
	Patient discharged to duty
	(limited) to be seen in 6 days.
	[illegible]

U. S. GOVERNMENT PRINTING OFFICE : 1955—O-351495 16—56183-1

Standard Form 539
Promulgated May 1950
By Bureau of the Budget
Circular A-32 Rev.

CLINICAL RECORD	ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION

This 31-year-old, [illegible] was sent in from the Service Center at 1035 last night with the Hx of dropping a piano on his Rt foot. [illegible]

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

abrasion of dorsum of Rt II-III toes. Laceration about nail bed of I toe. X-ray shows comminuted fx of distal phalanx of I toe and simple fx of distal phalanx of II toe

PROGRESS

Treatment - Toe cleansed sutured under procaine anesth.

DOCTOR'S ORDERS (*Date and sign all orders*):

1) PCN 600,000 u.

2) Tetanus Toxoid ½ cc

3) Codeine tab q 4° #2 [illegible] for pain

[illegible]

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
[illegible]	10 Oct 56		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) 16—61555-1

ABBREVIATED CLINICAL RECORD
Standard Form 539

LABORATORY AND RADIOGRAPHIC REPORTS

STAPLE 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

STAPLE 2D REPORT WITH TOP AT THIS LINE ↑

STAPLE 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

STAPLING MARGIN

TEMPERATURE–PULSE–RESPIRATORY — NURSE'S NOTES

DATE	A. M.			P. M.			STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

☆ U. S. GOVERNMENT PRINTING OFFICE 16—61555–1

SERVICE RECORD

NAME AND SERVICE NUMBER

LOFTON, AARON I [redacted]

THE LETTERING ON RUBBER STAMPS USED FOR THE PURPOSE OF MAKING ENTRIES IN THE BODY OF THE SERVICE RECORD WILL NOT BE LARGER THAN PICA TYPEWRITER TYPE. THE SERVICE RECORD WILL NOT BE FOLDED OR CREASED. FOR INSTRUCTIONS SEE AR 640-201.

RELIGIOUS PREFERENCE *(If voluntarily given)*

BAPTIST

COVERING PERIOD *(Inclusive)*

FROM	TO
24 Jan 55	1 Nov 57

SECTION I - APPOINTMENTS, PROMOTIONS, OR REDUCTIONS

GRADE	DATE	AUTHORITY	DATE OF RANK
Pvt E-1 (P)	24 Jan 55	[redacted]	24 Jan 55
Pvt E-2 (P)	24 Jan 55	Para 8 [redacted]	24 Jan 55
PFC)Temp)	21 Oct 55	SO 218 HQS TASATC Ft Devens 19Oct55	21 Oct 55
Pvt E-2(P)	25 Jun 56	SO 30 Hq ASACARIB (8616) 25Jun56 &Par 25a AR624-200	25 Jun 56
PFC (Temp)	17 Sep 56	SO 46 Hq ASACARIB (8616) 17Sep56	17 Sep 56
SP3 (Temp)	17 Dec 56	SO 66 Hq ASACARIB (8616) 17Dec56	17 Dec 56

SECTION 2 - REENLISTMENT AND/OR EXTENSION *(Check appropriate box)* OF ENLISTMENT DATA

RE-ENLISTMENT	EXTENSION	PLACE	PERIOD	DATE	SIGNATURE OF RESPONSIBLE OFFICER

SECTION 3 - RECORD OF INSERT SHEETS ATTACHED *(Enter each Section No. for which an insert sheet has been attached)*

DA FORM 1 NOV 54 24

REPLACES DD FORMS 230, 230-A, 230-B, 230-C, 230-D *(For Army use)*; DA FORMS 24-A-2, 24-A-6, 24-A-8 AND 24-A-12, WHICH ARE OBSOLETE.

DUPLICATE-SERVICE RECORD COPY

SECTION 4 - CHRONOLOGICAL RECORD OF MILITARY SERVICE

DATE FROM	DATE TO	M/R DESIGNATION OF UNIT AND STATION	DUTY MOS	CONDUCT	EFFICIENCY	INITIALS OF PERSONNEL OFFICER
24 Jan 55	30 Jan 55	3432SU RS, Ft Jackson, SC				
31 Jan 55	1 Apr 55	101st Abn Inf Div, Ft Jackson, SC		EX	EX	
2 Apr 55	14 Apr 55	Enroute to ASAProcBn8622DU,Ft Devens,Mass				
15 Apr 55	26 Apr 55	Co B ASAProcBn,8622DU,Ft Devens,Mass				
27 Apr 55	26 Aug 55	Co I ASA StuBn,8622DU,Ft Devens,Mass		EX	EX	
27 Aug 55	[illegible]	Co D 1st Stu Bn ASA Trp Comd 8622 DU	006.00	EX		
[illegible]	27 Oct 55	[illegible]				
	1Nov57	[illegible]				
		ZONE				
28 Oct 55	31 Dec 56	H/H Det ASACARIB 8616DU Ft Kobbe	058.10	(-	-)	
1 Jan 57	27 Mar 57	Hq USASACARIB,FtKobbe,CZ (CO Trfd)	058.10	(Ex	-)	
28 Mar 57	29Sep57	Hq USASACARIB,FtKobbe,CZ	058.20	Exc	Exc)	
30 Sep 57	10 Oct 57	MHD USA Ln Unit Gorgas Hosp Ancon CZ		Unk	Unk	
11 Oct 57	170ct57	Enroute to CONUS				
180ct57	1Nov57	MHD WRAH(9901) WRAMC Wash, DC (Hon Dsch)		Unk	Unk	PJG

SECTION 5 - SERVICE OUTSIDE CONTINENTAL UNITED STATES

PORT OF EMBARKATION	DATE DEPARTED	PORT OF DEBARKATION	DATE ARRIVED	FOR DUTY IN
Brookley AFB, Ala	27 Oct 55	Albrook AFB, CZ	28 Oct 55	USARCARIB
Tocumen,R of Panama	1 May 56	Miami, Fla	1 May 56	Ord lv
Miami, Fla .	2 Jun 56	Tocumen,R of Panama	2 Jun 56	Returned fr lv
Canal Zone	160ct57	Charleston AFB US	170ct57	CONUS

SECTION 6 - TIME LOST UNDER SEC 6(a) APP 2b MCM 51 AND SUBSEQUENT TO NORMAL DATE ETS

FROM	TO (Inc.)	DAYS	REASON	FROM	TO (Inc.)	DAYS	REASON

SECTION 7 - COMBAT RECORD

PARTICIPATED IN (Battle or Campaign)	THEATER OF OPERATION	FROM	TO

SECTION 8 - WOUNDS RECEIVED THROUGH ENEMY ACTION

BRIEF DESCRIPTION	DATE	BRIEF DESCRIPTION	DATE

SECTION 9 - MEDALS, DECORATIONS, AND CITATIONS

(Enter in this section any medals, decorations, and citations, whether or not additional compensation results)

MEDALS, ETC.	AUTHORITY	PLACE AND DATE PRESENTED
Sharpshooter(RifleM1)	AR 600-70	(25 Feb 57)
Sharpshooter(Carbine)	SO 2 HQS ASACARIB 8616DU 6Jan56	Ft Kobbe CZ 18Apr56 (4 JAN 56)

SECTION 10 - REMARKS
00 yrs 11 mos 15 days prior svc completed upon entry into act mil svc for basic pay purposes verified by NGB Form 22 9 Mar 55.
DD Form 2A No 4918134 Issued 4 Feb 55.
19 May 55 BI Per [redacted] Completed
22 Apr 55 by 3rd Army Cert by Hq TASATC,
Ft Devens, Mass to TAG for Crypto Clearance
12 May 55.
New Service Record prep UP par 5a, AR 640-
201, 23 Jun 55.
GEORGE E AUMOCK 2d Lt, Inf
1 Nov 57 eligible for re-enlistment

SECTION 11 - IDENTIFICATION OF INITIALS			
NAME, GRADE AND ORGANIZATION *(Typed or printed)*	INITIALS	NAME, GRADE AND ORGANIZATION *(Typed or printed)*	INITIALS
GEORGE E AUMOCK 2d Lt, Inf			
S.H. ARTHIN CWO W-2 USA HqUSASACARIB			
CHARLES R. SMITH, MAJOR, MSC			
P J GREENLAW CAPT MSC WRAMC(9901)			

★GPO : 1954 O - 321797

DEPARTMENT OF DEFENSE [illegible]
WASHINGTON 25, D. C.

ENLISTMENT RECORD - UNITED STATES ARMY

Form Approved
Budget Bureau No. 22-R016.3

1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee)	2. SERVICE NUMBER	3. SEX	4. RACE	CODING COLUMN
Lofton, Aaron Isaac A I L	[redacted]	MALE	Caucasian	

5. PHYSICAL AND MENTAL DATA		6. HOME ADDRESS (Number & street or rural route (if none, so state), city, town or P.O., county and state)
a. PHYSICAL CATEGORY	b. MENTAL DATA	
1	AFQT-3/96-1	P. O. Box 64, Summit, Pike, Mississippi

7. PLACE OF ENLISTMENT	8. ENLISTED IN THE GRADE OF (To be initialed by enlistee)	AUTHORIZATION
Jackson, Mississippi	Pvt-1/ A I L	[redacted]

9. ENLISTED UNDER AUTHORITY OF	10. BRANCH ENLISTED FOR
[redacted]	Signal Corps (ASA)/ A I L

11. FOR ASSIGNMENT IN	12. TOTAL SERVICE FOR PAY PURPOSES		
	YEARS	MONTHS	DAYS
Army Security Agency/ A I L	[illegible]	[illegible]	

DECLARATION OF APPLICANT

13. DATE OF BIRTH (DAY / MONTH / YEAR)	14. PLACE OF BIRTH (City and state)	15. COLOR EYES	16. COLOR HAIR
	Brookhaven, Mississippi	Grey	Blond

17. CITIZEN	18. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND COURT OF JURISDICTION	19. NATURALIZATION OR DECLARANT NUMBER
XX YES ☐ NO IF NO, FILED DECLARATION? ☐ YES ☐ NO	NOT APPLICABLE	NOT APPLICABLE

20. MARITAL STATUS	21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by enlistee)
Single	None/ A I L

22. EDUCATION (Years)			23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind)
GRAMMAR	HIGH SCH	COLLEGE	
8	4	1	None

24. CIVILIAN TRADE OR OCCUPATION (Best qualified)	HOW LONG EMPLOYED (Yrs & mos) (Best qualified trade or occupation)	WEEKLY WAGE (Average)
Student	Not applicable	None

25. REGISTERED FOR SELECTIVE SERVICE	26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state)
XX YES ☐ NO IF YES, GIVE NUMBER [redacted]	#62, McComb, Pike, Mississippi

27. PRIOR ROTC OR CADET TRAINING (Years-Type unit)	28. RESERVE COMMISSIONED STATUS (Br, SN, & grade now held, if any)
None	None

29. LAST SERVICE (USA, USAF, USN, USMC, USCG)	30. COMPONENT (Reg, Res, AUS, AFUS, FedNG, or St G)	31. SERVICE NUMBER
USA	FedNG (No Active Fed Svc)	[redacted]

32. ORGANIZATION	33. TYPE, AUTHORITY, AND DATE OF DISCHARGE	34. IN GRADE OF	MOS
154 Inf Bn, Miss NG			

35. HAVE YOU EVER BEEN: a. CONVICTED OF A FELONY OR ANY OTHER OFFENSE (excluding minor traffic violations)? ☐ YES ☒ NO
b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT? ☐ YES ☒ NO (If a or b is yes, give details. Prior service personnel consider only convictions and adjudications since last active service.) (To be initialed by enlistee).
/ A I L

36. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF ANY COURT? IF SO, GIVE DETAILS. (Prior service personnel answer "No" unless imprisoned subsequent to date of last discharge.) (To be initialed by enlistee)
NO / A I L

37. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SENTENCE, PAROLE, PROBATION, OR ARE YOU AWAITING FINAL ACTION ON CHARGES AGAINST YOU? (Prior service personnel consider only period since date of last discharge.) (To be initialed by enlistee)
☐ YES ☒ NO / A I L

38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION OR ENLISTMENT IN ANY OF THE ARMED FORCES OR HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS ENLISTMENT OTHER THAN HONORABLY, OR BY REASON OF UNSUITABILITY OR UNDESIRABLE HABITS OR TRAITS OF CHARACTER, OR FOR MEDICAL REASONS? ☐ YES ☒ NO

39. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ENTRIES RECORDED BY ME ON STANDARD FORM 89, REPORT OF MEDICAL HISTORY, ARE TRUE AND CORRECT. (To be initialed by enlistee) / A I L

40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? XX YES ☐ NO IF "NO" GIVE DETAILS. (To be initialed by enlistee)
A I L

PROCESSED

DD FORM 1 NOV 53 4 EDITION OF 1 NOV 51 IS OBSOLETE GPO: 1954 O - 283369

ORIGINAL-MORNING REPORT COPY
DUPLICATE-SERVICE RECORD COPY

41. REMARKS *(To be initialed by enlistee)*

None/ AAL

42. I UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT IF I SECURE ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO MY QUALIFICATIONS FOR ENLISTMENT: IN ADDITION, I KNOW IF I AM REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCEALED FROM THE ACCEPTING OFFICER, THE GOVERNMENT WILL NOT FURNISH ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.

I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FORCES *(Army, Air Force, Navy, Marine Corps, or Coast Guard)* OR OF ANY COMPONENT THEREOF *(Regular, Reserve, or National Guard)* IN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS UNLESS SO INDICATED AND EXPLAINED BY ME: THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME: THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

GIVEN AT *(Place of acceptance)*	DATE OF ACCEPTANCE
Jackson, Mississippi	24 January 1955
SIGNATURE OF WITNESS *(First name-Middle initial-Last name)*	SIGNATURE OF APPLICANT *(First name-Middle name-Last name)* Aaron Isaac Lofton

43. REMARKS *(For use by the recruiting officer)*	43a. DATE DD FORM 53 FORWARDED
	24 Jan 55

VERIFIED AT	BY *(Signature of recruiting officer)*	GRADE AND ORGANIZATION OF RECRUITING OFFICER
Jackson, Mississippi	[signature]	Capt USAF 3370 SU

44. **OATH AND CERTIFICATE OF ENLISTMENT**

STATE OF Mississippi ss:

CITY, TOWN, OR MILITARY POST Jackson

I,[1] Aaron Isaac Lofton, DO SOLEMNLY SWEAR *(or affirm)* THAT I WILL BEAR TRUE FAITH AND
FIRST NAME-MIDDLE NAME-LAST NAME

ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE; AND DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS[2] 24th DAY OF January 19 55, IN THE UNITED STATES Army FOR A PERIOD OF three (3) years/ AAL UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY.
WORDS AND FIGURES INITIALED BY ENLISTEE

SIGNATURE[3] Aaron Isaac Lofton
FIRST NAME-MIDDLE NAME-LAST NAME

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS[2] 24th DAY OF January A.D. 1955. I FURTHER CERTIFY THAT THIS ENLISTEE WAS MINUTELY INSPECTED BY ME PREVIOUSLY TO SUBSCRIBING TO THE OATH; THAT I FOUND ENLISTEE ENTIRELY SOBER AND IN FULL POSSESSION OF ALL MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF ENLISTEE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING APPLICANT INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE SUBSCRIBING THERETO.

CLYNTON J COLLINS, Capt USAF 3370 SU
TYPED NAME, GRADE, AND ORGANIZATION OF RECRUITING OFFICER

[signature]
SIGNATURE OF RECRUITING OFFICER

[1] *Carefully compare with the name at top of page 1.*
[2] *The dates in the oath and certificate must be the same.*
[3] *The signature must be identical with that subscribed to Declaration of Applicant.*

45. **FINGERPRINTS - RIGHT HAND**
(Fingerprint impressions will be made in this space in the case of every person enlisting or reenlisting)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

THIS IS A PERMANENT ARMY SECURITY AGENCY RECORD - DO NOT REMOVE FROM 201 FILE

19 Jan 55
(Date)

SUBJECT: Enlistment and Schooling for Army Security Agency

TO: Chief, Army Security Agency
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 Armed Forces Qualification Test (AFQT).

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 prerequisites for technical training, I will be scheduled for schooling or duty in a non-technical field.

e. Personnel found to be disqualified for duty with the Army Security Agency, or not possessing normally accepted aptitude for training in an MOS required by the Agency, 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 cleared in accordance with SR 380-160-10. Personnel who fail to receive clearance 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.

WITNESSED BY:
Evelyn L. Pate

Aaron Isaac Lofton
(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.

X Aaron Isaac Lofton

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) years. 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.

X Aaron Isaac Lofton

C E R T I F I C A T E

STATUS OF DEPENDENTS

I certify that the following statements are true and correct:

1. 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 Armed 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.

Aaron Isaac Lofton
(Enlistee Signature)

Aaron Isaac Lofton
(Typed Name of Enlistee)

WITNESS: Clinton J Collins
(Signature of Commissioned Officer)

CLYNTON J COLLINS, Capt USAF
(Typed Name of Officer)

DATE: 24 January 1955

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

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	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Lofton Aaron Isaac	E-1	[redacted]

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
P.O. Box 61, Summit (Pike) Miss	Enlist M.	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau	0	0		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	Frostharen, Miss	Aaron Alton Lofton (Father) P.O. Box 61, 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)*

GOOD

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	45	Good		
MOTHER	42	Good		
SPOUSE				
BROTHERS AND SISTERS	B 17	Good		
CHILDREN				

19. HAS ANY BLOOD RELATION *(Parent, brother, sister, other)* OR HUSBAND OR WIFE:

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

21. HAVE YOU EVER *(Check each item)*

—		WORN GLASSES	—	ATTEMPTED SUICIDE
	—	WORN AN ARTIFICIAL EYE	—	BEEN A SLEEP WALKER
	—	WORN HEARING AIDS	—	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
	—	STUTTERED OR STAMMERED	—	COUGHED UP BLOOD
	—	WORN A BRACE OR BACK SUPPORT		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

		BEEN PREGNANT
		HAD A VAGINAL DISCHARGE
		BEEN TREATED FOR A FEMALE DISORDER
		HAD PAINFUL MENSTRUATION
		HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

AGE AT ONSET OF MENSTRUATION
INTERVAL BETWEEN PERIODS
DURATION OF PERIODS
DATE OF LAST PERIOD
QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ 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?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU *(Check one)*
3	MONTHS 30	Student	☒ RIGHT HANDED ☐ LEFT HANDED

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	✓	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*)
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	✓	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*)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	✓	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*)
	✓	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 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 THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
	[signature]

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

20. [illegible] - [illegible]

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
HUGH C. WATSON, JR LT MC	18 Jan 55	[signature]	

☆ U. S. GOVERNMENT PRINTING OFFICE : 1950 O—74712

BUREAU OF THE BUDGET
CIRCULAR A-21

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
LOFTON, AARON [illegible] Isaac	E-1	[redacted]

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
PO Box 64, Summit, Miss	Enl RA	18 Jan 55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
[redacted]	Brookhaven, Miss	Aaron Alton Lofton, Father, Same as item #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFES, Jackson, Miss	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

24. Right eye hazel--left eye green
Congenital heterochromic right iris

34. One Plus albumin on one occasion, negative for 3 successive days

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: ACCEPTABLE

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG	NEG	NOT DONE	NORMAL FINDINGS	BLOOD TAKEN

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT DONE	NOT DONE	NONE

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
70	132	Blond	rt Hazel lf Green	☐ / ☒ / ☐ / ☐	

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
SITTING	SYS. 142 / DIAS. 80	RECUMBENT	SYS. / DIAS.	STANDING (*5 min.*)	SYS. / DIAS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
						78				

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*)	ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT	LEFT	Yarn Passed		UNCORRECTED / CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING	71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 8192		
RIGHT WV 15 /15 SV /15	RIGHT									
LEFT WV 15 /15 SV /15	LEFT									

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

NSA

8 FEB [illegible] U.S.C. 2

(*Use additional sheets of plain paper if necessary*)

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

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE					
P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Military Service

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY			
A	B	C	E
X			

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE
HUGH C. WATSON, JR LT MC	Hugh C Watson, Jr.

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62258-1

1. NAME (Last, First, Initials) AND SERVICE NUMBER	2. FROM (Date)	3. TO (Date)
[redacted] LOFTON, AARON I	24 JAN 55	1 Nov 57
	4. CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD	a. DAYS: NONE
	b. NAME, GRADE, AND BRANCH OF CERTIFYING OFFICER: OSCAR E. WILLIAMS, Lt Col, Signal C.	
	c. SIGNATURE: Oscar E. Williams Jr.	

5. LEAVE TAKEN					6. LEAVE CREDITED				
					PERIOD				
TYPE a	FROM b	TO c	NUMBER DAYS d	MORNING REPORT UNIT e	FROM a	TO b	DAYS EXCL. c	DAYS LEAVE CREDITED d	BALANCE AVAILABLE e
					FROM PREVIOUS RECORD →			NONE	
D	2 Apr 55	12Apr55	11	Co B ASA Proc Bn					
					24JAN55	30JUN55	0	13½	2½
O	1 May 56	1 Jun 56	32	H/HDet 8616DU FtKobbeCZ					
					1 Jul 55	30 Jun56	0	30	½
O	19Apr57	25Apr57	7	HqUSASACARIB,FtKobbeCZ					
					1Jul56	30Jun57	0	30	23½
					1Jul57	1Nov57	0	9½	33

RECORD CLOSING DATA

7. FINAL COMPUTATION		8. REMARKS
a. TOTAL DAYS LEAVE CREDITED (Total of column 6d)	83	a. ☐ BALANCE CARRIED FORWARD TO NEW RECORD
b. TOTAL DAYS LEAVE TAKEN (Total of column 5d)	50	b. ☒ CASH SETTLEMENT REQUESTED
c. BALANCE (a minus b)	33	c. ☐ OTHER (Specify)

9. NAME, GRADE, AND BRANCH OF CERTIFYING OFFICER	10. SIGNATURE
P J GREENLAW Captain MSC	P. J. Greenlaw

DA FORM 1 MAY 52 481 REPLACES WD AGO FORM 481, 1 NOV 46, WHICH IS OBSOLETE. GPO: 1952 O-317171

MILITARY LEAVE RECORD (SR 600-115-5)

FELIX CUMMS, W2113844, USA
CWO, 8616DU, ASACARIB

S.H. ARTHIN, W2148099
CWO, W-2, USA, HQ USASACARIB

J. GREENLAW, CAPT, MSC
O-2047672
Hq, WRAMC (8901) Wash DC

ETR

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
LOFTON AARON ISAAC	[redacted]	Sp3(T)	17 Dec 1956

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH (DAY / MONTH / YEAR)
ARMY RA Sig C	Brookhaven Mississippi	

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Blond	Grey	5-11	145	☒ YES ☐ NO	Single

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School-½	Commerce

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Transferred to USAR	Walter Reed Army Medical Center Washington DC

c. REASON AND AUTHORITY	d. EFFECTIVE DATE (DAY / MONTH / YEAR)
Par 8 [redacted] SFN 412 PETS Convenience of Government	1 Nov 57

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
Hq USASACARIB Ft Kobbe CZ	HONORABLE	DD Form 217A

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED (DAY / MONTH / YEAR)
[redacted]	#62 McComb(Pike)Mississippi	N/A

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

Transferred USAR Mississippi Military District

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION (DAY / MONTH / YEAR)	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY (DAY / MONTH / YEAR)
8 Feb 62	☐ ENLISTED (First Enlistment) ☒ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER:	3	24 Jan 55

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
None	Pvt E-1	Jackson Mississippi

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)

Post Office Box 64
Summit(Pike)Mississippi

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	9	8
	(2) OTHER SERVICE	0	11	15
	(3) TOTAL (Line (1) + line (2))	3	8	23
b. TOTAL ACTIVE SERVICE		2	9	23
c. FOREIGN AND/OR SEA SERVICE		1	10	21

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
058.20 Morse Interceptor	N/A

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

Sharpshooter(Rifle M-1 Carbine)

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE (a)	DATES (From - To) (b)	MAJOR COURSES (c)
ASA Training School	25 wks-1955	Direction Finding Operator Course

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

None

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES ☐ NO	N/A	N/A

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
None	C. None

AUTHENTICATION

32. REMARKS

No time lost under Prov of Sec 6a Appendix 2b MCM 1951
Blood Group "A"
$300.00 NSP certified on final MPO
Item 3a: Pvt(P) 25 Jun 56
SSAN: [redacted]

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Post Office Box 64 Summit(Pike)Mississippi	A. J. Lofton

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
P J GREENLAW CAPT MSC Asst Ch Mil Pers Br	P. J. Greenlaw

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

2

1. [illegible] (Last Name - First Name - Middle Name)	2. [illegible]	3. [illegible]	4. [illegible]	5. [illegible]
6. PERMANENT ADDRESS (No., Street, City & State - Complete)	7. FORMER SERVICE NO.	8. DESIGNATION [X] INITIAL [ ] CHANGE	9. DATE & TERM OF ENLISTMENT OR DATE OF APPOINTMENT	
PO Box 64, Summit, Mississippi (Pike Co)	None		24 Jan 55	3 yrs

DESIGNATIONS

		FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS	RELATIONSHIP
10. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
11. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD	PRINCIPAL	Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
	ALTERNATE	Agnes Nunnery Lofton	PO Box 64 Summit, Miss	Mother
12. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82D C*). (*All prior designations are cancelled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation.*)	PRINCIPAL(S) SHARE $			
	PRINCIPAL(S) SHARE $			
	CONTINGENT(S) SHARE $			
	CONTINGENT(S) SHARE $			
13. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS	% OF PAY EACH MONTH 100%	Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
14. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFE KEEPING		Aaron Alton Lofton	PO Box 64 Summit, Miss	Father

POST, CAMP, OR STATION: Fort Jackson, South Carolina

SIGNATURE OF DESIGNATOR: Aaron Isaac Lofton

DD FORM 1 OCT 54 93 — EDITION OF 1 FEB 52 MAY BE USED; DA AGO FORMS 41, 1 FEB 51 AND 41-1, 1 JUN 51 ARE OBSOLETE.

RECORD OF EMERGENCY DATA (*Original*)

SERVICEMAN'S STATEMENT CONCERNING APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION
(*VA FORM 8-526e*)

DATE: 30 October 1957

PLACE OF SEPARATION (*Hospital or other separation activity*)
WALTER REED ARMY HOSPITAL WALTER REED ARMY MEDICAL CENTER WASHINGTON DC

INSTRUCTIONS

Each officer and enlisted person being processed for separation from active military service for any reason who has undergone prolonged hospitalization, or suffered from wounds, injury or disease while in service, is advised to apply for compensation from the Veterans Administration by completing VA Form 8-526e. Each individual who had a physical defect when he entered the service which he feels was aggravated by military service should file VA Form 8-526e. You are further advised that, if you do not apply for compensation from the Veterans Administration by completing VA Form 8-526e at the time of separation, you may do so at any time thereafter; that, if you do intend to file, it is advisable to do so before you leave the service as at that time your medical records are more easily obtainable and action by the Veterans Administration on your claim will be expedited thereby; and that filing VA Form 8-526e will in no way delay your separation. When you have read the above paragraph, place your initials at the end of this sentence. Hale

I AM BEING PROCESSED FOR SEPARATION FROM THE ARMY AND HAVE BEEN ADVISED THAT I AM ENTITLED TO FILE AN APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION.

XXX [X] I HAVE FILED AN APPLICATION FOR SUCH COMPENSATION ON VA FORM 8-526e.

[ ] I HAVE DECIDED *NOT* TO FILE AN APPLICATION FOR SUCH COMPENSATION AT THIS TIME. I UNDERSTAND THAT I MAY DO SO AT A LATER DATE.

NAME, GRADE, AND SERVICE NO. (*Addressograph plate may be used in this space.*)
AARON I. LOFTON SP3 RA 24 919 772
PO Box 64 Summit, Mississippi

SIGNATURE OF INDIVIDUAL BEING SEPARATED: Aaron I. Lofton

PREPARATION AND DISTRIBUTION

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.

DA FORM 1 MAY 52 664 — REPLACES DA AGO FORM R-5277, 1 DEC 1951, WHICH IS OBSOLETE

16—66766-1 U. S. GOVERNMENT PRINTING OFFICE : 1957—O-410869

15. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	OFFICE RECEIVING PAYMENT	POLICY NUMBER

FIRST NAME - MIDDLE NAME - LAST NAME OF (*If deceased so state*)	ADDRESS
16. FATHER Aaron Alton Lofton	PO Box 64 Summit, Miss
17. MOTHER Agnes Nunnery Lofton	PO Box 64 Summit, Miss
18. WIFE OR HUSBAND (*If none, so state*) None	

19. NAME OF CHILDREN (*If none, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
None	None				

FOR INSTRUCTIONS ON PREPARATION AND DISPOSITION REFER TO:

ARMY (*Including Army Reserve*) - SR 600-105-1
ARMY NATIONAL GUARD - NGR 29
AIR FORCE - AFR 35-38
AIR NATIONAL GUARD - ANGR 35-38

★GPO : 1954 O—321013

DO NOT FORWARD THIS FORM TO VETERANS ADMINISTRATION

ARMY RESERVE CHANGE OF ADDRESS AND STATUS REPORT (SR 140-241-5)

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM

LAST NAME - FIRST NAME - MIDDLE NAME	SERVICE NUMBER	GRADE	BRANCH
LOFTON, AARON I.	[redacted]	SP4	Sig C

PRESENT PERMANENT HOME ADDRESS	LAST PERMANENT HOME ADDRESS
1164 Ogilvie Dr, NE, Atlanta 5 Georgia	P O Box 64 Summit, Mississippi

TEMPORARY ADDRESS	DURATION OF TEMPORARY ADDRESS

FOREIGN ADDRESS	DATE OF DEPARTURE	DATE OF RETURN

PURPOSE OF FOREIGN TRAVEL OR RESIDENCE (Including any occupation you expect to follow)	DURATION OF FOREIGN TRAVEL OR RESIDENCE

STATUS (See paragraph 1e of Instructions)

603 prepared from DA Form 1140

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 HQ

HQ IV US CORPS B'HAM 21 Jan 60 TO: CG, THIRD US ARMY, FT McPHERSON, Ga

ATTN: MRU Rcd. furth. CG- XII US Army Corps-1 this date

RECORDS WERE FORWARDED	TO (Headquarters)	BY (Headquarters)	ON DATE	INITIALS
		12-12		

DA FORM 1 AUG 55 603 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

U. S. GOVERNMENT PRINTING OFFICE : 1955 O—355487