JOHN R. CASH   18 351 914   Staff Sergeant   USAF

3 July 1954

Camp Kilmer, New Jersey

St. Louis, Missouri

23 August 1983

ATRC Form No. 9-3
18 Oct 50 (Rev)
AUTH: ATRC Reg 9-3

HEADQUARTERS AIR TRAINING COMMAND

STUDENT RECORD CARD–TECHNICAL TRAINING

5567

1. Last Name: Cash — First Name: John — Initial: R.

2. SN: AF18331914

3. Grade: Pfc

4. AFSC: 29530 — Prim: 521

5. Race—Sex: White

6. Nationality:

7. Source: Lackland AFB, Tex.

8. Assignment Status: Asgd

9. Course Enrolled in: Sp Intcp Opr Crs 70901
Graduating AFSC: 29532
Station: Keesler AFB, Miss.

10. Authority:

11. F.S.C.:

12. Date Return from Overseas:

13. Aeronautical Rating:

14. Flying Status:

15. Component:

16. Date of Separation:

17. Control Branch:

18. Date of Enlistment: 7 Jul 50
Term of Enlistment: 4 yrs
Active Duty Date:
Total Service: 9 mos, 29 days

19. Date of Birth: 26 Feb 32

20. Grade School: 8

21. High school: 4

22. College: 0

23. Basic Tng
Date of Completion: Aug 50
Duration: 7 Wks

24. MCO: None

25. Experience: - Months

26. Test Scores

Test	St Score	Aptitude Clusters	Index
GCT		I Mech	
MA		II Clerical	
AFQT		III Equip Oper	
AQE TEC-SP		IV Radio Oper	
AQE Cler.		VI Tech	
AQE Mech		VII Services	
		VIII Craft	
		IX Electronics	

27. Previous Service School Courses: Radio Opr Gen Crs 76601; 26 weeks; Keesler AFB, Miss.

Date Grad: 5 Apr 51

28. 1st Choice of Course: Radio Opr

29. 2nd Choice of Course: Radar Opr

30. 3d Choice of Course: Clerk-Typist

31. Q.O.S.:

32.

33.

34.

This Form replaces ATRC Form No. 9-3, 16 Dec 49, which will not be used.

NAME: Cash, John R. GRADE: Pfc.

35. PERSONNEL RECORD

ACTION	AUTHORITY	DATE	REASON
REPORTED 26 Aug 19 50 FROM Lackland AFB, Tex.	SO 151 - 6	21 Aug 50	
ASGD TO 3387 TRAINING SQUADRON KAFB, Miss.			
ENT. IN CLASS NO. 04051 SHIFT A	SO 79 Par 41	4 Apr 51	
Graduated 1 May 51	SO 101-22	30 Apr 51	

36. Symbol	37. Phase	38. Hours	39. Weighted Grade	Symbol	Phase	Hours	Weighted Grade
				IMC	GPM 23	75	3.0
				SKI		5	2.9
				INT		10	2.5
				D/R		30	2.9

40. Repeat Cases
a. No. of phases repeated
b. Average based on original phase

41 Academic Efficiency: Very Satisfactory

42. Total: 120 Average: 2.9

43. Disposition
Grad XX
Elim
Withdrawn

Reason for Elimination or Withdrawal

44. Certificate

Shelby W. Phillips
SHELBY W. PHILLIPS, Lt Col, USAF
Signature

45. Remarks

Definition of numerical grading is as follows:

Scale Value	Definition
5	Completes work quickly and efficiently and understands basic principles thoroughly.
4	Completes work with little hesitancy, understands underlying principles better than average.
3	Has general idea of work to be done and performs job with some repetition and minor errors but indicates adequate knowledge of subject material.
2	Is able to complete part of work but does not understand underlying principles of subject material.

Standard Form 89
Promulgated March 1948
By Bureau of the Budget
Circular A-...

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME: Cash, John R	2. PLACE AND DATE OF EXAMINATION: Little Rock, Arkansas 7 July 5
3. DATE OF BIRTH: Feb 26, 1932	4. AGE IN YEARS LAST BIRTHDAY: 18
5. IDENTIFICATION NO.: AF 18 351 914	6. PURPOSE OF EXAMINATION: Enlistment in U.S.A.F.
7. SERVICE, DEPARTMENT, OR AGENCY: USAF	8. COMPONENT AND BRANCH:
9. ORGANIZATION:	10. GRADE, RATING, OR POSITION: Pvt
11. SEX: Male	12. RACE: White
13. HOME ADDRESS (Street, or RFD number, city, zone, State): [redacted]	
14. PLACE OF BIRTH: Kingsland, Arkansas	15. OTHER DATA:

16. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD—CAUSE OF DEATH	AGE AT DEATH
FATHER	53	Good		
MOTHER	45	Good		
BROTHERS OR SISTERS	23, 25, 16, 12	" "	Accident	14
WIFE OR HUSBAND				
CHILDREN				

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

	YES	NO	RELATION(S)
HAD TUBERCULOSIS		✓	
HAD SYPHILIS		✓	
HAD FITS		✓	
HAD KIDNEY TROUBLE		✓	
HAD CANCER		✓	
COMMITTED SUICIDE		✓	
HAD DIABETES		✓	
HAD ASTHMA, HAY FEVER, OR HIVES		✓	
BEEN INSANE		✓	

18. HAVE YOU EVER (Check yes or no):

	YES	NO		YES	NO		YES	NO
WORN GLASSES		✓	HAD A RUPTURE		✓	ATTEMPTED SUICIDE		✓
WORN AN ARTIFICIAL EYE		✓	WORN A BRACE OR BACK SUPPORT		✓	HAD SYPHILIS		✓
WORN HEARING AIDS		✓	HAD FOOT TROUBLE		✓	HAD SERUM REACTION		✓
STUTTERED OR STAMMERED		✓				LIVED WITH ANYONE WHO HAD TUBERCULOSIS		✓

19. HAVE YOU EVER HAD OR HAVE YOU NOW (Check yes or no):

	YES	NO		YES	NO		YES	NO		YES	NO
SCARLET FEVER		✓	RUNNING EARS		✓	TUMOR, GROWTH, CYST, CANCER		✓	"TRICK" OR LOCKED KNEE		✓
DIPHTHERIA		✓	GOITER		✓	APPENDICITIS		✓	NEURITIS		✓
RHEUMATIC FEVER		✓	TUBERCULOSIS		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS (Including infantile)		✓
MEASLES	✓		ASTHMA		✓	VERY FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS		✓
MUMPS	✓		PNEUMONIA	✓		KIDNEY STONE OR BLOOD IN URINE		✓	CAR, TRAIN, SEA, OR AIR SICKNESS		✓
CHICKENPOX		✓	SHORTNESS OF BREATH		✓	SUGAR OR ALBUMIN IN URINE		✓	FREQUENT TROUBLE SLEEPING OR SLEEPWALKING		✓
WHOOPING COUGH		✓	PAIN OR PRESSURE IN CHEST		✓	FEMALE DISORDERS		✓	FREQUENT OR TERRIFYING NIGHTMARES		✓
FREQUENT OR SEVERE HEADACHES		✓	CHRONIC COUGH		✓	VENEREAL DISEASE		✓	DEPRESSION		✓
DIZZINESS OR FAINTING SPELLS		✓	PALPITATION OR POUNDING HEART		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY		✓
SEVERE EYE, EAR, NOSE, OR THROAT TROUBLE		✓	HIGH OR LOW BLOOD PRESSURE		✓	ARTHRITIS		✓	BED WETTING AFTER 6 YEARS OF AGE		✓
CHRONIC OR VERY FREQUENT COLDS		✓	FREQUENT OR SEVERE INDIGESTION		✓	BONE, JOINT, OR OTHER DEFORMITY		✓	NERVOUS TROUBLE OF ANY SORT		✓
TRENCH MOUTH OR PYORRHEA		✓	STOMACH, LIVER, OR INTESTINAL TROUBLE		✓	LAMENESS		✓	ANY DRUG OR NARCOTIC HABITS		✓
SINUSITIS		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LOSS OF ARM, LEG, FINGER, OR TOE		✓	ALCOHOLISM		✓
HAY FEVER		✓	JAUNDICE		✓	PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓			

20. HAVE YOU HAD ILLNESSES OTHER THAN THOSE LISTED ABOVE? YES ☐ NO ☑ (If yes, describe and give age at which occurred)

21. HAVE YOU HAD ACCIDENTS OR INJURIES OTHER THAN THOSE LISTED ABOVE? YES ☐ NO ☑ (If yes, describe and give age at which occurred)

22. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? YES ☐ NO ☑ (If yes, describe and give age at which occurred)

23. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL? YES ☑ NO ☐ (If yes, specify when, where, and why)

Pneumonia age 15 Dyess Ark.

24. HAVE YOU EVER BEEN A PATIENT (COMMITTED OR VOLUNTARY) IN A MENTAL HOSPITAL? YES [ ] NO [✓] (If yes, specify when, where, and why)

25. HAVE YOU EVER BEEN INOCULATED AGAINST THE FOLLOWING (Check); IF YES, IN WHICH YEAR DID YOU RECEIVE THE LAST INOCULATION?

DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR
DIPHTHERIA				TYPHOID FEVER	✓		1938	ROCKY MOUNTAIN SPOTTED FEVER		✓		YELLOW FEVER		✓	
SMALLPOX	✓		1938	INFLUENZA		✓		TYPHUS FEVER		✓		PLAGUE		✓	
TETANUS	✓		1948	WHOOPING COUGH		✓		CHOLERA		✓		JAPANESE B. ENCEPHALITIS		✓	

26. OCCUPATIONAL HISTORY: ARE YOU RIGHT HANDED? [✓] LEFT HANDED? [ ]

	CHECK YES	CHECK NO
HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?		✓
HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:		
SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.?		✓
INABILITY TO PERFORM CERTAIN MOTIONS?		✓
INABILITY TO ASSUME CERTAIN POSITIONS?		✓
OTHER MEDICAL REASONS? (If yes, give reason)		✓

HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? 2

WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 1 MONTHS

WHAT IS YOUR USUAL OCCUPATION? Brick maker

HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? YES [ ] NO [✓] IF YES, STATE REASON AND GIVE DETAILS.

HAVE YOU EVER BEEN DISQUALIFIED FOR DUTY IN OR DISCHARGED FROM THE ARMED SERVICES FOR PHYSICAL OR MENTAL REASONS? YES [ ] NO [✓] IF YES, GIVE REASONS.

27. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR DISABILITY? YES [ ] NO [✓] IF YES, GIVE DETAILS AND SPECIFY AS FOLLOWS:

A. WHAT KIND?

B. GRANTED BY WHOM?

C. WHEN?

D. WHY?

28. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? YES [✓] NO [ ] (Give details and reasons)

Tetanus shot 1948

HAVE YOU TREATED YOURSELF FOR ILLNESSES? YES [ ] NO [✓] IF YES, WHICH ILLNESSES?

29. HAVE YOU ANY PHYSICAL OR MENTAL COMPLAINTS AT PRESENT? YES [ ] NO [✓] IF YES, GIVE DETAILS AND DURATION.

30. I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

John R. Cook (SIGNATURE OF EXAMINEE) — John R. Cook (NAME TYPED OR PRINTED)

31. SUMMARY OF HISTORY (With elaboration of pertinent data) AND ADDITIONAL HISTORY (To be supplied only by physician or examiner)

NO PERTINENT DATA

32. SIGNATURE OF PHYSICIAN OR EXAMINER	NAME TYPED OR PRINTED	DATE
T. G. Price	T. G. PRICE LT (jg) MCR USNR	7 July 50