

WIKIENBURG, HAROLD

32 404 933

Cpl

26 Dec 42

M

Permanent Address For Mailing Purposes (Street and Number)

Date of Birth

2322 No. Nottingham St, Arlington, Arlington Co, Va

8 Apr 13

CIVILIAN EDUCATION

Highest Grade Completed	Last Year of Attendance	Highest Degree Received	Major Course of Study	Name and Address of Last School Attended	
15	1935	none	English	Univ of Delaware Newark, Del	
Other Training or Schooling					
Course	No. Hrs.	Course	No. Hrs.	Course	No. Hrs.
none					

SERVICE EDUCATION

Service School	Course	Weeks	Rating	ARMY SPECIALIZED TRAINING PROGRAM			
				Institution Enrolled	Curriculum And Term	Weeks	Graduated Yes/No
none					none		

CIVILIAN OCCUPATIONS

Main Occupation (Title)	Secondary Occupation (Title)
LITERARY WRITER As Free Lance Writer, wrote magazine articles exposing un-American activities and cartels. Interviewed witnesses, examined government and private records. Wrote "ghost" speeches. Was investigator, assistant secretary, editor or record of U.S. Senate Civil Liberties Committee (1936-39)	none

No. of Years	Last Date of Employment	Name and Address of Employer	No. of Years	Last Date of Employment	Name and Address of Employer
6	Nov 42	Self 313 H N. W., Wash. DC			

MILITARY SPECIALTIES

ASSIGNMENTS

Years	Months	Grade	Principal Duty	Code No	Years	Months	Grade	Principal Duty	Code No
3		Pvt Basic, GSP		521					
9		Pvt Military Policeman	677						
3		Col. Writer, Military Engineer	(27a)						

Summary of Military Occupation and Civilian Conversions (Shown by title)

WRITER, MILITARY SUBJECTS. Wrote and edited brochures. Supervised photography and art work.	LITERARY WRITER. REPORTER.
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Summary of Military Occupation and Civilian Conversions (Shown by title)

MILITARY POLICEMAN. Did town patrol, supervised prisoner work details. Was guard at various military installations. Armed with shotgun, rifle, sub-machine gun or pistol.	INVESTIGATOR. DETECTIVE.
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* This Information Based On Soldier's Statement

Date of Separation Signature of Soldier

17 Nov 44

Signature of Separation
Classification OfficerW. W. VON SCHLICHTEN, Maj, AGD
O-246 413

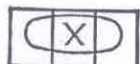
1. REGISTRATION NO. 211047
 2. LAST NAME Weisburg
 3. FIRST NAME AND MIDDLE INITIAL Harold
 4. A. S. NO. 32 484 933
 5. GRADE Pvt
 6. COMPANY HCPE
 7. REGIMENT AND ARM OR SERVICE MP Bn
 8. AGE 31
 9. RACE W
 10. NATIVITY Pa
 11. SERVICE 1-3/12
 12. DATE OF ADMISSION 22 March 1944
 13. SOURCE OF ADMISSION Casual, Proper Sta: Baltimore
 14. CAUSE OF ADMISSION Cargo Port of Embarkation, Md.

1. Strain, lumbo-sacral and left sacro-iliac joint, severe, accidentnally incurred while lifting an anchor in a boat in the summer of 1939 near Washington, D. C. EPTS
2. Pes planus, bilateral, second degree, symptomatic, cause undetermined. EPTS
3. Astigmatism, mixed, bilateral. Vision: OD 20/70, J-8; OS 20/200, J-8. Correctible to OD 20/30, OS 20/50. EPTS
4. Mumps, bilateral.

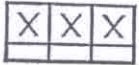
15. LINE OF DUTY 1-2-3-No 4-Yes
 16. INJURY CODE NOT REQUIRED
 17. ADDITIONAL DIAGNOSES

24 Mar 44: Additional diagnosis: Orchitis, acute, non-suppurative, right, moderate, secondary to mumps. LOD: Yes. Cured: 1 April 1944.
 Hospital to convalescent facility 6 May 1944.

18. PLACE OF TREATMENT HOSPITAL
 19. DISPOSITION Duty
 1-2-3-Unimproved
 30 June 1944
 20. DATE OF DISPOSITION
 21. NAME OF HOSPITAL WALTER REED GENERAL HOSPITAL
 Washington, D. C.
 22. SENT WITH REPORT OF U. S. & W. FOR MONTH OF June 1944
 23. G. B. Kuhn, 1st Lieut, MAC
 Medical Corps, U. S. Army.



Teeth replaced by fixed bridge
 (oval to include abutments)



Teeth replaced by denture
 (horizontal line)

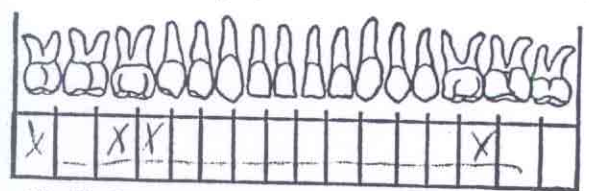
*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Dental Corps, U. S. A.

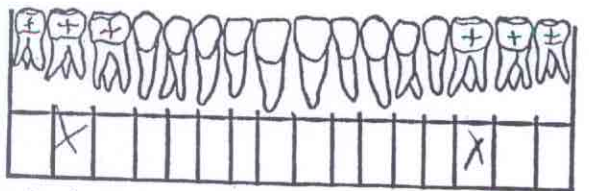
002

Date _____, 19__

Other conditions: *Lower jaw with salt*
 Dental foci suspected: Yes
 Periodontoclasia: *severe to moderate*
 Occlusion: *from* Calculus: Slight, Medium, Heavy
 CLASS *II*



16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1
 Right Left
 LOWER TEETH



8 7 6 5 4 3 2 1
 Right Left
 UPPER TEETH

*REPORT OF DENTAL SURVEY

100

Aggregate patient days

January		
February		
March	10	
April	30	
May	5	
June	26	
July		
August		
September		
October		
November		
December		
Total	45	55

IN HOSPITAL
H C

IN QUARTERS

YEAR 19 44

24. DAYS OF TREATMENT IN CURRENT CASE

Cd. #1
REGISTER OF DENTAL PATIENTS AT

WRGH-CS

4/21/44

Wa. 60

(1) SURNAME

(2) CHRISTIAN NAME

Weisberg

Harold

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt

M.P.

Unass.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

31

W

Pa.

1 4/12 yr

Dental Routine	21	OCT	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
			(11) DATES AND NATURE OF TREATMENTS
			1944 AND OPERATIONS
			April 1
			War Dept., A.G.O. This paper loaned Veterans' Administration
			(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

Form 79 - MEDICAL DEPARTMENT, U. S. A.

(REVISED 24, 1941)

16-20622

W.R.G.H.

17-7-40

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

A 458053

1. Last name—First name—Middle initial Weisberg, Harold	2. Army Serial No. 32484933	3. Grade Cpl	4. Regiment, arm, or service MP
5. Permanent mailing address 2322 Nottingham St, Arlington, Va		6. Color W	7. Age in years 31
		8. Sex M	9. Syphilis in S.F? no
		Register closed in S.F? Yes or No	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you, at this present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, list those conditions first under item 11. **Yes or No**

11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

**pes planus; defective vision; lumbo-sacral strain;
x ray Walter Reed CH Jul 44**

1 EPTS	2 AMS	3 IMS	4 FD
yes	yes	no	yes

RECORD OF PHYSICAL EXAMINATION

12. Psychiatric Diagnosis none	23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by /, missing natural teeth by X, teeth replaced by denture (horizontal line over); X as XXX and teeth replaced by fixed bridge (oval to include abutments) as (4X5)
13. Neurological Diagnosis none	24. Mouth and gum abnormalities none
14. Eye abnormalities mixed astigmatism strabismus OS 1837 divergent strabismus NS	25. Musculoskeletal defects sacro iliac strain chronic mild
15. Ear, nose, throat abnormalities right tympanum intact and normal prescriptive type of deafness right	26. Abdominal viscera normal
16. Skin normal	27. Cardiovascular system normal
17. Varicose veins none	28. Pulse Sitting 82 Immediately after exercise Two minutes after exercise
18. Hernia no	29. Blood pressure Systolic 146 Diastolic 70
19. Hemorrhoids none	30. Urinalysis Specific gravity 1.019 Albumin neg Sugar neg Microscopic
20. Genito-urinary (and pelvis for women) normal	31. Lungs normal
21. Vascular disease none	32. Chest X-ray negative
22. Feet pes planus 1st degree Enter remarks or other defects (continue on back)	33. Endocrine system obesity
Date of examination 16 Nov 44	Location Ft Dix NJ
Typed name and grade WILLIAM F WACKER Capt	
Signature <i>William F. Wacker</i>	

34. Dental prosthesis: serviceability
partial lower serviceable

35. Vision

Uncorrected		Corrected	
Right eye	Left eye	Right eye	Left eye
20/100	20/200	20/40	20/40

36. Hearing

Right ear	Left ear
12 /15	15 /15

37. Height (inches) **68** Weight (pounds) **211**

38. Enter special tests

39. Blood for serology has been sent to U. S. P. H. S.
NEGATIVE
Tilton GH Ft Dix NJ Kahn

40. In your opinion will wound, injury, or disease result in:
Disability? Untimely death?

Condition	Yes or No	Yes or No
25	yes	no

41. In your opinion was wound, injury, or disease incurred in line of duty?
Condition **no** Yes or No

42. In your opinion does individual meet physical and mental standards for discharge?
If not, state why
yes

7 49

W. D. A. G. O. Form No. 23
15 May 1944
This form supersedes all previous editions of W. D. A. G. O. Form No. 23, which will not be used after receipt of this revision.

1 Prior to arrival at separation center
2 Incurred or existed prior to entrance in military service
3 Authorized by military service
4 Incurred while in military service
5 Present physical defects
6 When indicated

DISTRIBUTION:
Copy 1—To the adjutant general enclosed with S/R
Copy 2—Worksheet
Copy 3—Clinical laboratory slips

Armed Forces Original
D. S. S. Form 561

LIMITED SERVICE REPORT OF PHYSICAL EXAMINATION AND INDUCTION

Local Board No. D, 21
Wilmington 608
OCT 30 1942 608
8th & Wollaston Sts.
Wilmington, Delaware

First examination Second examination Third examination Fourth examination
(To be filled in by local board clerk. Check number of examination made by local board)

Section I - GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

(To be filled in by Armed Forces)
1. Name (page 1) HAROLD None WILBERG S 2484933
(First) (Middle) (Last) (Armed Forces Serial No.)

2. Address (page 1) 313 B St N. W. Washington D. C.
(Street or rural route) (Town or city) (County) (State)

3. Social Security No. (Series I, line 5) None 4. Registrant's order number (page 1) 4173

5. Physical or mental defects or diseases (Series II, line 1) Extremely poor vision - almost no sight in left eye - frequently double. Flat foot

6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) None
(Yes or no)

7. Education completed (Series III): Elementary school 8 High school 4 Vocational school, college, or university 3

8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Writer, researcher and investigator
(b) Duties (Series IV, line 2 (b)) None
(c) Title of last job, if unemployed (Series IV, line 3)

9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 6-8 months

10. Income (Series IV, line 2 (d)): Average weekly earnings \$ 50.00
(Weekly, monthly, annual)

11. Employment class (Series IV, line 2 (e)): Permanent employee ; Temporary employee ; Apprentice ; Independent worker ; Unpaid family worker ; Employer ; Student (Series IV, line 4 (a))

12. Business of present employer (Series IV, line 2 (g))

13. Marital status (Series VII, line 1): Single ; Widower ; Divorced ; Married, not separated ; Married, separated

14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) None

15. Birthplace (Series IX, line 1) Philadelphia Pennsylvania
(Town or city) (State) (Country)

16. Birth date (Series IX, line 2) April 8 1913
(Month) (Day) (Year)

17. Race (Series IX, line 5): White ; Negro ; Other (specify)

18. Citizenship: United States citizen (Series IX, line 4) Yes; Declarant alien (Series IX, line 7)
(Yes or no) (Yes or no)

19. Previous U. S. military service (Series XII): None ; Army ; National Guard ; Navy ; Marine ; Coast Guard ; Corps

20. Type of discharge (Series XII): Specify

21. Date of registrant's affidavit (top of page 8) 23 June 1941
(Day) (Month) (Year)

Do Not Enter Anything in This Column

REMOVAL

State 34

County 001

Place inducted 2212

DATE INDUCTED

Day 14

Month 12

Year 42

Source 0

Nativity 32

Year of birth 13

Race/citizenship 7

Education 7

Occupation 006

Marital 6

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces Original, the first carbon copy, the National Headquarters Copy; the second carbon copy, the Surgeon General's (Army)-Bureau of Medicine and Surgery (Navy)-Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.

2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.

3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).

4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

5. Fingerprinting is required only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ; Yes

24. Serological test (syphilis): Date 11-5-42 Result Negative

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) NO no. If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician A. L. Beck

(e) Place Wilmington New Castle Delaware A. L. Beck
(Town or city) (County) (State) (Date 11-12-42)

27. (a) This Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board E. D. Carr

(c) Place Wilmington New Castle Delaware E. D. Carr
(Town or city) (County) (State) (Date 11-12-42)

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Sarah Weisberg
(Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address 122 Lincoln St., Wilmington, Del.
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Same
(Name in full)

32. Relationship _____ 33. Address _____
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) None
(Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None
(Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Sarah Weisberg (Mother) 122 Lincoln St., Wilmington, Del.
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Gloria Weisberg (Sister)
(If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate alternate beneficiary.")

37. Signature of registrant Walt Walt Weisberg
(First name) (Middle name) (Last name)

38. Witnessed at Camden, N. J. on Dec. 18, 1942, 19
G. H. Wheeler
(Signature of witness attesting) (Name of witness attesting)

[Page 2]

Section IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

39. Eye abnormalities Exotropia OS, myopic astigmatism, Amblyopia Exanopsia

40. Ear, nose, throat abnormalities None

41. Mouth and gum abnormalities None

42. Teeth: (c) Indicates restorable carious teeth by circling; nonrestorable carious teeth by //; missing natural teeth by X.

Right										Left																					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
10	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																

(b) Remarks, including other defects None

(c) Prosthetic dental appliances Lower partial plate

(d) Remediable dental defects None

43. Skin Normal

44. Varicose veins None

45. Hernia None

46. Hemorrhoids None

47. Genito-urinary (non-venereal) Normal

48. Venereal diseases Prostatitis non-specific 1937, Treated, Normal

49. Feet Pes planus, 3rd degree, asymptomatic with eversion, flexible

50. Musculoskeletal defects History of Arthritis, both knees no swelling or loss of motion

51. Abdominal viscera History of kidney disease and jaundice, 1935

52. Cardiovascular system Normal

53. Lungs Normal

54. Chest X-ray Negative

55. Mental Neurotic traits ND

56. Nervous system Normal

57. Endocrine system Normal

58. Other defects and/or diseases or other remarks * no swelling or loss of motion.

60. Vision, without correction:
 (a) Right eye 20/60
 (b) Left eye 20/400

61. Vision, with correction:
 (a) Right eye 20/40
 (b) Left eye 20/200

62. Color perception*

63. Hearing:
 (a) Right ear 20/20
 (b) Left ear 20/20

64. Height 68 inches.

65. Weight 220 pounds.

66. (a) Girth, at nipples; inspiration 44 inches.
 (b) Girth, at nipples; expiration 41 inches.
 (c) Girth, at umbilicus 39 inches.

67. Posture: Good Fair Poor

68. Frame: Heavy Med. Light

69. Color of hair Brown

70. Color of eyes Hazel

71. Complexion Fair

72. Pulse, sitting 72

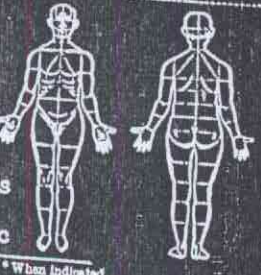
73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise*

75. Blood pressure:
 (a) Systolic 134
 (b) Diastolic 86

76. Urinalysis:
 (a) Specific gravity 1.023
 (b) Albumin None
 (c) Sugar None
 (d) Microscopic*

Do Not Write in This Column



59. Summary of defects in order of significance Myopic Astigmatism, Exotropia OS, Amblyopia Exanopsia, Pes Planus 3rd degree, asymptomatic with eversion flexible, Lower partial plate, Omno, ND, Neurotic traits ND, History of Arthritis both knees

**REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL
PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT**

[A] 458053

1. Last name—First name—Middle initial Weinberg, Harold		2. Army Serial No. 32484935	3. Grade Cpl	4. Regiment, arm, or service MP
5. Permanent mailing address 2522 Nottingham St, Arlington, Va		6. Color W	7. Age in years 31	8. Sex M
		9. Syphilis in S/R? no	Register closed in S/R? Yes or No	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you, at the present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, list those conditions first under item 11.

11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

**pes planus; defective vision; lumbo-sacral strain;
x-ray Walter Reed GH Jul 44**

1	2	3	4
EPTS	AMS	IMS	PD
yes	yes	no	yes

RECORD OF PHYSICAL EXAMINATION

12. Psychiatric Diagnosis none	23. Teeth—Indicate restorable carious teeth by C, nonrestorable carious teeth by I, missing natural teeth by X; teeth replaced by denture (horizontal line over); X as XXX and teeth replaced by fixed bridge (oval to include abutments) as (X)(X)
13. Neurological Diagnosis none	24. Mouth and gum abnormalities none
14. Eye abnormalities mixed astigmatism strabismus OS: 1X37 divergent strabismus	25. Musculoskeletal defects sacro iliac strain chronic mild
15. Ear, nose, throat abnormalities right tympanum intact and normal receptive type of deafness right	26. Abdominal viscera normal
16. Skin normal	27. Cardiovascular system normal
17. Varicose veins none	28. Pulse Sitting: 82 Immediately after exercise: Two minutes after exercise:
18. Hernia none	29. Blood pressure Systolic: 146 Diastolic: 70
19. Hemorrhoids none	30. Urinalysis Specific gravity: 1.019 Albumin: NEG Sugar: NEG Microscopic:
20. Genito-urinary (and pelvis for women) normal	31. Lungs normal
21. Venereal diseases none	32. Chest X-ray negatie
22. Feet pes planus lat degree Enter remarks or other defects (continue on back)	33. Endocrine system obesity
Date of examination: 16 Nov 44 Location: Ft Dix NJ	34. Dental prostheses; serviceability partial lower serviceable
	35. Vision Uncorrected: Right eye: 20/100 Left eye: 20/200 Corrected: Right eye: 20/40 Left eye: 20/40
	36. Hearing Right ear: 12 /15 Left ear: 15 /15
	37. Height (inches): 68 Weight (pounds): 211
	38. Enter special tests
	39. Blood for serology has been sent to U. S. P. H. S. NEGATIVE Tilton GH Ft Dix NJ Kahn
	40. In your opinion will wound, injury, or disease result in: Disability? Unlikely death? Condition: 25 Yes or No: yes Yes or No: no
	41. In your opinion was wound, injury, or disease incurred in line of duty? Condition: Yes or No: no
	42. In your opinion does individual meet physical and mental standards for discharge? If not, state why: Yes or No: yes
	Signature: <i>William F Wacker</i>
	Typed name and grade: WILLIAM F WACKER Capt

W. D., A. G. O. Form No. 33
15 May 1944
This form supersedes all previous editions of W. D., A. G. O. Form No. 33, which will not be used after receipt of this revision.

1 Prior to arrival at separation center
2 Incurred or existed prior to entrance in military service
3 Aggravated by military service
4 Incurred while in military service
5 Present physical defects
6 When indicated

DISTRIBUTION:
Copy 1—To the adjutant general enclosed with S/R
Copy 2—Worksheet
Copy 3—Clinical laboratory slips

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

- (a) _____ is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)
- (b) _____ is physically and mentally qualified for general military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

- (c) WEISBERG, HAROLD NONE is physically qualified for limited military service only by reason of 1. Insufficient vision and Saero-liao strain
(Enter name of registrant if this subsection is applicable)

- (d) _____ is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

- (e) _____ is physically and/or mentally disqualified for military service by reason of _____
(Enter name of registrant if this subsection is applicable)
- (f) _____ is disqualified for military service because of _____
(Enter name of registrant if this subsection is applicable)

(g) Signature L. Bases (h) Title Asst. Chief Medical Officer
Medical Examiner.

(i) Name typed or stamped L. Bases, Capt., M. C.

79. (a) WEISBERG, HAROLD NONE was this date inducted for ~~(general)~~ limited ~~(strike out inapplicable word)~~ military service into the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) Army of the United States and ~~to the~~ Trid. to E. R. C.

- (b) _____ was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.
(Enter name of registrant if this subsection is applicable)

(c) Place Camden, N. J. (d) Signature [Signature]

(e) Date Dec. 18, 1942 (f) Name typed or stamped H. Wheeler 1st Lt., Inf.
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____
- (b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____
- (c) Place _____ (d) Date _____
- (e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

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

636

LIMITED SERVICE REPORT OF PHYSICAL EXAMINATION AND INDUCTION

Local Board No. 0
Wilmington #1
608
OCT 30 1942 008
8th & Wollaston Sts.
Wilmington, Delaware

(LOCAL BOARD DATE BEARS WITH CODE)

First examination Second examination Third examination Fourth examination
To be filled in by local board clerk. Check number of examination made by local board

Section I - INFORMATION TO BE FILLED IN BY THE LOCAL BOARD CLERK FROM THE SELECTIVE SERVICE QUESTIONNAIRE, D. S. S. FORM 10. Write "none" opposite the questions where no information is given. Do not leave any question blank.

Do Not Enter Anything in This Column

(To be filled in by Armed Forces)
2484933
(Armed Forces Serial No.)

1. Name (page 1) SALES None WILLIAMS
(First) (Middle) (Last)

2. Address (page 1) 315 E. 8th St. W. Washington D. C.
(Street or rural route) (Town or city) (County) (State)

3. Social Security No. (Series I, line 5) None 4. Registrant's order number (page 1) 4173

5. Physical or mental defects or disabilities (Series II, line 1) Extremely poor vision - almost
no light in left eye & frequently double. Flat foot

6. Treatment at an institution, hospital, or asylum (Series II, line 2) None
(Yes or no)

7. Education completed (Series III): Elementary school 8 High school 4 Vocational school, college, or university 3

8. Occupation (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Writer, researcher and investigator
(b) Duties (Series IV, line 2 (b)) None
(c) Title of last job, if unemployed (Series IV, line 3)

9. Year of service in this work (Series IV, line 2 (c), or Series V, line 2) 6-8 months

10. Income (Series IV, line 2 (c)): Average weekly earnings \$ 60.00
(Weekly, monthly, annual)

11. Employment class (Series IV, line 2 (a)): Permanent Temporary Apprentice Independent worker
Unpaid family worker Employer Student (Series IV, line 4 (a))

12. Business of present employer (Series IV, line 2 (a))

13. Marital status (Series VII, line 1): Single Widower Divorced Married, not separated Married, separated

14. Number of dependents (Series VII, line 3 (c) fifth column except N. C.'s plus line 4 (c) fifth column) none

15. Birthplace (Series IX, line 1) Philadelphia Pennsylvania
(Town or city) (State) (Country)

16. Birth date (Series IX, line 2) April 9 1913
(Month) (Day) (Year)

17. Race (Series IX, line 3): White Negro Other (specify)

18. Citizenship: United States citizen (Series IX, line 4) yes Declarant alien (Series IX, line 7) no
(Yes or no) (Yes or no)

19. Previous U. S. military service (Series XII): None Army Guard Navy Marine Corps Coast Guard

20. Type of discharge (Series XII): Specify

21. Date of registrant's affidavit (top of page 8) 23 June 1941
(Day) (Month) (Year)

RESIDENCE

State

County

Place Inducted

DATA INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original, the first carbon copy, the National Headquarters' Copy, the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Navy or Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

(PAGE 1)

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sl-9541-2

SECTION II - REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION

22. If any of the answers to items 1 through 21 above is "yes," when and for what ailment(s) _____

23. Do you know of any person who has been in the Civilian Conservation Corps: No Yes

24. Examination for (syphilis) Date 11-6-42 Result Negative
25. Examination for (gonorrhea) Date _____ Result _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) NO NO If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of Examining Physician A. L. Hesk
(e) Place Wilmington New Castle Delaware (f) Date 11-12-42
(Town or city) (County) (State)

27. (a) The Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board E. D. Carr E. D. Carr
(c) Place Wilmington New Castle Delaware (d) Date 11-12-42
(Town or city) (County) (State)

SECTION III - NEAREST RELATIVE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

28. Nearest relative and person to be notified in case of emergency: Sarah Weisberg
(Other than wife or minor child. Name in full)

29. Relationship Mother Address 122 Lincoln St., Wilmington, Del.
(Number and street or rural route, if none, so state) (City, town, or post office) (State or country)

30. Person to be notified in case of emergency Same
(Name in full)

31. Relationship _____ Address _____
(Number and street or rural route, if none, so state) (City, town, or post office) (State or country)

32. Designation of Beneficiary: _____

33. The persons eligible to be my beneficiary are designated below:
(1) None
(Full name of wife, if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None
(Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

34. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:
(3) Sarah Weisberg (Mother) 122 Lincoln St., Wilmington, Del.
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

35. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:
(4) Gloria Weisberg (Sister) Same
(If beneficiary is named in line 34 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

36. Signature of registrant Walt Walt Walt
(First name) (Middle name) (Last name)

37. Witnessed at Camden, N. J. on Dec. 18, 1942, 19____
C. H. Wheeler C. H. Wheeler 1st Lt., Inf.
(Signature of witness attesting) (Name of witness typed) (Grade and organization)

SECTION IV. PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out By the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write
in This
Column

9. Eye Abnormalities Exotropia, OS, myopic astigmatism, Amblyopia Exanopsia

10. Ear, Nose, Throat Abnormalities None

11. Mouth and Gum Abnormalities None

12. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right						Examiner's						Left					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

(b) Remarks, including other defects: None

(c) Prosthetic dental appliances: Lower partial plate

(d) Remediable dental defects: None

13. Skin: Normal

14. Varicose veins: None

15. Hernia: None

16. Hemorrhoids: None

17. Genito-Urinary (non-Venereal): Normal

18. Venereal disease: Prostatitis non-specific 1937, treated, Normal

19. Feet: Pes planus, 3rd degree, asymptomatic with eversion, flexible

20. Musculoskeletal defects: History of Arthritis, both knees no swelling or loss of motion

21. Abdominal viscera: History of Kidney disease and Jaundice, 1935

22. Cardiovascular system: Normal

23. Lungs: Normal

24. Chest X-ray: Negative

25. Mental: Neurotic traits ND

26. Nervous system: Normal

27. Endocrine system: Normal

28. Other defects and/or diseases or other remarks: *, no swelling or loss of motion.

60. Vision, without correction:

(a) Right eye 20/90

(b) Left eye 20/400

61. Vision, with correction:

(a) Right eye 20/40

(b) Left eye 20/200

62. Color perception*

63. Hearing:

(a) Right ear 20/20

(b) Left ear 20/20

64. Height 68 inches.

65. Weight 220 pounds.

66. (a) Girth, at nipples; inspiration 44 inches.

(b) Girth, at nipples; expiration 41 inches.

(c) Girth, at umbilicus 39 inches.

67. Posture: Good Fair Poor

68. Frame: Heavy Med. Light

69. Color of hair Brown

70. Color of eyes Hazel

71. Complexion Fair

72. Pulse, sitting 72

73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise*

75. Blood pressure:

(a) Systolic 134

(b) Diastolic 86

76. Urinalysis:

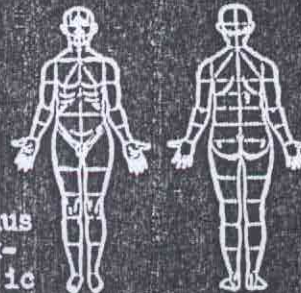
(a) Specific gravity 1.023

(b) Albumin None

(c) Sugar None

(d) Microscopic*

77. Other data:



29. Summary of defects in brief of significance: Myopic Astigmatism, Exotropia OS, Amblyopia Exanopsia, Pes Planus 3rd degree, asymptomatic with eversion flexible, Lower partial plate, Onno, ND, Neurotic traits ND, History of Arthritis both knees*

* When indicated.

SECTION IV. EXAMINATION RESULTS—Continued.

The registrant's physical condition was carefully examined, that the results of the examination have been correctly recorded and that the results are to the best of my knowledge and belief—

is physically and mentally qualified for general military service.

is physically and mentally qualified for general military service

is physically and mentally qualified for general military service

is physically and mentally qualified for general military service

is physically and mentally qualified for general military service

is physically and mentally qualified for general military service

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(g) Signature *E. Bases* (h) Title **Asst. Chief Medical Officer**

(i) Name typed or stamped **L. Bases, Capt., M. C.**

(j) **WEISBERG, HAROLD NONE** was this date inducted for (fill in appropriate word) military service into the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard)

(k) **Army** of the United States and ~~XXXX~~ **Trfd. to E. R. C.**

(l) was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard)

(m) **Camden, N. J.** (n) Signature *C. H. Wheeler* of the United States.

(o) **Dec 18, 1942** (p) Name typed or stamped **C. H. Wheeler** **1st Lt., Inf.**

(Grade and organization)

SECTION V. LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80 (a) Based on the entries in (d), (e), (f), or (g) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

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

636

ORIGINAL COPY

(PAGE 4)

U. S. GOVERNMENT PRINTING OFFICE

DO NOT USE CODE *27*

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Weisberg, Harold				A1
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1
	32484933	Pvt		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				CI
Casual, 2525th Service Unit				
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1
4/8/13	W		Dec 11 1942	
10. SOURCE OF ADMISSION				E1 F

*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet
 11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

7-24-44 Pes Planus, τ metatarsalgia, bilateral, symptomatic.

Rx-To have wedges on outer halves of heels.

Chronic Sinusitis

Rx-Sulfath. & ephed. q 4 h.

Chronic prostatitis

Rx-massage

Duty SHB

7-27-44 Heels wedged

Rx-massage

Duty SHB

DUPLICATE

A TRUE COPY:

HENRY OSHRIN,
 Captain, MC.

12. LINE OF DUTY			
13. DISPOSITION			
14. DATE OF DISPOSITION			
15. DAYS LOST → TOTAL		HOSPITAL	QUARTERS
16. NAME AND LOCATION OF REPORTING INSTALLATION			
17. SIGNATURE			

W. D. A. G. O.
 FORM NO. 8-24
 1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

16-40864-1 ☆ GPO

1. REGISTER NO.	59423		4. A. S. NO.
2. LAST NAME	3. FIRST NAME AND MIDDLE INITIAL		
Weisberg	Harold NMI		32484932
5. GRADE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt.	A	1229 RC	29
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Pa.	17/365	January 11, 1943
13. SOURCE OF ADMISSION			

Command

14. CAUSE OF ADMISSION

Nasopharyngitis, acute, catarrhal.

15. LINE OF DUTY

Yes

16. INJURY CODE

NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

Hosp

19. DISPOSITION

Duty - Improved

20. DATE OF DISPOSITION

Jan 14, 1943

21. NAME OF HOSPITAL

Station Hospital, Fort Dix, N. J.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

Jan 1943 - 1077

23.

JAMES A. BRUSSEL

MAJOR, Medical Corps, U. S. Army.

Form 52
 MEDICAL DEPARTMENT, U. S. A.
 (Revised March 15, 1938)

16-16381

106 -
 LAST NAME AND MIDDLE INITIAL
Harold Weisberg
 32484933
 GRADE
Pvt
 ORGANIZATION AND ARM OR SERVICE
717th MP Bn
 DATE OF ADMISSION
9/12 4 December 1943

Command

pharyngitis, ac cat.

NOT REQUIRED

Sp. Disp. 717th MP Bn

6 December 1943

P. Disp. 717th MP Bn

December 1943

PHYSICAL EXAMINATION

Name Weisberg, Harold Grade Pvt. Ward 50

Height: 5'9" Normal weight: 190 Present weight: 217

Skin:

Clear - no lesions

Head (including special senses, nose, mouth, throat, and pharynx):

Eyes - Examined with negative lenses.

Exam normal. No

Ears, nose - generally normal

Mouth - Teeth good. Throat reddened - hypertrophied

Neck:

Hypertrophia

No adenopathy or rigidity

Thorax:

Normal

Lungs:

Normal + clear

Vascular system (arterial and venous):

Normal

Blood pressure: Systolic 130; diastolic 80

Heart:

No abnormalities noted

PHYSICAL EXAMINATION

Abdomen:

Normal

Hernia:

None

Genito-urinary:

Normal

Anus and rectum:

Normal

Glandular system (lymphatic and endocrine):

Normal

Bones and joints:

Normal

Muscular system:

Normal

Nervous system:

Normal

Date *January 11*, 19*43*

Signature *James Colver*

Name (typed) _____

Grade *1st*

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name Weisberg, Harold Grade Pvt. Ward 50

Chief complaint:

Cough, sore throat 7 days.

General appearance and condition on admission:

Good, not acutely ill. No cyanosis, jaundice
or dyspnea.

Occupation:

Writer

Tropical service:

None

Habits (alcohol, tobacco, drugs):

Smokes about 30 cigarettes daily.

Family history:

M - Lt Col
F - Lt Col
Sib - 2 - Lt Col
Spouse - Lt Col
Progeny - 8

No history of C.D.

Previous personal history:

T+A - 22 years ago.
Left eye operation - (Squint) - 1937.

(No other previous hospitalizations or
operations)

Injuries:

None

Venereal disease:

None

HISTORY OF THE PRESENT ILLNESS

HPI

This patient was well until about one week ago at which time he developed a severely sore throat and cough.

These have persisted and today temp. rose.

G. Casey

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS

Name Weisberg, Harold Grade Pvt. Ward 50

Transfer diagnosis:

O.R.I.

Initial summary:

*Sore throat & cough about 7 days.
Chest clear.*

Working diagnosis or impression:

Acute Pharyngitis.

Contemplated laboratory tests and special examinations:

H. Cohen

CLINICAL RECORD BRIEF

D-527

Co A, 1229

Register No. *59423* Hospital Station *Ft. Dix, N.J.*
 Name *Weisberg, Harold.....* Serial No. *32484932*
 Grade *Pvt.* Co. _____ Regt. and Arm or Service _____
 Age *29* Race *White* Nativity *Pa.*
 Service *17/365* Date of admission *1/11/43 @1000*, 19____
 Source of admission *Command*
 Station *Ft. Dix, N.J.*
 Ward *50* Previous admission *No*
 Religion *H.* Home address *313 H. N.W. Washington, D.C.*
 Name and address of nearest relative *(Wife) Mrs. Lillian Weisberg same address*

Lt. Snider /ss
(Initials of admitting officer)

Disposition *Duty* Date *January 14*, 19 *43*

Final diagnosis:

Pharyngitis - acute, catarrhal.

D-527

Additional diagnoses (Complications, special treatment and operations):

None

Line of duty *Yes.*

Condition on completion of case *Impaired.*

Transfer diagnosis confirmed or not confirmed *Not Confirmed*

Autopsy

Keith. Sadac J. Cohen

M. C.

Kwiler

short TH

FINAL SUMMARY

1/14/43.

Patient treated for an acute vasop laryngitis
symptomatically, recovered promptly
and discharged to duty.

H. Cohen.

PROGRESS NOTES

Name Weisberg, Harold Grade Pvt. Ward 50

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

4/13/43. Temp. is normal. General condition
is good.

4/14 Recovered from naso-pharyngitis and
discharged to duty.

Cohen.

H. Cohen.

TREATMENT

Name Weisberg, Harold Grade Pvt. Ward 50

Date

4/1/43

light diet

laxative privileges

Hot saline gargle q 2 hours.

Codine & glycerine throat, throat B.I.D.

aspirin gr x

Codine gr ss } q 4 hours.

Soft stools.

Urinalysis

H. Cohen

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Weisberg, Harold Grade Pvt. Ward 50

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
1-11-1948				100	90	22			10:15 Am. Pt. admitted to Wd. 50 - walking. T. 100 ² 90-22. Complains of sore throat - difficulty in talking & apparent loss of voice. Has occasional productive cough.
				99	88	20			11:10 Saline gargle & Iodine & glycerine throat swab.
1-11									11:30 Aspirin gr. 8 - Codeine gr. 55 Aspirin gr. 8 } Cod. gr. 55 } 9 Hot saline gargle
1-12	100 ⁴	86	18	100	80	20			Hot saline gargle Iodine & glyc. throat swab - 9-5 Aspirin gr. 8 } 9-1-5 Cod. Sulph. gr. 55 } high diet fluids forced. Antiseptic gargles Hot saline gargle Milk of Magnesia 3i Aspirin gr. 8 } Cod Sulph gr. 55 } 9
1-13	98 ⁴	88	18	98 ⁴	80	20			throat still sore Iodine & glycerine throat swab - 9-5 } Aspirin - gr. 8 } 9-1-5 Cod. sulph - gr. 55 } fluids forced high diet Aspirin gr. 8 } Cod Sulph gr. 55 } 9 Iodine & Glycerine throat swab
1-14-48	98	82	20						Routine care. Aspirin gr. 8 Iodine & glycerine - throat swab (Over)

TEMPERATURE—TREATMENT—NURSE'S NOTES

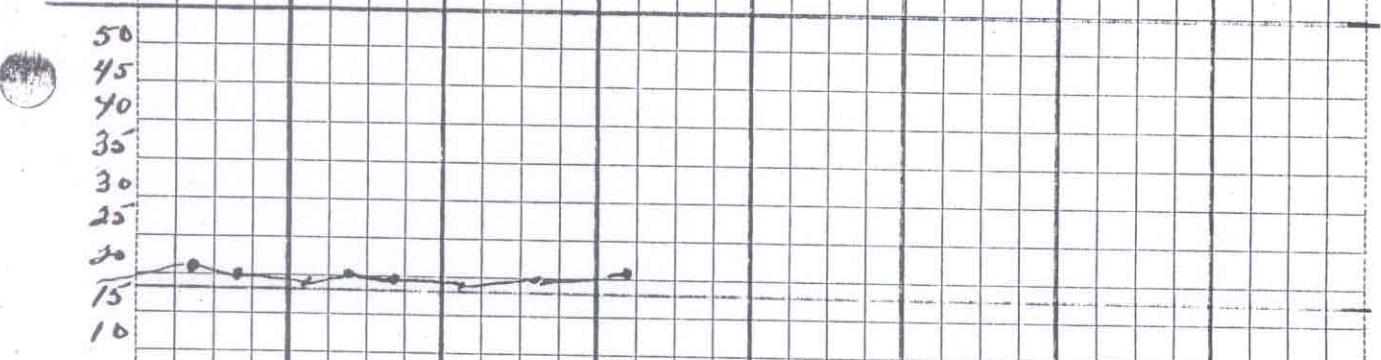
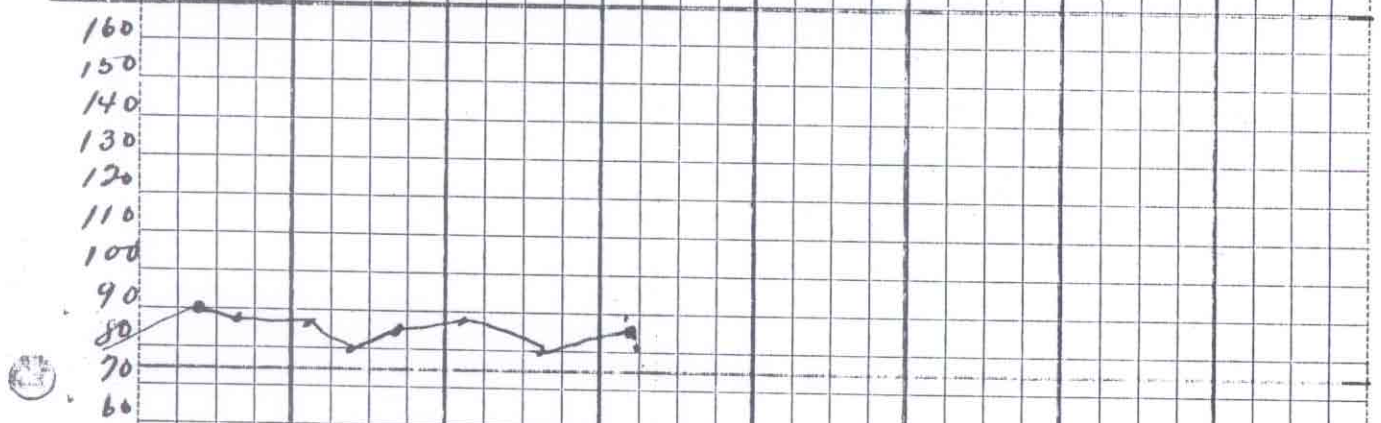
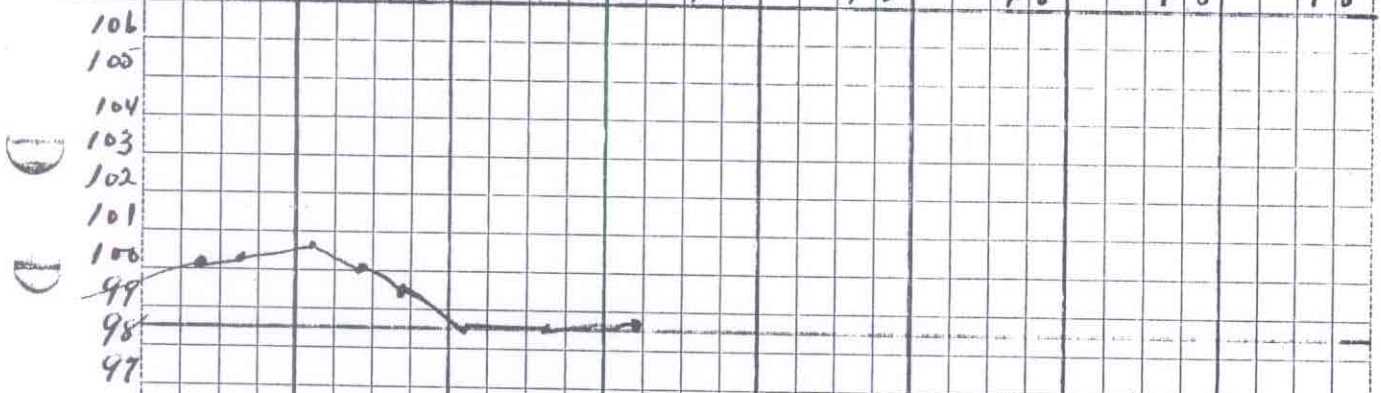
Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
1/14/43									<i>Discharge to duty</i>

D
D
C
O

GRAPHIC CHART

Name Weisberg, Harold Grade Pvt. Ward 50

YEAR	1943													
DAY-M	11		12		13		14							
DAY-D	1		7		4		5							
TIME	8 12		8 12		8 12		8 12		8 12		8 12		8 12	
	4 8		4 8		4 8		4 8		4 8		4 8		4 8	



URINE STALLS

10 10

LABORATORY REPORTS

Name Weisberg, Harold Grade Pvt. Ward 50

Empty lined area for laboratory report details.

Paste 3d report here ↑ and succeeding ones on above lines

Paste 2d report with top at this line ↑

Name	<u>Weisberg, Harold</u>	Rank	<u>Pvt.</u>	Ward	<u>50</u>
Hosp.	<u>Stafford</u>	Lab.	<u>text Dip</u>		
Color	<u>yellow</u>	Character	<u>clear</u>	Reaction	<u>acid</u>
Sp. G.	<u>1.018</u>	Albumen	<u>NEGATIVE</u>	Sugar	<u>NEGATIVE</u>
Acetone		Diacetic acid		Bile	
Blood		Indican		Volume (24-hr.)	
Microscopic	<u>NEGATIVE</u>				

Remarks Routine

Reg. # 59423

M. C.

URINALYSIS

Date 1-12-1943

16-16969

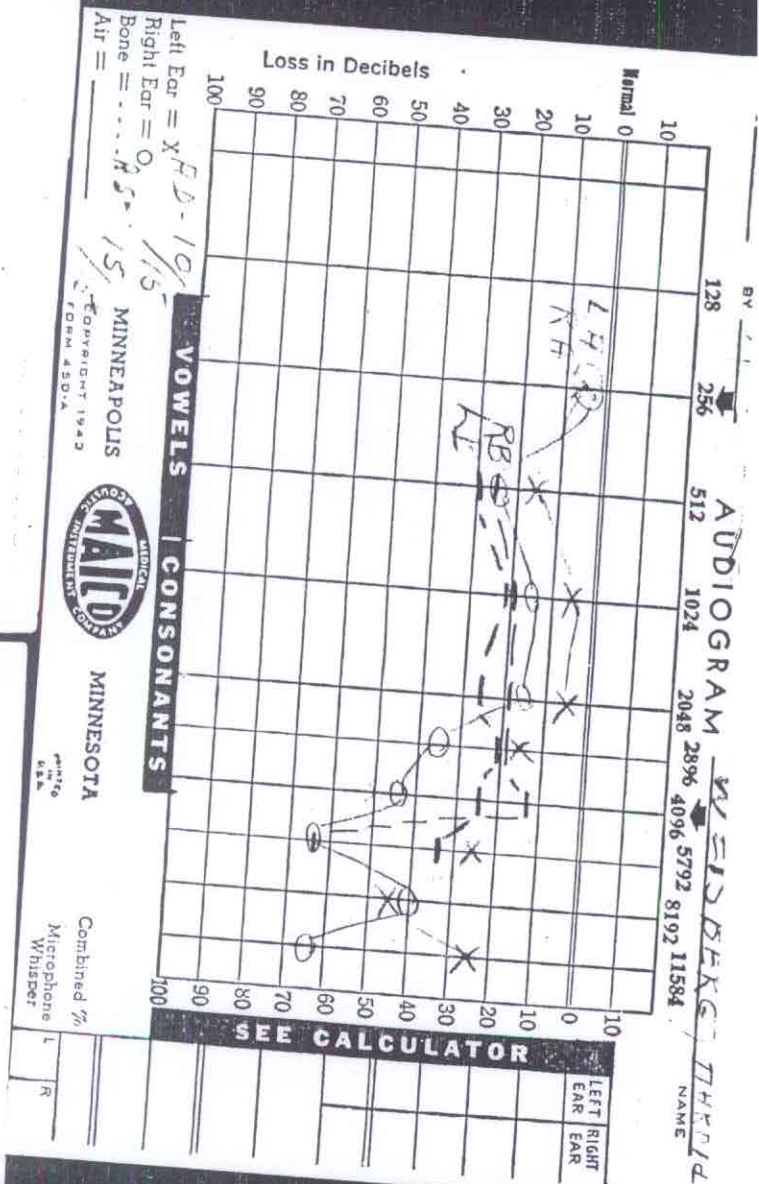
2

- 1 Overcoat O.D.
- 1 field jacket
- 1 fatigue uniform.
- 1 Cotton undershirt
- 1 Cotton undedrawers.
- 1 fatigue hat.

H. H. Kelly

- 1 Overcoat O.D.
- 1 field jacket
- 1 fatigue uniform
- 1 Cotton undershirt
- 1 Cotton undedrawers
- 1 fatigue hat.

H. H. Kelly



turned in to me on this date at the

NAME: Weisberg, Harold.....
DATE: 1/11/43
TIME: 3:24 PM

32484932
PROPERTY SLIP
NO. OF 154204

Patients Property Slip
St. Elizabeth's Hospital

NAME: 32484932
DATE: 1/11/43

NAME OF PATIENT: Weisberg, Harold.....
Dolls: 2.00
Cents: 00
Coins: 00
SILVER CIVILIAN: 1
SILVER: 1
GOLD: 1

The articles enumerated herein were turned in to me on this date at the place indicated.

Name of patient

Office Hours:
12 to 1 & 4:30 to 6:30
Sunday By Appointment

JEROME J. KRICK, M. D.
1701 SIXTEENTH STREET, N. W.
WASHINGTON, D. C.

Telephone
Dupont 1000
Reg. No. 335

Name: Harold Weisberg Address: 313 H Street N.W.

B seen by me this date - acute
febrile pharyngitis - Temp. 102.
pulse 110. He has been advised to
remain in bed until 1/10/43 and
return to camp - then report next.
Gauger's test to be away from duty
0-1-2 for about 5 days. He has been
REFILL
0-1-2 for about 5 days.

CLINICAL RECORD
BRIEF

322

Register No. 211047 Hospital Walter Reed General Hospital
 Name WEISBURG Harold Serial No. 32484933
 Grade Pvt Co. BCPE Regt. & Arm or Service MP Bn
 Age 31 Race W Nativity Pa (Seen by MOD 11:25 PM 22 Mar 44)
 Service 1-3/12 yrs Date of admission 11:30 PM ~~22 March 44~~
 Source of admission Admitted from pass (PATIENT'S STATEMENT) 22 MARCH 44
 Station Baltimore Cargo Port of Embarkation Md
 Ward 35-Med Previous admission no/rfc
 Religion Jewish Home address 313 - H St., NW, Wash DC
 Name & address of nearest relative Mrs. Lillian Weisburg,, Wife,, S/A.
 D. M. Garland, 1st Lt, MC
 (Initials of admitting officer)

Disposition Duty (Circular 293) Date 11 APR 44, 19

Final diagnosis: 1. Strain, lumbo-sacral and left sacro-iliac joint, severe, accidentally incurred while lifting an anchor in a boat in the summer of 1939 near Washington, D.C. ^{EPT} 2. Pes planus, bilateral, second degree, symptomatic, cause undetermined. ^{EPT} 3. Astigmatism, mixed, bilateral. Vision: O.D. 20/70, J-8; O.S. 20/200, J-8. Correctible to O.D. 20/30, O.S. 20/50. ^{EPT} 4. Mumps, bilateral.

Additional diagnosis (complications, special treatment and operations);
 5. 3-24-44: ^{add} Orchitis, acute, nonsuppurative, right, moderate, secondary to mumps. LOD - yes Cured: 1 Apr 44.

6 May 44: Advanced Reconditioning Program.

Line of duty 1, 2, 3; No. EPTI. 4, 5; Yes.

Condition on completion of case 1, 2, 3: Unimproved. 4, 5: Cured.

Transfer diagnosis confirmed or not confirmed

Autopsy

I. B. Kemick

I. B. Kemick, Captain,

M.C.

W.R.G.H.

LOANED TO VET. ADM

PROGRESS NOTES

Name Weisburg, Harold Grade Pvt. Ward _____

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

6 May 44: Patient received at Beltsville this date to participate in advanced reconditioning program.

Fred S. Gachet
FRED S. GACHET, Major, M. C.

23 June 44: Patient has completed the advanced reconditioning program. No evidence of venereal diseases. Orders are requested this date for return to any duty of a nonstrenuous nature in which impaired vision would not prove hazardous to the individual or other members of his unit, excluding marching, drilling, calisthenics and long periods of standings.

Fred S. Gachet
FRED S. GACHET, Major, M. C.

(Use both sides of this sheet)

PROGRESS NOTES

Name WEISBURG, HAROLD

Grade Pvt.

Ward _____

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

FINAL SUMMARY

4 May 1944

This 31-year old Private was inducted into the Service on 18 December 1942. He was placed on limited service because of impaired vision and sacro-iliac strain. However, he has been doing M-P guard duty for one and three-twelfths years at the Baltimore Cargo Port of Embarkation, which duty has been unsatisfactory to this patient.

At 2300 on 22 March 1944 he was admitted to WRGH by the Medical Officer of the Day because of stiffness and soreness in the right jaw. At the time of admission there was swelling in the right jaw, and the patient had a fever of 100°. A diagnosis of mumps was made and the patient given supportive treatment for same. On 24 March 1944 he developed a painful swelling of the right testicle which slowly subsided. During his hospitalization he recounted his story of the lumbosacral strain which he had accidentally incurred as a civilian in 1939 while lifting an anchor in a boat near Washington, D. C. He was seen by an orthopedic consultant who felt that there was evidence of a lumbosacral and left sacro-iliac strain and also a bilateral second degree pes planus. He was given arch supports, metatarsal bars, and 3/16th of an inch medial heel raises for his shoes. X-rays of the sacro-iliac and lumbosacral joints failed to reveal any abnormalities. Likewise he had gastric complaints, and a gastro-intestinal series was negative. A recheck of his vision revealed corrected astigmatism with adequate glasses and duty was recommended.

Due to the fact that this patient has been doing Military Police duty for approximately a year and a quarter, and that this duty has been unsatisfactory, the patient was brought before a Disposition Board on 4 May 1944, and it was recommended that he be returned to duty of a non-strenuous nature excluding marching, drilling, standing for prolonged periods, and calisthenics. For final diagnosis, etc., see Form 55-A.

I. B. Kemick

I. B. Kemick, Captain, M.C.

TEMPERATURE-TREATMENT-NURSE'S NOTES

Wiesberg

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
4/6	98 ⁶	108	72	99	82	20			To Xray for L. D. Series - 2 p.m. for Lumbar Spine Routine Care
4/7	98 ⁶	104	20	Pass					Routine Care
4/8	Pass			Pass					Routine Care
4/9	Pass			Pass					
4/10	99 ⁶	96	70	98 ⁸	92	18			Routine Care
4/11	98 ²	94	20	99	92	18			Routine Care
4/12	99	86	20	99	90	20			Routine Care
4/13	98 ⁶	92	20	Pass					Routine Care
4/14	Pass			Pass					On Pass
4/16	Pass			Pass					Pass -
4-17	Pass			99	80	20			
4-18									From to new Section

R.N. 211047

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Weissberg, Harold Grade Put Ward 35

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
3/22				100 ^b	112	22			ambulatory pt. adm. to wt 11:45. diag. Mumps & orchitis. Scrotal support. Slept well.
3/23	98 ^a	80	20	101 ^a	80	20			Routine care.
3/24	99	80	18	100 ^a	88	18			Routine Care
3/25	100 ^b	86	20	101 ^b	86	24			Routine Care C.A.P. # 10 P.M.
3/26	99 ^a	88	20	102 ^b	86	20			Routine care. - Ice bag to scrotum. C.A.P. # 9.4 h. P.R.N.
3/27	103 ^a	100	30	102 ^a	86	22			Ice Cap to scrotum CAP # 10 P.M. C.A.P. - P.R.N. - 9.4h. Ice cap to scrotum Routine Care
3/28	99 ^a	72	20	98 ^a	74	18			Ice Cap to scrotum. Sod. Amytal gr.iii - 10 P.M. Routine Care CAP gr.iii P.M. Ice Cap to Scrotum
3/29	97 ^a	70	20	98	70	18			Sod. Amytal gr.iii - 10 P.M. CAP #
3-30-44	99	68	20	98 ^a	80	18			Sod. Amytal gr.iii - 10 P.M. Routine Care C.A.P. # 10 P.M.
3/31	98 ^a	80	20	98	76	18			out of Isolation - Routine Care CAP # 10 P.M.
4/1/44									Routine Care
4/1/44	98	92	18						Routine Care
4/2	98 ^a	76	20	Pass					Routine Care
4/3	Pass			98	84	20			
4/4	98 ^a	100	20	98	82	18			Routine Care
4/5	98 ^a	88	22	98 ^a	102	20			Nothing by mouth after incident Routine Care

W.H.G.H.

1 P.M.

CONSULTATION REQUEST AND REPORT

Name Weisberg, Harold Grade Pvt Ward 35

ORTHOPEDIC Date 31 March, 1944

Consultation requested because of pain in back

Provisional diagnosis lumbo-sacral strain.

Routine.
~~Emergency~~

J. Liebmann
J. Liebmann, Capt, M. C.

Date 31 March, 1944

Date April, 1944

Office, Chief of Medical Service.

Office, Chief of Surgical Service.

To Chief of Surgical Service.

To Capt. Tanner

Approved.
~~Disapproved.~~

For consultation.

~~J. Murray Kinross~~ Major, M. C. J. K.
M. C.

P. B. Stokes W. J.
M. C.

Date 4-3-44, 1944

Opinion of consultant: Patient injured his back in 1939 when he was lifting an anchor in a boat. He has had lumbo-sacral and left sacro-iliac pain since then intermittently. This has been much better since he has been resting in the hospital.

Examination shows slight tenderness over lumbo-sacral region. Straight leg raising is positive on the left at 90 degrees. Motion is good in all directions. He also has a Pes Planus 2 degrees symptomatic.

He has been given an order for arch supports, metatarsal bars, and three sixteenth inch medial heel raises. Advise AP and lateral x-rays of the lumbo-sacral region. Also advise putting boards under patients bed.

W.R.G.H.

Hal Windham
Hal Windham Capt. M. C.

2110-17

OPHTHALMOLOGIC EXAMINATION

Name Weisberg, Harold Grade Pvt Ward 35-120

Complaint: _____ Date 4 April, 1944 Age 31

Says he needs glasses.

J. Liebmann
 J. Liebmann, Capt. M. C.

SUBJECTIVE FINDINGS:

Vision without correction

Far	O. D. <u>20-70</u>	Near	O. D. <u>J-8</u>
	O. S. <u>20-200</u>		O. S. <u>J-8</u>

Present correction and vision

O. D.	S _____	c, x _____	° _____
O. S.	S _____	c, x _____	° _____

Retinoscopy



O. D.	S _____	c, x _____	° _____
O. S.	S _____	c, x _____	° _____

Correction prescribed

Far	O. D. <u>-0.25</u>	S <u>2.00</u>	c, x _____	° <u>90</u>	<u>20-30</u>
	O. S. <u>-1.75</u>	S <u>4.00</u>	c, x _____	° <u>100</u>	<u>20-50</u>
Near	O. D.	S _____	c, x _____	° _____	
	O. S.	S _____	c, x _____	° _____	

Muscle balance _____

Associated parallel movements _____

Tangent curtain findings _____

Color vision _____

OBJECTIVE FINDINGS:

Tension: O. D. _____ mm. O. S. _____ mm.

External examination: Left eye fixes straight and then wanders out. Nystagmus in lateral directions.

Media and fundus: Negative.

Diagnosis and recommendations: Astigmatism, mixed, moderate, bilateral.. Present glasses adequate, can do duty...

W.D. Irwin
 W.D. Irwin, Capt. M. C.

(OVER)

*Referral
 10 am*

EAR, NOSE, AND THROAT EXAMINATION

Name Harold Weisberg Grade Pvt. Ward RS

Date 13 June 1944, 19___ Age _____

Diagnosis _____

Examination is requested as checked below:

M. C., Ward Officer.

Symptoms referable to E. N. T.:

For physical profile serial.

EXAMINATION:

Nose:

Sinuses, transillumination, frontals { R _____
L _____ } Antra { R _____
L _____ }

Pharynx:

Larynx:

Ears:

Hearing: Low conversational voice Watch Audiometer

A. D. 10/15 _____

A. S. 10/15 _____

DIAGNOSIS:

Treatment and recommendations:

Dr. Keenan, Capt.

M. C.

(OVER)

OPHTHALMOLOGIC EXAMINATION

Name Harold Weisberg Grade Pvt. Ward 12 HS

Complaint: _____ Date 13 June 1944, 19__ Age _____

For physical profile serial.

M. C.

SUBJECTIVE FINDINGS:

Vision without correction

For	O. D. <u>20/100</u>	Near	O. D. _____
	O. S. <u>20/200</u>		O. S. _____

Present correction and vision

O. D. <u>-1.75 S +2.50 c, x 90°</u>	<u>40</u>
O. S. <u>-2.75 S +2.50 c, x 90°</u>	<u>70</u>

Retinoscopy



O. D. _____ S _____ c, x _____ °
O. S. _____ S _____ c, x _____ °

Correction prescribed

For	O. D. _____ S _____ c, x _____ °
	O. S. _____ S _____ c, x _____ °
Near	O. D. _____ S _____ c, x _____ °
	O. S. _____ S _____ c, x _____ °

Muscle balance _____

Associated parallel movements _____

Tangent curtain findings _____

Color vision _____

OBJECTIVE FINDINGS:

Tension: O. D. _____ mm. O. S. _____ mm.

External examination: _____

Media and fundus: _____

Diagnosis and recommendations:

for refraction

M. K... M.D.

M. C.

V.R.G.H.

EAR, NOSE, AND THROAT EXAMINATION

Name Weisberg, Harold Grade Pvt. Ward 35

Date 5 April, 1944 Age 31

Diagnosis Mumps, recovered.

Examination is requested as checked below:

J. Liebmann, Capt. M. C., Ward Officer.

Symptoms referable to E. N. T.:

Mumps 2 weeks ago. Occasional attacks of sinusitis for several years. Accompanied with headache and post nasal discharge.

EXAMINATION:

Nose: No obstruction or discharge.

Sinuses, transillumination, frontals	R	<u>Poor</u>	Antra	R	<u>Poor</u>
	L	<u>Poor</u>		L	<u>Poor</u>

Pharynx: Post nasal discharge.

Larynx:

Ears: Canals and tympanic membranes normal.

Hearing: Low conversational voice Watch Audiometer

A. D. 10/15

A. S. 15/15

DIAGNOSIS:

Treatment and recommendations:

W.R.G.H.

J. W. Youngblood

1st. Lt. J.W. Youngblood
(OVER)

M. C.

REPORT OF DENTAL SURVEY*

UPPER TEETH															
RIGHT							LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		X											X		

LOWER TEETH															
RIGHT							LEFT								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
															X

CLASS IV

Occlusion Fair

Calculus: Slight X Medium _____ Heavy _____

Peridontoclasia Slight to Medium

Dental foci suspected: Yes _____ No _____

Other conditions:

Lower partial denture satisfactory

O.C. Tidwell

 O.C. Tidwell, Captain D. C.

*Indicate:

- Restorable teeth, carious by
- Nonrestorable teeth, carious by
- Missing natural teeth by

Teeth replaced by denture (horizontal line)

Teeth replaced by fixed bridge (oval to include abutments)

DENTAL EXAMINATION

Name Weisberg Harold Grade Pvt Ward 60

Age 31 Color White Date 21st April, 1944

Referred for:

1. Dental treatment. Routine Emergency
2. Elimination of dental foci.
3. If special examination for focal infection and report only is desired, check here.
4. In hospital for dental treatment only.
5. Probable period of hospitalization—weeks.
6. Infectious lues?

Medical diagnosis:

Remarks:

Findings:

M. C.

Date 21st April, 1944

No treatment indicated at this time

Regt 311047

CONSULTATION REQUEST AND REPORT

Name Weisberg, Harold Grade Pvt. Ward RS

SURGICAL

Date 22 May 1944, 19

Consultation requested because of Removal of imbedded splinter, left ring finger.

Provisional diagnosis

Routine.
~~Emergency~~

Fred S. Gachet.
FRED S. GACHET, Major, M. C.

Date _____, 19____	Date <u>24 May</u> , 19 <u>44</u>
Office, Chief of _____ Service.	Office, Chief of <u>Surgical</u> Service.
To Chief of _____ Service.	To <u>Capt Hamilton</u>
Approved. Disapproved.	For consultation.
_____ M. C.	<u>[Signature]</u> M. C.

Date 26 May, 1944

Opinion of consultant:

C.C. Splinter in finger.

P.I. Several months ago this pt. ran a splinter in the end of his right ring finger. On two occasions unsuccessful attempts to remove it have been made.

P.E. There is a palpable mass in the anterior part of the right ring finger tip.

Rx. Under local anesthesia, a small incision was made over the medial end of the mass. The splinter was removed and dressing was applied.

R C Wood

M. C. (OVER)

ABBREVIATED CLINICAL RECORD

Name Weisburg, Harold Grade Pvt Ward 35

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Past and family histories not relevant to the present illness. He was well until 3 days ago when he first noted some stiffness and soreness in the right jaw. He paid no attention to this and on the following day noted that the jaw was somewhat swollen and the soreness had increased. Yesterday the swelling had increased and he reported to sick call and was sent to the hospital last night. Slight nausea yesterday and felt feverish and chilly. No pain in lower abdomen or genitalia.

Complete physical examination is negative except for the following:

Well developed and well nourished rather large white male. Age 31 years. Not acutely ill. The examination is essentially normal except for some bilateral parotid swelling - over both parotids there is uniform, non-tender swelling. External genitalia normal. Abdomen normal. BP 130/72mm.

Impression Mumps, bilateral.

W.N. Nalls
W.N. Nalls.

3/24/44 now has painful swelling of right testicle.

Progress:

TEMPERATURE—TREATMENT—NURSE'S NOTES

DATE	A.M.			P.M.			St	Wt	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

LABORATORY REPORTS

Pt. on Wd. 35

Name WEISBERG, Harold Rank Pvt. Ward ENT Age 31

Part to be examined (or treated) X-ray of sinuses - Clearance

Clinical diagnosis (include operations) Send films to ENT Clinic

Date 9th April, 1944, 19... *J. H. Youngblood*

Hospital _____ J. H. Youngblood, 1st. Lt. M. C.

Film No. _____

Sinuses appear normal.

4/14/44

A. O. Hampton, Lt. Col.

Form 55 K-2
 MEDICAL DEPARTMENT, U.S. Army
 (Revised May 31, 1943)
W.H.O.H.
W.H.O.H.
W.H.O.H.

RADIOLOGIC REPORT

Date _____

670 19-10224

670 19-10224

670 19-10224

TEMPERATURE—TREATMENT—NURSE'S NOTES

DATE	A. M.			P. M.			St	Wt	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

10100
11 60

Name Thompson, Gerald Serial No. _____ M. C.
 Station M. H. Co. Ward 25 Rank _____
 Examination requested by _____ M. C.

INDICATE EXAMINATION REQUESTED BY CHECK (✓) BELOW

Color straw Character clear Reaction acid
 Sp. G. 1.011 Albumen neg Sugar neg
 Acetone _____ Diacetic acid _____ Bile _____
 Blood _____ Indican _____ Volume (24-hr.) _____

Microscopic _____
 _____ occ wbc

Lab. _____
 Remarks _____

FORM 55 L
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

URINALYSIS Date 2-22-44 M. C.
 ☆ GPO 16-16980-2

TEMPERATURE—TREATMENT—NURSE'S NOTES

DATE	A. M.			P. M.			St	Wt	MEDICATIONS AND NURSE'S NOTES
	T	P	R	T	P	R			

Name Miss Virginia David Serial No. _____ Rank _____
 Station W. R. G. H. Ward 35
 Examination requested by _____ M.C.

Indicate Examination Requested by check (✓) below
 R. B. C. 5,350,000 W. B. C. 8,800 Hb. 85
 DIFFERENTIAL: Neutrophils 66 Lymphocytes 26
 Monocytes 8 Eosinophiles _____ Basophiles _____
 Reticulocytes _____ Platelets _____ Color index _____

R. B. C. morphology _____
 Parasites _____
 Clotting time _____ Bleeding time _____
 Sedimentation rate _____ Hematocrit _____

Remarks _____

Lab. _____
 Form 55 L-1 117 BLOOD Date 2-22-44
 Medical Dept., U.S. Army (Revised Dec. 23, 1942) W.R.G.H.

URINALYSIS Date 2-22-44
 MEDICAL DEPARTMENT, U.S. ARMY (Revised June 9, 1942)
 ☆ GPO 16-16000-2

TEMPERATURE—TREATMENT—NURSE'S NOTES

DATE	A. M.			P. M.			St	Wt	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

Part to Ward 3 go 21
 Part to Heisberg, Harold Rank 1st Lt.
 Part to be examined (or treated) S. I. Series
 Clinical diagnosis (include operations) ? Ulcer
 Date 3/31/44, 19
 Hospital A 36154 Film No. Capt. Subman M. C.

Upper G. I. tract appeared normal.

4/6/44 2-8
4-10 Pn

G. M. Wyatt, Capt.

M. C.

Form 55 K-2
 MEDICAL DEPARTMENT, U.S. ARMY
 (Rev. May 31, 1940)

RADIOLOGIC REPORT

Date _____, 19____

TEMPERATURE—TREATMENT—NURSE'S NOTES

DATE	A. M.			P. M.			St	Wt	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

Name W. A. Asberg, Harold Rank 1st Lt Ward 35 Age 21
 Part to be examined (or treated) Lumbo-sacral spine
 Clinical diagnosis (include operations) low back pain
 Date April 4, 1944 J. Lieberman
 Hospital 36154 Film No. Capt. M. C.

Lumbo-sacral spine is partially obscured by barium in the terminal ileum and colon. It appears normal in so far as it can be seen.

G. M. Wyatt, Capt.

4/6/44

Form 55 K-3
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised May 31, 1939)

W. R. G. H.
 W. R. G. H.

RADIOLOGIC REPORT

Date _____, 19__

G. P. O. 16-10804

G. P. O. 16-10804

M. C.