

Local Board No. 1
Newham County
SEP 13 1943
Mississippi

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

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.)

1. Name (page 1)	Medgar	Wiley	Evers	(To be filled in by Armed Forces) 34874245 (Armed Forces Serial No.)
2. Address (page 1)	P. O. Box 181	Decatur	Newton	Miss.
3. Social Security No. (Series I, line 5)	[REDACTED]			Registrant's order number (page 1) 12,021
5. Physical or mental defects or diseases (Series II, line 1)	None			
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2)	no (Yes or no)			
7. Education completed (Series III)	Elementary school 8	High school 1	Vocational school, college, or university 1	
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1)	Putting down sewer pipe			
(b) Duties (Series IV, line 2 (b))	Put down well point			
(c) Title of last job, if unemployed (Series IV, line 3)	Employed			
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2)	1 month			
10. Income (Series IV, line 2 (d)): Average (Weekly, monthly, annual) earnings \$	Weekly 29.00			
11. Employment class (Series IV, line 2 (e)):	Permanent employee <input checked="" type="checkbox"/>	Temporary employee <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Independent worker <input type="checkbox"/>
Unpaid family worker <input type="checkbox"/>	Employer <input type="checkbox"/>	Student (Series IV, line 4 (a)) <input type="checkbox"/>		
12. Business of present employer (Series IV, line 2 (g))	H.W. Pipe lines			
13. Marital status (Series VII, line 1):	Single <input checked="" type="checkbox"/>	Widower <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married, not separated <input type="checkbox"/>
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column)	3			
15. Birthplace (Series IX, line 1)	Decatur	Miss.	USA	
16. Birth date (Series IX, line 2)	July	2	1925	
17. Race (Series IX, line 3):	White <input type="checkbox"/> ; Negro <input checked="" type="checkbox"/> ; Other (specify) _____			
18. Citizenship: United States citizen (Series IX, line 4)	YES (Yes or no)			
Declarant alien (Series IX, line 7)	no (Yes or no)			
19. Previous U. S. military service (Series XII):	None <input checked="" type="checkbox"/>	Army <input type="checkbox"/>	National Guard <input type="checkbox"/>	Marine Corps <input type="checkbox"/>
20. Type of discharge (Series XII):	Specify None			
21. Date of registrant's affidavit (top of page 8)	23	August	1943	

Do Not Enter Anything in This Column
RESIDENCE
State
County
Place inducted
DATE INDUCED
Day
Month
Year
Source
Nativity
Year of birth
Race/citizenship
Education
Occupation
Merit

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

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 9/13/43 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 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 [Signature]

(e) Place Decatur Newton Mississippi (f) Date 9/13/43
(Town or city) (County) (State)

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

(b) Signature of Member of Local Board [Signature]

(c) Place Decatur Newton Mississippi (d) Date 9-13-43
(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.)

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

28. Nearest relative Jessie Wrighte Evers
(Other than wife or minor child. Name in full)

29. Relationship mother 30. Address P.O. Box 181 Decatur, Miss.
(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 Jessie Wrighte Evers
(Name in full)

32. Relationship mother 33. Address P.O. Box 181 Decatur, Miss.
(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) Jessie Wrighte Evers (Mother) P.O. Box 181 Decatur, Miss.
(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) Jim Evers (father) P.O. Box 181 Decatur, Miss.
(If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary.")

37. Signature of registrant Medgar Wiley Evers
(First name) (Middle name) (Last name)

38. Witnessed at Armed Forces Ind. Sta. Camp Shelby, Miss. on Oct. 7, 1943

Jane L. Fishman Civ.
(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

39. Eye abnormalities none

40. Ear, nose, throat abnormalities none

41. Mouth and gum abnormalities none

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

	<i>Right</i>		EXAMINEE'S		<i>Left</i>		
	(8)(7) 6 5 4 3 2 1		1 2 3 4 5 6		(7)(8)		
	16 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 none

(d) Remediable dental defects caries

43. Skin normal

44. Varicose veins none

45. Hernia none

46. Hemorrhoids none

47. Genito-urinary (non-venereal) normal

48. Venereal diseases none

49. Feet normal

50. Musculoskeletal defects none

51. Abdominal viscera normal

52. Cardiovascular system normal

53. Lungs normal

54. Chest X-ray normal X-152620

55. Mental normal

56. Nervous system normal

57. Endocrine system normal

58. Other defects and/or diseases or other remarks

none

59. Summary of defects in order of significance

none

60. Vision, without correction:

(a) Right eye 20/20

(b) Left eye 20/20

61. Vision, with correction:

(a) Right eye _____

(b) Left eye _____

62. Color perception* normal

63. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

64. Height 69 inches.

65. Weight 149 pounds.

66. (a) Girth, at nipples; inspiration 34 inches.

(b) Girth, at nipples; expiration 32 inches.

(c) Girth, at umbilicus 28 inches.

67. Posture: Good Fair Poor

68. Frame: Heavy Med. Light

69. Color of hair black

70. Color of eyes brown

71. Complexion colored (light)

72. Pulse, sitting 80

73. Pulse, after exercise* _____

74. Pulse, 2 minutes after exercise* _____

75. Blood pressure:

(a) Systolic 140

(b) Diastolic 88

76. Urinalysis:

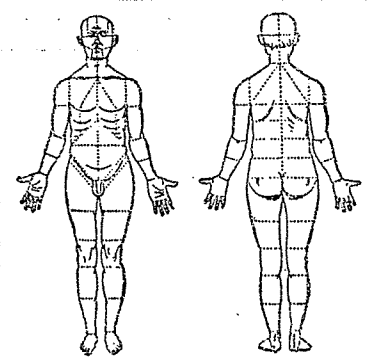
(a) Specific gravity 1.016

(b) Albumin none

(c) Sugar none

(d) Microscopic* _____

77. Other data:



* When indicated.

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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) Medgar Wiley Evers 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
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

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) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)

reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)

satisfactory correction of the following remediable defects: _____

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 [Handwritten Signature] (h) Title MAJCR, M.C.
Medical Examiner.

(i) Name typed or stamped DAN G. MORSE

79. (a) Medgar Wiley Evers 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 sent to Local Board of Origin

(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.

(c) Place Armed Forces Ind. Sta. Camp Shelby, Miss. (d) Signature [Handwritten Signature]

(e) Date Oct. 7, 1943 (f) Name typed or stamped William B. Ketchum, 1st Lt., Inf.
(Grade and organization)

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

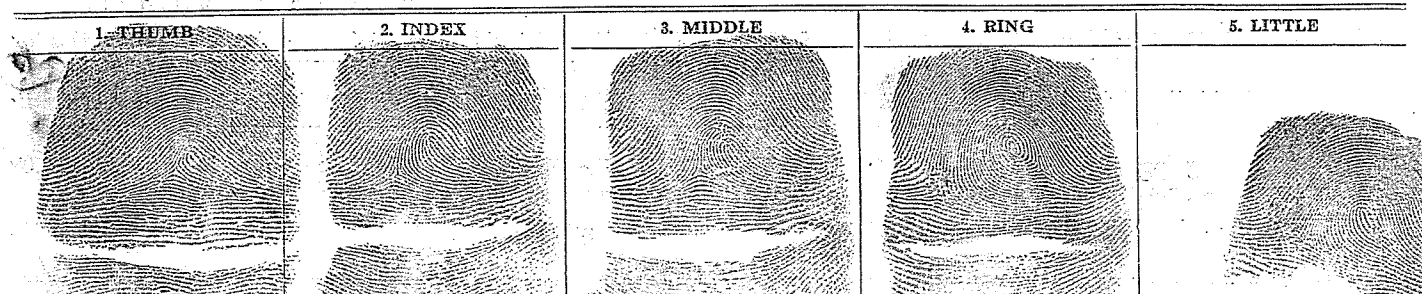
80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(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



ORIGINAL COPY

(PAGE 4)

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

S-4-4,144

1. Last name—First name—Middle initial Evers, Medgar W	2. Army Serial Number 34 874 245	3. Grade T/5	4. Regiment, arm or service ASF
5. Permanent mailing address PO Box 181 Decatur Miss		6. Color C	7. Age in years 21
		8. Sex M	9. Syphilis Register In S/R? Yes or No Closed in S/R? Yes or No No No

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under Item 11.	Yes or No No								
11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no in Columns 1 to 4. (Continue on back if necessary)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1 EPTS 2*</td> <td style="width: 25%;">2 AMS 3*</td> <td style="width: 25%;">3 IMS 4*</td> <td style="width: 25%;">4 PD 5*</td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">Yes</td> </tr> </table>	1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*	No	No	Yes	Yes
1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*						
No	No	Yes	Yes						

(over)

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable 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 (4 X 6)	13. Mouth and gum abnormalities None			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RIGHT 8 7 6 5 4 3 2 1 16 15 14 13 12 11 10 9</td> <td style="width: 10%; text-align: center;">EXAMINEE'S L</td> <td style="width: 50%; text-align: center;">LEFT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td> </tr> </table>	RIGHT 8 7 6 5 4 3 2 1 16 15 14 13 12 11 10 9	EXAMINEE'S L	LEFT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	14. Dental prosthesis: Serviceability None
RIGHT 8 7 6 5 4 3 2 1 16 15 14 13 12 11 10 9	EXAMINEE'S L	LEFT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		
15. Skin Normal	16. Genito-Urinary (And pelvic for women) No objective findings			
18. Varicose veins None	19. Hernia None			
21. Musculoskeletal defects None	22. Feet 2nd degree Pes Planus non symptomatic			
24. Cardiovascular system Normal	25. Blood pressure Systolic: 130 Diastolic: 80			
27. Lungs Normal	28. Chest X-ray Negative			
31. Neurological diagnosis Normal	32. Psychiatric diagnosis Normal			
34. Eye abnormalities None	35. Uncorrected — Vision — Corrected Right eye: 20/20 Left eye: 20/20 Right eye: 20/ Left eye: 20/			
37. Ear, nose, throat, abnormalities None	38. Hearing (Whispered voice) Right ear: 15/15 Left ear: 15/15			
40. In your opinion will wound, injury or disease result in: Condition: Sec 11-1	41. In your opinion was wound, injury, or disease incurred in line of duty? Condition: Sec 11-1			
Disability? Yes or No: No	Yes or No: Yes			
Untimely death? Yes or No: No				
43. Remarks, special tests, or other defects (Continue on back) None	42. In your opinion does individual meet physical and mental standards for discharge? If not, state why Qualified General Service			
44. Date of examination 15 Apr 1946	45. Location Camp Shelby Miss			
46. Typed name and grade B. H. ELDGETT, CAPT. MC	47. Signature <i>B. H. Eldgett</i>			

WD AGO FORM 38
1 DEC 1944
This form supersedes form WD AGO Form 38, 15 May 1944, which may be used until existing stocks are exhausted.

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. Sheet
5* Present physical defects. SA Sheet
6* When indicated. Sheet

INSTRUCTIONS:
1. Send to The Adjutant General inclosed with S/R
2. Work sheet
3. Laboratory Reports form (WD AGO Form 38-1)

History of	Genococci Infection
When	Sept. 1945
Where	France
Hospitalized	None
Present condition	Burns at times

REPORT OF BOARD OF REVIEW

(See Instruction 2)

From a careful consideration of the case and a critical examination of the enlisted person, we find that:

1. He meets physical and mental standards for discharge.
2. He meets physical and mental standards for discharge except as follows:

3. The defect, wound, injury, or disease is likely to result in untimely death.
4. The defect, wound, injury, or disease is likely to result in permanent disability.
5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

Yes or No

Location	Typed name	Grade	Signature
		M. C.	
Date	Typed name	Grade	Signature
		M. C.	

INSTRUCTIONS:

1. This report will be made out for all enlisted personnel immediately preceding separation by discharge and release from active duty, unless discharged on a certificate of disability, or retirement for service.
2. If the declaration of the enlisted man under item ten (10) when yes only, and the certificate of the examining surgeon do not agree, the case will be referred to a board of review to consist of not less than two medical officers, convened in accordance with appropriate Army Regulations.
3. Report will be prepared in duplicate. Each item provided for will be completed with an appropriate notation. The original will be signed.