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		وي	CHAN	1177	Miss	Civ	mins, ecc., s	now type (Dep. of EM	, 6.6.) III Sp	acc 15.		
		21. 4	ADMITTING O	FFICER		22. 0	OITAUNITNO	OF ITEMS	13 AND 20,				
. DIAGNOSES (See in	nstructions for	recording as	shown on re	verse side,	Include all req	uired related	l data)						
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2025 RELEASE UNDER E.O. 14176

34. ADDITIONAL REMARKS (Show item number to which extended entry applies.	Group all continuations of a particular item.)	
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importance; then I including causative established by path PR." Similarly, a diagnosis. In all dition that existed as "EPTS" or as "I thus: "Recovered	ONS FOR ITEM 23: Enter primary cause by later diagnoses in chronological order per agent, how, when, where, doing what, fological findings, so state. Each chronic corny other condition which has been recorded, show prior to service will be indicated as "EPTS." In the case of diagnosis from what May 1951." For each diagnosis line-of "LD, No, Misconduct," "LD, Yes, EPTS, A	preceded by dates made. Number diagnost or injuries—in accordance with separate condition must be indicated as either "PR" (pred in a previous admission will be so ind we place, date, and register number of previous admission will be so ind we place, date, and register number of previous process of venereal disease and malarithich recovery occurs prior to disposition of the duty status must be shown in accordance.	es in order. Record fully— lirectives. For all diagnoses breviously recorded) or "Not licated, showing the previous vious admission. Every con- a will be characterized either the case, a date will be shown.
35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE <i>DISEASE</i> , <i>INJURY</i> , or <i>COMPLICATIONS</i> WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter		b. DUE TO (Or as the consequence of)	
more than one cause per line		o. Due 10 (or as the consequence by)	
for items Ia,			
b and c)	ANTECEDENT CAUSES	·	
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	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	
			all invocation of the state of
38. EXACT PLACE OF DEATH		39. SIGNATURE OF PHYSICIAN	
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											Personnel only) in space 13.	
		21	. ADMITTING	OFFICER		22.	CONTINUAT	ION OF ITEM	1S 13 AND 20			
		A	. 23. 112. n		cr.4/13	9 v 1	(3) 1		123	o grana	096.10	
23. DIAGNOSES (See	instructions for	recordin	ig as shown o	n reverse sid	e. Include all r	equired rel	ated data)					
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A. OPERATIONS AND	SPECIAL THER	APEUTIC	PROCEDURES	5 (Show dat	e for each; show	anesthetic .	for each ope	ration)			•	
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2025 RELEASE UNDER E.O. 14176

34. ADDITIONAL REA	MARKS (Show item number to which extended entry	applies. Group all continuations of a particular iten	n)
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of importance	tons for ITEM 23: Enter primary cause o ; then by later diagnoses in chronological	l order preceded by dates made. Number	diagnoses in order. Record
fully—includi	ng causative agent, how, when, where, do established by pathological findings, so st	ing what, for injuries—in accordance wi	th separate directives. For
(previously $r\epsilon$	corded) or "Not PR." Similarly, any oth	ier condition which has been recorded in a	n previous admission will be
so indicated, s	howing the previous diagnosis. In all case	s designated as previously recorded, sho	w place, date, and register
	evious admission. Every condition that e.	xisted prior to service will be indicated	as "EPTS." Diagnoses of
venereal disea	se and malaria will be characterized eit v occurs prior to disposition of the case	xisted prior to service will be indicated her as "EPTS" or as "Not EPTS." In a date will be shown, thus: "Recovere	as "EPTS." Diagnoses of the case of diagnosis from
which recover diagnosis line	y occurs prior to disposition of the case of duty status must be shown in accor	e, a date will be shown, thus: "Recovere dance with separate directives, thus: "I	as "EPTS." Diagnoses of the case of diagnosis from d. 11 May 1951." For each
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DD 1 FORM 481-1 REPLACES WD MD FORM 55A, 1 FEB 45, WHICH IS OBSOLETE.

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

<u>History:</u> 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 .-

Walter G. Strauss, M. D.

W. Threeness

Chest Service Gorgas Hospital

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

CIAN DATE IDENTIFICATION NO. | ORGANIZATION

SIGNATURE OF PHYSICIAN

WALTER G. STRAUSS, M. D.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

LOFTON AARON T.

DATE IDENTIFICATION NO. ORGANIZATION

RA24919772

US ARMY

REGISTER NO. WARD NO.

695035

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GORGAS

NARRATIVE SUMMARY Standard Form 502

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

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34. ADDITIONAL REMARKS (Show item number to which extended entry applies.	Group all continuations of a particular item.)	
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(Do not enter	IT MEANS THE DISEASE, INJURY, or COMPLICATIONS WHICH CAUSED DEATH.		
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	
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38. EXACT PLACE OF DEATH		39. SIGNATURE OF PHYSICIAN	
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2025 RELEASE UNDER E.O. 14176

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HIGHEST CLASSIFICATION OR TYPE OF INFORMATIS AUTHORIZED (Top Secret, Secret, Confid Cryptologic duties) TOP SECRET				DATE FINAL CLEARANCE GRANTED (Day, Month, Year) 12 May 1985
THIS IS TO CERTIFY THAT THE ABOVE NAMED IN ACCESS TO CLASSIFIED INFORMATION AS INDICA CRYPTOLOGIC DUTIES. REQUIRED SECURITY OAT TACHED AS INCLOSURE ONE.	ATED ABOVE; 🔲 UNDER	THE PROVIS	110NS OF SR 380-1	60-10 FOR ASSIGNMENT TO
PART III SECURITY DETER	RMINATION UNDER EO I	0450 - (CI	VILIAN EMPLOYE.	ES ONLY)
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NON-SENSITIVE POSITION CHECK AND COMPI	LETE PARTS I, III, AND PART IV REMA			
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PART	V OFFICIAL MAKING	CERTIFICAT	1 ON	
ORGANIZATION	PLACE			DATE
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TYPED NAME, GRADE AND SERVICE NUMBER		SIGNATURE	,	
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DISTRIBUTION: (SR 380-160-1, SR 380-160-10	or SR 620-220-1 as a	ppropriate)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Copy 201 1 Copy GAS-22, CRF 1 Copy TAG				
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**							ME	ASUREMEN	TS AND	OTHER	FINDIN	GS						
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57. BLOOD	PRESSURE (Atm	at heart	level)						58.	PULSE (.	17 m at .	heurt level)					 -	
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59.	DISTAN	NCISIV 1	ı			60.		RE	FRACTIO)N	· · · · · ·		61.			NEAR VISIO	N	<u> </u>
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LEFT 20/		CORR. TO	20/			ВҮ		S.		CX	(J-1	CORR	. 70	6	Y
62. HETERO (Specify NSA	OPHORIA: (distance) ES°		EX	,		R. H.		L. H.		PRIS	M DIV.		PRIS	M CONV.		PC		PD .
	MODATION			54. C	OLOR VI	SION (Tes	t used o	nd result)			RCEPTION	-UNCO	RRECTE	Ō			
right N_0	rmal LEFT	Norm	al	Nor	mal.	-Pseu	d o- :	Is c ho	•	(10)	n useu	and score)	CORR	ECTED	-			
€6. FIELD C	OF VISION			67. N	IGHT VI	SION (Test	used a	nd score)		68. REI	LENS				69. 1	INTRAOCULAR	TENS:ON	l
Norm	al															Nor	mal	
70.	HEARING		71.				DIOMET					72. PSYC	CHOLOG	ICAL AN	D PSYCH	HOMOTOR (Tes	ts used	zná score)
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(Use additional	sheets	of plain	paper	if necessary	١

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)		7	76. PHYSICAL PROFILE						
None			Р	U	L	Н	Ε	s	
		T	1	1	1	3	1	1	
77. EXAMINEE (Check) State is Separation Is NOT Separation			PHYSICAL CATEGORY						
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	'		Α		В	С		Ε	
				ما		x			
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						ررسه	10	
H. HOWARD SKOLNICK, MD	(D. House			: Care	rice		17.5		
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE /								
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SICNATURE				·			* *	
*FREDERICH A. HERIG, LT. COL., DC	Thederick	G.	H.	eli	G	1.1	المهون	100	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE				J		NUMBER FACHED		
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Blandard Form 88 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BUDGET C/ACULAR A-24

REPORT OF MEDICAL EXAMINATION

		-FIRST N			AME							2.			OMPONEN	T OR POSITION	3. IDENTIFICATION NO.
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		ESS (Nun					n, zone	and St	ate)			5.			XAMINAT		6. DATE OF EXAMINATION
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7. SEX	1	8. RACE		9.			OVT. SE		10.	DEPART	MENT. AC	GENCY, C	OR SERVI	IÇE		1. ORGANIZATION UNI	ıT
Mal	е	Cau			MILITA	5''	CIVIL	IAN			Arm	ıy				HHD-WRAH	
12. DATE	OF BI	RTH		CE OF I		_			i						NEXT OF		
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		FACILITY		-			~		•	-		6. OTHER	RINFORM	MOITAN			
Wal	ter	Reed	Arm	y ho	spit	ولعت	Was	h.	12,	D.C	•						
17. RATI	NG OR	SPECIALTY	, 										S CAPACI				X MONTHS
			CAL E						OTES	com	cribe e ment:	very ab contin	norma ue in i	lity in <u>tem 73</u>	detail. Band us	Enter pertinen. se additional shee	t item number before each ts if necessary.)
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X		20. SIN	USES					_									
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		43. PEL	vic [VAGI			CTAL							(Con:	tinua in	item 73)	
44. DENT	AL (Pla	ice approp						uppe	r and le	ower teet	h. respe	ctivelu)		(00			DITIONAL DENTAL DEFECTS AND
	ο.	-Restorat	ble teeth			<u>Y</u> .—Mis	sing tee	th			< 8).—F	ixed brid	lge, bračk			DISEASES	•
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										LABOR	ATORY F	INDINGS				_	
45. URIN	ALYSIS:	SP. GR.	•	1.01	7		4	5. CHE	ST X-R	AY (Pla	ce, date,	film nu	mber, re	sult)		47. SEROLOGY (SI	pecify test used and result)
ALBUMIN	5	SUGAR	MICE	ROSCOPI	С			WRA	H,	2 9 0	ot 5	7				Cardioli	ipin Flocculation
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48. EKG		0-		BLOOD T	YPE ANI	D RH	5	0. отн	ER TES	πs							
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YES	NO	CHECK EACH ITEM VES OR NO.	EVEDY ITEM CHECKED "VEC" MILET DE CHILLY EVOLABLED IN DIABLY CONCE ON DICHT
163	10		EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	1_	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	<u> </u>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	<u> </u>	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	اسا	C. INABILITY TO ASSUME CERTAIN POSITIONS	
		D. OTHER MEDICAL REASONS (If yes, give reasons)	• *
	レー	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	سا	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	اسا	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	سن	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	لب.	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 SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	し	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 Gargas Hospital Ancon, Canal Zone
	C	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)	
. !	1	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)	
سا		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
f AU	THORIZE		PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. TO ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		ED NAME OF EXAMINEE	SIGNATURE
Par Who Ast	tial opin hma,	loss of hearing, hospitalize cough, childhood- no seque hay fever, EPTS, mild nning ears, fungus, treated tion, mild, improved.	la

NUMBER OF ATTACHED SHEETS

SIGNATURE

29 Oct 57

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

Standard Form 89 (Rev. Aug. 1950) Pro-Sulgated by Bureau of the Budget Circular A - 24

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NUT BE RELEASED TO UNAUTHORIZED PERSONS

LAST NAME	FIRST NAME-MIDGLE NAME	t		Marin Samuel Marin			1 .			NT OR POSIT	ION		3.	IDENTIFI	CATION NO.
10.7	YOU MA	J' La l		() [() [
4. HOME ADDI	RESS (Number, istreet or RFD,	city	or tor	vn, zone and State)					EXAMIN/						EXAMINATION
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7. SEX	8. RACE 9. TO	TAL	YRS.	GOVT. SERVICE 10. DEPARTMENT.	AGE	NC				11. ORGANI	ZATI	ON U	NIT	·	
M	Cave by	LITA	SRY Sååtio	CIVILIAN /-/ r	17	_				تمعرب ا		3			
12. DATE OF BI		·	· · · · · ·	14. NAME, RELATI	ONS	HIP	AND AD	DRESS O	F NEXT O	FKIN					
	Lincoln) (C_{2}	MISS FARON.	Z		Inc	 	\~ / E	041.00		1.5	ZOX	1943	SvamIT, Miss
IJ. EXAMINING	FACILITY OR EXAMINER, AND A			, (1.1.00 d) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	16.	o	THER INF	ORMATIC	N N	· · · · · · · · · · · · · · · · · · ·					311 11 11 11 155
17. STATEMENT	T OF EXAMINEE'S PRESENT HEAL	.TH	IN OW	N WORDS. (Follow by description of	pas	t h	istory, if	complai	nt exists)						
10 = 1111111111111111111111111111111111								19. HA	S ANY BI	LOOD RELATION	ON (.	Pare	nt, brothe	, sister,	other)
18. FAMILY HIS				1 DELE GUELOS DELEN		_,	AGE AT	OF	HUSBAN	D OR WIFE:				,	ELATION(S)
RELATION	AGE STATE OF HEA	LIH		IF DEAD, CAUSE OF DEATH			DEATH	YES	NO	(Check			em)	R	ELATION(5)
FATHER	140 Good				_				<u> </u>	HAD TUBER		OSIS			
MOTHER	47 Good				\dashv				Lun	HAD SYPHI					
SPOUSE								L		HAD DIABET				1 2	10 SIN
	20 Cood								<u></u>	HAD CANCE					
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										COMMITTEE	SUI	CIDE			
										BEEN INSAN	E				
20. HAVE YOU E	VER HAD OR HAVE YOU NOW ()	Place	e checi	t at left of each item)							·				
YES NO	(Check each item)	YES	NO	(Check each item)	YES	N	0	(Check	ceach i	tem)	YES	NO	(0	heck e	ach item)
► SCAR	LET FEVER, ERYSIPELAS		2	GOITER		L	TUMO	R, GROW	TH, CYST	T, CANCER		1	"TRICK"	OR LOC	KED KNEE
→ DIPH	THERIA		-	TUBERCULOSIS		1	RUPTI	JRE				_	FOOT TR	OUBLE	
€ RHEU	MATIC FEVER		-	SCAKING SWEATS (Night sweats)		,	APPEN	DICITIS					NEURITIS	5	
- SWOL	LEN OR PAINFUL JOINTS	L	-	ASTHMA		ĩ	PILES	OR RECT	AL DISEA	\SE			PARALYS	IS (Inc.	infantile)
₩UM ···	PS			SHORTNESS OF BREATH		,	FREQU	JENT OR	PAINFUL	URINATION		-	EPILEPS	OR FITS	3
WHO	OPING COUGH			PAIN OR PRESSURE IN CHEST		,	KIDNE	Y STONE	OR BLOO	DD IN URINE		-	-CAR, TRA	IN, SEA.	OR AIR SICKNESS
FREQ	UENT OR SEVERE HEADACHE	Ī		CHRONIC COUGH		1	SUGA	R OR ALE	BUMIN IN	URINE			FREQUE	T TROUE	BLE SLEEPING
DIZZI	NESS OR FAINTING SPELLS		1-1	PALPITATION OR POUNDING HEART		,	BOILS			****			FREQUENT	OR TERRI	FYING NIGHTMARES
EYE 1	TROUBLE	Γ	1,1	HIGH OR LOW BLOOD PRESSURE		,	VENER	REAL DIS	EASE				DEPRESS	ION OR E	XCESSIVE WORRY
EAR,	NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS	_	,	RECEN	T GAIN	OR LOSS	OF WEIGHT	\vdash	-	LOSS OF	MEMORY	OR AMNESIA
RUNN	IING EARS	,		FREQUENT INDIGESTION	\vdash		ARTH	RITIS OR	RHEUMA	TISM		-	BED WET	TING	•
CHRC	ONIC OR FREQUENT COLDS	-	1. 1	STOMACH, LIVER OR INTESTINAL TROUBLE						DEFORMITY	╁╌	-	NERVOU:	S TROUB!	E OF ANY SORT
SEVE	RE TOOTH OR GUM TROUBLE	\vdash		GALL BLADDER TROUBLE OR GALL STONES			LAME	NESS			\vdash		ANY DRU	IG OR NA	RCOTIC HABIT
L- SINUS	SITIS	t^-		JAUNDICE	-		LOSS	OF ARM,	LEG. FING	SER, OR TOE	\vdash		EXCESSI	VE DRINK	ING HABIT
HAY	FEVER	T		ANY REACTION TO SERUM, DRUG OR	-	-				DER OR ELBOW	 	_	HOMOSE	XUAL TEI	NDENCIES
	EVER (Check each item)	Ь	1	MEDICINE .	22	FF	EMALES O					COM	PLETE THE		
	N GLASSES	_	1	ATTEMPTED SUICIDE		Ė		PREGNAN							MENSTRUATION
	N AN ARTIFICIAL EYE	-	+-+	BEEN A SLEEP WALKER	-	\vdash				RGF	-				EN PERIODS
	N HEARING AIDS	-	+-+	LIVED WITH ANYONE WHO HAD	\vdash	HAD A VAGINAL DISCHARGE									
	TUBERCULOSIS BEEN TREATED FOR A FEMALE DISORI TERED OR STAMMERED C. COUGHED UP BLOOD HAD PAINFUL MENSTRUATION					DURATION OF PERIODS DATE OF LAST PERIOD									
	A BRACE OR BACK SUPPORT	-		BLED EXCESSIVELY AFTER INJURY OR	-	-				RUATION	011	ANTI			EXCESSIVE SCANTY
23. HOW MANY	JOBS HAVE YOU HAD IN THE	24.		TOOTH EXTRACTION T IS THE LONGEST PERIOD YOU	25	w	HAT IS Y						ARE YOU		
PAST THREE			HELD	ANY OF THESE JOBSZ	\~	,	1		7	1	~	1	RIGHT H		LEFT HANDED
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WALTER REED ARMY MEDICAL CENTER Washington 12, D. C.

DEPENDENTS RECEIVING MEDICAL CARE

STATEMENT

1.	Reference:	AR 40-121,	Dependent M	edical Care		
2.	I, Aaron I	. Lofton		SP3 RA 24 91	19 772	
	N)	ame)		(Rank)	(37)	
1 Novem					ve service on ependent rece	
medical	care in a (military) (ci	vilian) med	ical facility		
٤.	a. Name a	nd address of	`dependent(s):		
physicia		nd address of	(military)	(civilian) m	edical facili	ty or
	Physical Communication and Security with writing fronting					aya saja ga ya sata
4.	rorwarding	acdress afte	r release f	rom active du	ty.	
						
				aanon	, J. X	Plon
		•		(Signa	ture)	\mathcal{I}

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

WRAMC FORM C-70 15 Dec 56 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-TREA	TMENT		OBSERVATIONS							
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TIENT'S I	DENTIFICAT	TION (For typed or written middle; grade; date;	entries give: i hospital or me		REGISTER NO.	WARD NO.						
Z	1/	on, aa NAVAL HOSPITAL	ron	\mathcal{I} .		NURSING NOTES Standard Form 510						
	CHARL	ESTON, S.C.		•	10—56173-4 †							

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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)

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

PROGRESS (Enter date of discharge and final diagnosis)

SIGNATURE OF PHYSICIAN DATE IDENTIFICATION NO. ORGANIZATION

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

REGISTER NO. WARD NO.

Lotton, Adron U.S. NAVAL HOSPITAL

CHARLESTON. S.C.

U. S. GOVERNMENT PRINTING OFFICE 16-61555-3

ABBREVIATED CLINICAL RECORD Standard Form 539

CLINICAL CHART COVER 6ND-HOSP-N8-42 (Rev. 12/52)

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

HOSPITAL REGISTER NO.	ī	* * * * * * * * * * * * * * * * * * *				WARD:	
118332		FOR .	ADMISSI	ON ROOM USE		'n	<u>-l</u>
NAME: (Lost) LOFTO	(First) ON AARON ISAAC	(Mada) SP3/USA	le)		(Service 10.)	(Rank/Rate/Stat	113)
ADMISSION DIAGNOSIS:			-		DIAGNOSIS NUMBER:		
DEAFN	ESS NEC				3999		
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(To be co	ompleted by Ward Medica	Officer)		NO SPECIAL		ESOINOPI	IELLI A
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	SURGICAL OPERATION	S		(Date)	·	-	
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				DISCIPLINARY ACTIO	ON PENDING THIS HOSPITAL		
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	· · · · · · · · · · · · · · · · · · ·			(Date)			
	•			NO FURTHER DISCIPI	LINARY ACTION PENDING.	(Punishment and/o)r sentence
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				spiritual advisor		(Da+a)	
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TRANSFERRED TO WARD	(Date	s <i>)</i>					
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(Ovel to include abutments)
(Oval to include abutments)
DA 15 MAR 45 8-116 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.

REPORT OF DENTAL SURVEY
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EETH REPLACED BY FIXED BRIDGE (Oval to include abutments)

DA 15 MAR 45 8-116 (Formerly WD AGO) This form supersedes WD AGO Form 8-116, 31 M: 1916 (formerly WD MD Form 79) which will not report "Scipt of this revision. 16-20622-4 GPO

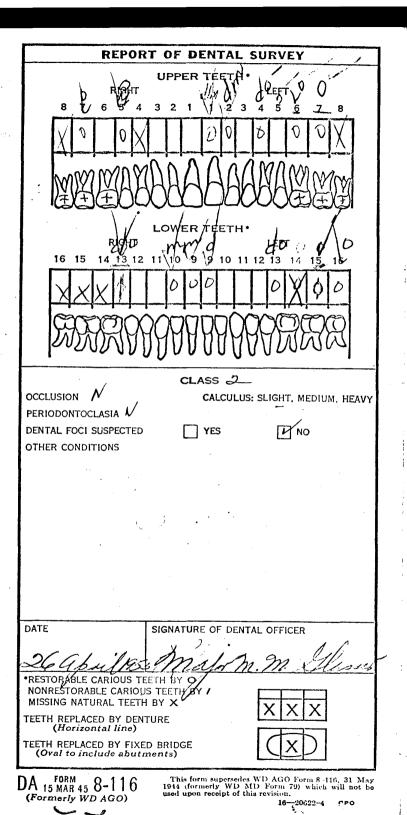
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CHECK OUT WARD	DATE	
You are hereby directed to proceed immediately and check o cated below. This is transitive all necessary matters in conne Naval Hospital.		
Read and understood	· · · · · · · · · · · · · · · · · · ·	(Patient)
(No. in order of check-out.)	(Initial)	
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LIBRARY		
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AGENT CASHIER	·	DISPOSITION OF
CIVIL READJUSTMENT OFFICE (SEPARATEE)		RECORDS
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		
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OFFICER OF THE DAY (Info. clerk to note change)		cate disposition.

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			• • • • • •	·	-
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PATIENT'S LEGAL RESIDENC	E-TIME OR IN CAS	E OF EMERGENCY NOTI	FY: NAME, ADDRESS, TELEPHONE)		
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ADMISSION DIAGNOSIS		NUM	BER DISCHARGE DIAGNOSIS		NUMBE
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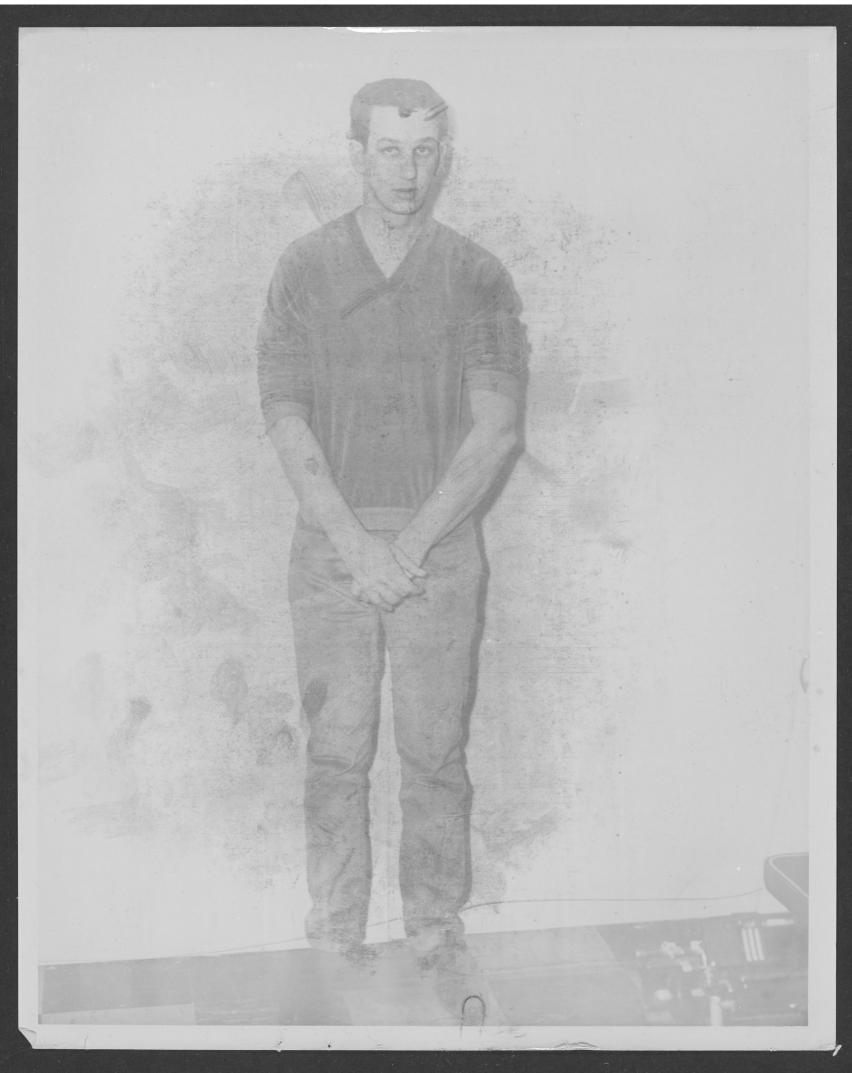


This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.	311-8 MAOJ COA CW
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Name: BILLY RAY KING

Male Sex: White Race:

Date of Birth: Place of Birth:

St. Joseph. Louisiana 6' 1" Height: Weight: 185 lbs.

Dark Brown (curly) Hair:

Blue Eyes:

Medium to Ruddy Comple xion:

102 Arlington, Lake Providence, Louisiana Residence:

Deck hand -Tow Boat Occupation:

Education: 7th Grade Marital Status: Single

KGW Towing Company, Greenville, Mississippi Employer:

Me 44-1927-1A-93



Name: BILLY RAY KING

Race: White Sex: Male Date of Birth:

Place of Birth: St. Joseph, Louisiana

Height: 6' 1"
Weight: 185 lbs.

Hair: Dark Brown (Curly)

Eyes: Blue

Comple xion: Medium to Ruddy

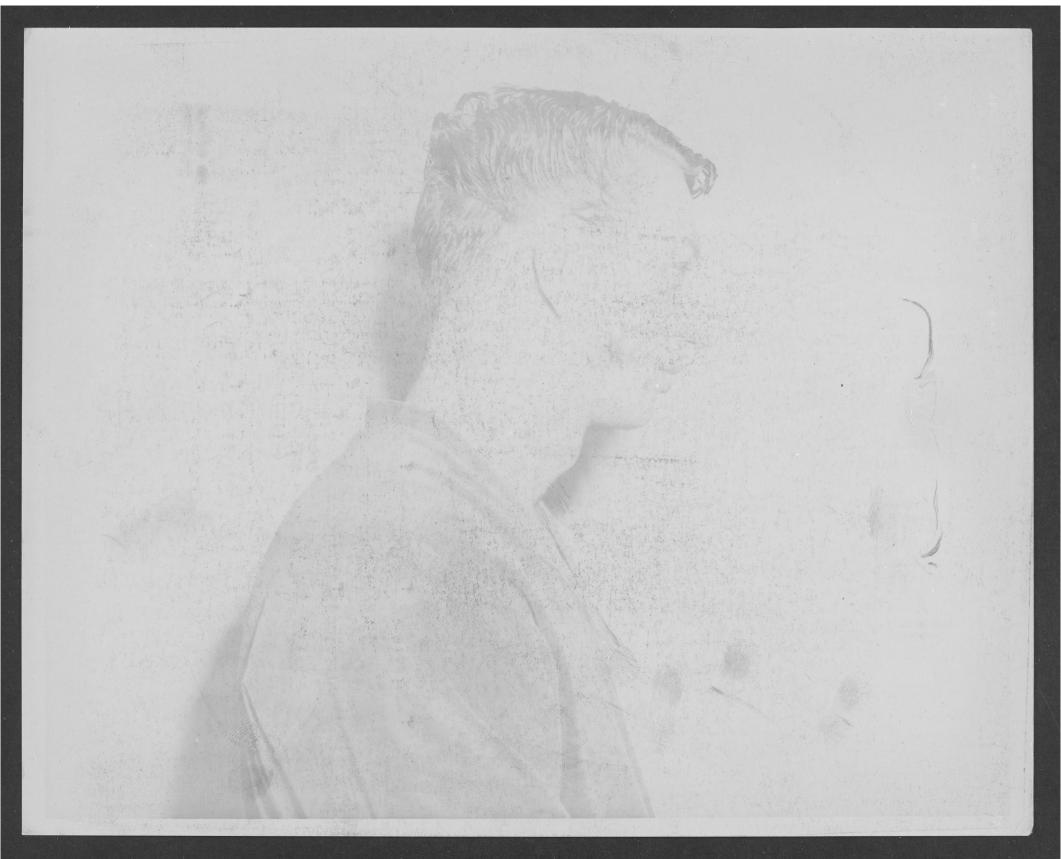
Residence: 102 Arlington, Lake Providence, Louisiana

Occupation: Deck hand -Tow Boat

Education: 7th Grade Marital Status: Single

Employer: KGW Towing Company, Greenville, Mississippi

4ne 44-1987-1A-93



Name: BILLY RAY KING

Race: White Sex: Male Date of Birth:

Place of Birth: St. Joseph, Louisiana

Height: 6' 1" Weight: 185 lbs.

Hair: Dark Brown (curly)

Eyes: Elue

Complexion: Medium to Kuddy

Residence: 102 Arlington, Lake Providence, Louisiana

Occupation: Deck hand -Tow Boat

Education: 7th Grade Marital Status: Single

Employer: KGW Towing Company, Greenville, Mississippi.

Me44-1987-1A-83



Name: BILLY RAY KING

Race: Widte Sex: Male

Date of Birth: St. Joseph, Louisiana 6' 1" Place of Birth:

Heights 185 lbs. Weight:

Dark Brown (curly) Hair:

Eyes: Blue

Complexion: Medium to Ruddy

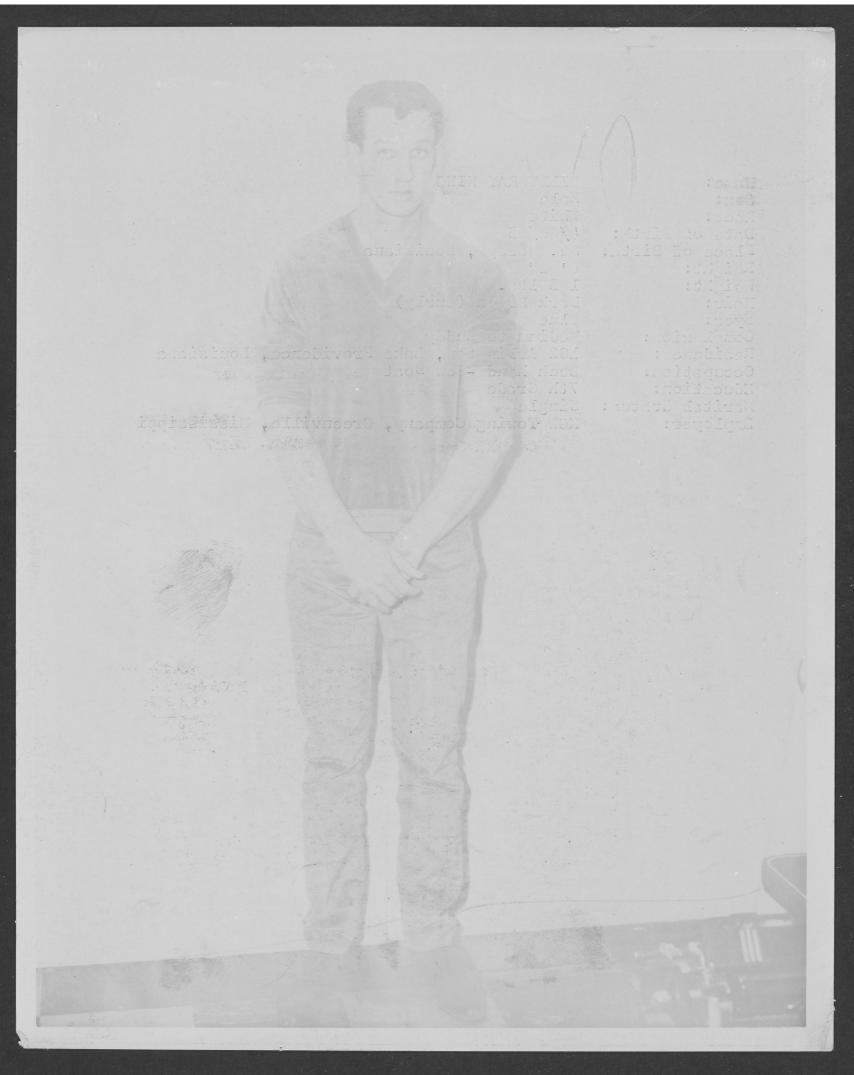
102 Arlington, Lake Providence, Louisiana Realdence:

Occupation: Deck hand- Tow Boat

Education: 7th Grade Marital Status: Single

Daployer: KCW Towing Company, Greenville, Mississippi

me 44-1987-1A-93



BILLY RAY KING Name:

Sex: Male White Race: Date of Birth:

St. Joseph, Louisiana Place of Birth:

Height: 6' 1" 185 lbs. Weight:

Hair: Dark Browh (curly)

Blue Eyes:

Comple xion:

Medium to Ruddy 102 Arlington, Lake Providence, Louisiana Residence:

Deck hand - Tow Boat Occupation:

Education: 7th Grade Marital Status: Single

Employer: KGW Towing Company, Greenville, Mississippi

Me 44-1987-1A-93



Name: BILLY RAY KING

Race: White Sem: Male

Place of Birth: St. Joseph, Louisiana Height: 6' 1"

Height: 6' 1"
Weight: 185 lbe.

Hair: Dark Brown (Curly)

Eyes: Blue

Comple xion: Medium to Ruddy

Residence: 102 Arlington, Lake Providence, Louisiana

Occupation: Deck hand -Tow Boat

Education: 7th Grade Narital Status: Single

Employers KGW Towing Company, Greenville, Mississippi

me 44-1917-1A-93



Name: BILLY RAY KING

Race: White Sex: Male Date of Birth:

St. Joseph, Louisiana 6' 1" Place of Birth:

Height: Weight: 185 lbs.

Hair: Dark Brown (curly)

Eyes: Blue

Complexion: Medium to Ruddy

102 Arlington, Lake Providence, Louisiana Deck hand -Tow Boat Residence:

Occupation:

Education: 7th Grade Marital Status: Single

KGW Towing Company, Greenville, Mississippi. Employer:

Me 44-1987-1A-93



Name: BILLY RAY KING

Race: White Male Date of Birth:

Place of Birth: St. Joseph, Louisiana

Height: 6' 1"
Weight: 185 lbs.

Hair: Dark Brown (curly)

Eyes: Blue

Complexion: Medium to Ruddy

Residence: 102 Arlington, Lake Providence, Louisiana

Occupation: Deck hand- Tow Boat

Education: 7th Grade Marital Status: Single

Employer: KGW Towing Company, Greenville, Mississippi

Me 44-1987-1A-93