

VAUGHN, Clyde S.  
 A36,037  
 90-A, VAH, Waco, Tex.

6.02

Name, Title No., and Type of Service No.

TYPE BY DISABILITY CATEGORY

DATE OF DISPOSITION

Do Not Complete

12-23-63

REASON FOR CLEARANCE

REGULAR DISCHARGE

IRREGULAR DISCHARGE

MHB

OTHER

DEPARTMENT OR SERVICE	ROOM OR BLDG NO.	CLEARED BY
(Dental Clinic)	1	JL
Ward	90	ORM
Clothing Clerk		
Valuation		
Storeroom	5	ORM
Canteen	5	JL
Registrar	2	JL
Transportation	2	JL

ITEMS TO BE DELIVERED TO VETERAN	ITEMS TO BE RETURNED BY VETERAN
CANTEEN BOOKS	LIBRARY BOOKS
CIGARETTES	LOCKER KEY
POSTAGE STAMPS	
TELEPH	
EYE GLASSES	
MEDICATIONS	
O. T. ARTICLES	Exchange, etc

TRANSPORTATION REQUIRED

Yes  No

(SIGNATURE OF MEDICAL PHYSICIAN OR NURSE)

I REQUEST THAT CHECKS OR MONEY ORDERS PAYABLE TO ME WHICH ARE RECEIVED AT THE HOSPITAL AFTER MY DEPARTURE BE FORWARDED TO ME AT THE ADDRESS SHOWN BELOW.

*Clyde S. Vaughn*  
 (PATIENT'S SIGNATURE)

STREET: 11631 SAHARA Way, Dallas, Tex  
 CITY & STATE:

(NAME & RELATIONSHIP OF PERSON HERE)

DA FORM 10-2322 CLEARANCE SHEET

62-109060 K79 AX

RECEIVED