

REQUEST FOR ARMY INFORMATION

TYPE OF CLAIM  
**DISABILITY  
COMPENSATION**

WD AGO FORM 53 SERIES RECEIVED  NO

LOCATION OF REQUESTING OFFICE  
**V. A. REGIONAL OFFICE #3023  
JACKSON, MISSISSIPPI**

ORGANIZATION UNIT  
**ADJUDICATION DIVISION**

DATE  
**9/16/48**

If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

To be completed by Veterans Administration

To be completed by War Department

1. LAST NAME - FIRST NAME - MIDDLE INITIAL  
**EVERS, Medgar E.**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL  
**C / C C**

2. ARMY SERIAL NO.  
**34 874 245**

3. C. NO.  
**c 10 581 906**

2. ARMY SERIAL NO.  
**C / C**

3. C. NO.  
**C**

4. CONVERTED INS. NO.  
**K.**

5. NAT. SER. LIFE INS. NO.  
**N.**

4. CONVERTED INS. NO.  
**K.**

5. NAT. SER. LIFE INS. NO.  
**N.**

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

9. LAST GRADE AND ORGANIZATION

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

12. HOME ADDRESS

13. DATE OF BIRTH

14. PLACE OF BIRTH

13. DATE OF BIRTH

14. PLACE OF BIRTH

ALLEGED DISEASE OR INJURY **Veneral disease, October 1945.**

DATE INCURRED

HOSPITAL OR INFIRMARY **Dispensary, 498th Port Bn.,  
Cherbourg, France, October 1945.**

DIAGNOSIS

ORGANIZATION WITH WHICH SERVING

SIGNATURE

ADDITIONAL INFORMATION  
**JOHN T. SMITH  
Adjudication Officer**

Please furnish copy of examination at entrance and clinicals listed above.

Forms 100 and 38 are in file.

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Attention is invited to attached AGRAC Form 92. ✓

\* 168th Sta. Hospital

COPIES				ORIGINALS (LOANED)		OTHER RECORDS	
PHYS. EXAM.	<input checked="" type="checkbox"/>	AT ENTRANCE	OTHER	<input checked="" type="checkbox"/>	CLINICALS	<input checked="" type="checkbox"/>	Form 52c
CARDS		FIELD MEDICAL	MEDICAL	<input checked="" type="checkbox"/>	FINAL PHYS. EXAM.		
TAGS		FIELD	DENTAL	<input checked="" type="checkbox"/>	Form 79 - Dtd.	7 Nov 1943	36/Dec 43
DATE	EDWARD F. WITSELL Major General The Adjutant General			BY	bjw/Unit III		

# DISPOSITION FORM

SECURITY CLASSIFICATION (If any)

OCT 4 1948

FILE NO.

AGRS-DF

SUBJECT

VA: Jackson, Mississippi  
VA Disability Comp. Cl. # 10 581 906

TO

Misc. Rec. Unit,  
Bldg. 103

FROM

DPRB, Unit III  
Bldg. 105  
VA Sub Unit

DATE

COMMENT NO. 1

Wagoner/773

EVERS, Medgar W. 34 874 245

1. Request entries from Sick Reports.
2. Former soldier alleges treatment at Dispensary, 498th Port Bn., Oct 1945.
3. He was serving with 325th Port Company, 513th Port Battalion, APO#562 at time of alleged treatment.

3 Incls.

Enlisted Record  
Photostat Jacket  
VA Form 3101 in trip. dtd. 16 Sep 1948

29 SEP 1948

TO:

Unit #3 DPRB

FROM:

Misc Rec Unit

DATE

22 October 1948

COMMENT NO. 2

EW 786

Attention is invited to attached AGRAC Form 92.

4 Incls:

Added 1 Incl.

4. AGRAC Form 92, 22 Oct 48 (dup)

Wondracheck  
Misc Rec Unit  
DPRB