

APR 1967	DATE
NO. 1	NO. 2
NO. 3	NO. 4
NO. 5	NO. 6
NO. 7	NO. 8
NO. 9	NO. 10
NO. 11	NO. 12
NO. 13	NO. 14
NO. 15	NO. 16
NO. 17	NO. 18
NO. 19	NO. 20
NO. 21	NO. 22
NO. 23	NO. 24
NO. 25	NO. 26
NO. 27	NO. 28
NO. 29	NO. 30
NO. 31	NO. 32
NO. 33	NO. 34
NO. 35	NO. 36
NO. 37	NO. 38
NO. 39	NO. 40
NO. 41	NO. 42
NO. 43	NO. 44
NO. 45	NO. 46
NO. 47	NO. 48
NO. 49	NO. 50
NO. 51	NO. 52
NO. 53	NO. 54
NO. 55	NO. 56
NO. 57	NO. 58
NO. 59	NO. 60
NO. 61	NO. 62
NO. 63	NO. 64
NO. 65	NO. 66
NO. 67	NO. 68
NO. 69	NO. 70
NO. 71	NO. 72
NO. 73	NO. 74
NO. 75	NO. 76
NO. 77	NO. 78
NO. 79	NO. 80
NO. 81	NO. 82
NO. 83	NO. 84
NO. 85	NO. 86
NO. 87	NO. 88
NO. 89	NO. 90
NO. 91	NO. 92
NO. 93	NO. 94
NO. 95	NO. 96
NO. 97	NO. 98
NO. 99	NO. 100

Changed to  
 of [unclear]  
 Date [unclear]  
 Time [unclear]  
 How [unclear]

TELEPHONE RECORD				
Time	CONTACT			Initials
	Time	Area	Number	

FIRST NAME <b>JACK</b>	MIDDLE NAME	LAST NAME <b>RUBY</b>	ARR NO.
CELL NO. <b>F2</b>	AGE <b>52</b> SEX <b>M</b> RACE <b>W</b>	DATE <b>11-24-67</b> TIME <b>6 PM</b>	
COPIES FOR DISTRIBUTION	Prisoner Remarks: <b>Rectal examination at request of DFD &amp; FBI ~</b>		
1. Prisoners File <input type="checkbox"/>	Nature of illness or injury: <b>Adequate digital exam accomplished. No foreign bodies present as far as 3 inches</b>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail _____ Emerg. Hosp. _____ Portland _____		
Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D. _____		
3. Copy Remain Book <input type="checkbox"/>	Jailer On Duty <b>[Signature]</b>	Emerg. M.D. <b>[Signature]</b>	
NOTE: In the event of injury to prisoners while in jail special reports must be made.			