

NAVAL SECTION S. A. T. C.

CLASS 2

HEALTH RECORD OF

Name Pyle Ernest Taylor  
(Surname first.)

Enlisted as App. Seaman

At Peoria, Ill.  
1 - OCT 1918

Date \_\_\_\_\_; to serve four years.  
during minority.

Date of birth 3 Aug. 1900

Place of birth Dana, Ind.

Former diseases or injuries (recruit's statement):  
M easles

Former occupations: Farming

FIRST ENROLLMENT

Holds C. S. C. No. \_\_\_\_\_ { Previous } \_\_\_\_\_ years.  
service, {

First enlisted \_\_\_\_\_ Last discharged \_\_\_\_\_  
(Date.) (Date.)

Name and address of nearest relative or friend, Mother  
Maria Pyle  
Dana, Ind.

Religion, protestant

DESCRIPTIVE LIST.

Eyes, Gr. Blu; Hair, Brn; Complexion, Ruddy  
Height, 67 inches; Weight, 113 pounds.

Vision: R., 20/20; L., 20/20.

Hearing: R., 15/15; L., 15/15.  
(Whispered voice: Distance in feet.)

Circumference of chest: mean, 28 inches;  
expansion, 3 1/2 inches.

Right.

Left.

Upper: M M M B B C I I I I C B B M M M

Lower: M M M B B C I I I I C B B M M M

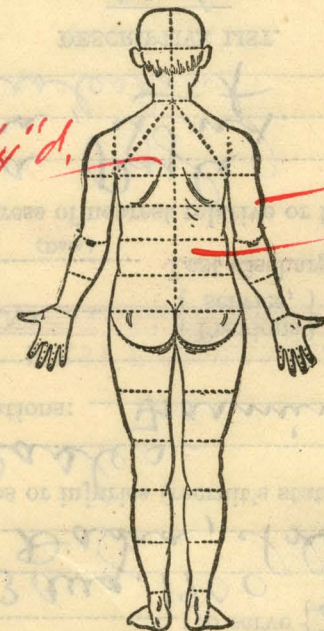
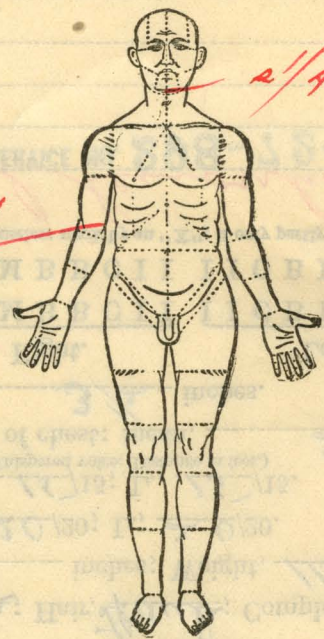
Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

Remarks: sl hemorrhoids  
SERVICE NO. 298-72-11

(Entries on this page and the next are made by Examining Surgeon at time of enlistment. Corrections to be made in red ink and initialed.)

Pyle E. T.  
MARKS, SCARS, ETC.

(Marked in red ink by examining surgeon.)



Date and nature of any waiver:  
\_\_\_\_\_  
\_\_\_\_\_

R. M. Latta  
Surgeon, U. S. Navy, Examining Surgeon.  
P. A. Surg. U. S. N. P.

ABSTRACT OF HEALTH RECORD.

Name *Pyle Ernest Taylor*

(In full, surname first.)

**FIRST ENROLLMENT**

During *enlistment.*  
(1st, 2d, etc.)

| PLACE.            | DATE.          |           | *DIAGNOSIS AND SICK DAYS.<br>(e. g., Colica, 2; Hernia, 26; etc.) | Physically desirable for service.<br>(Yes or no.) | SIGNATURE OF MEDICAL OFFICER. |
|-------------------|----------------|-----------|---|---|-------------------------------|
|                   | Attached.      | Detached. |   |   |                               |
| U.S.S. WILMETTE   | 7-14-21        | 7-28-21   | <i>None</i>   | <i>Yes</i>  | <i>E. H. ...</i>              |
| <i>U.S.S. ...</i> | <i>8-30-21</i> |           |   |   | <i>E. J. ...</i>              |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |
|                   |                |           |   |   |                               |

4-2684

\*Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

(BEGIN ON REVERSE SIDE.)

ABSTRACT OF HEALTH RECORD—Continued.

| PLACE. | DATE.     |           | *DIAGNOSIS AND SICK DAYS.<br>(e. g., Colica, 2; Hernia, 26; etc.) | Physically desirable for service.<br>(Yes or no.) | SIGNATURE OF MEDICAL OFFICER. |
|--------|-----------|-----------|---|---|-------------------------------|
|        | Attached. | Detached. |   |   |                               |
|        |           |           |   |   |                               |
|        |           |           |   |   |                               |
|        |           |           |   |   |                               |
|        |           |           |   |   |                               |
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|        |           |           |   |   |                               |
|        |           |           |   |   |                               |
|        |           |           |   |   |                               |

4-2684

\*Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

(32)

MEDICAL HISTORY

Page \_\_\_\_\_

Name of patient

Pyle  
Ernest Taylor

Place

USO Wilmette

DATE:

7-4-21

NOTE: Reported, this date, for active duty. Examined physically and the following defects noted.

None  
Other

Lieut. (MC) U.S.N.

DATE:

7-28-21

NOTE: Physical examination for release from active duty reveals the following physical defects not previously noted in health record.

None

He.....physically qualified for sea duty.

Other

Lieut. (MC) U.S.N.

I certify I have not suffered any personal injury or contracted any disease in the line of duty while employed in active service under the Navy Department except as enumerated in my health record, which I have inspected.

(Signed)

Ernest T. Pyle

(Witness)

Other

Lieut. (MC) U.S.N.



(3,4)

Marks, scars, etc., since enlistment or not previously noted:

TERMINATION OF SERVICE.

Name of ship or station 2-NAY, DIST.

Place GREAT LAKES, ILL.

Date 30 SEPT, 1921

By reason of DISENROLLED-ALNEV 67

Physical defects disqualifying for reenlistment (if any):

NOT PRESENT FOR EXAMINATION

Examining surgeon at time of discharge:

4-2684

PHARMACIST, U. S. N.  
BY DIRECTION

*[Signature]*  
Surgeon, U. S. Navy.

PAGE \_\_\_\_\_

NAME Ernest Taylor Pyle

**U. S. NAVAL TRAINING STATION  
GREAT LAKES, ILLINOIS**

Date:—

NOTE:—Physical examination reveals the following physical defects not noted in health record at the time of enlistment:

.....  
.....  
.....  
.....

He is.....physically qualified for sea duty and it is.....recommended that he be placed on an inactive status.

Proper data for medical discharge from the Naval Service is *not* being forwarded for approval.

*R. M. Little* Lieut. Med. Corps.

Lieut. Med. Corps.

I have not suffered any personal injury or contracted any disease in the line of duty while employed in active service under the Navy Department except as enumerated in my health record, which I have inspected.

(Signed) *Ernest Taylor Pyle*

(Witness) *R. M. Little*

*R. M. Little* Lieut. Med. Corps.

**TH RECORD**

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**FORWARDED**

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# DENTAL RECORD.

(To be filled in by the Dental Officer.)

## INSTRUCTIONS.

This sheet will be inserted in the health record immediately following the sheets for the "Medical History."

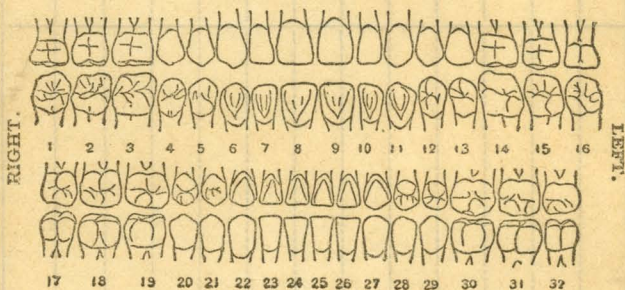
The sheet will be prepared when a man is first treated by a dental officer.

In case a patient has had previous treatment by a dental officer this sheet will be detached from the record and sent to the dental officer, who shall keep the sheet in his possession until he has completed the treatment, and then after signing will return it to the medical officer having the custody of the health record to be again inserted in that record.

Name of patient \_\_\_\_\_

Grade or rate \_\_\_\_\_

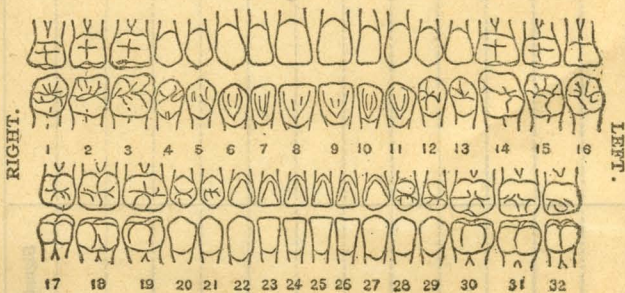
### RECORD OF FIRST DENTAL EXAMINATION.



Remarks: \_\_\_\_\_

(Date and signature of examining dental officer.)

### RECORD OF SUBSEQUENT DENTAL OPERATIONS.



Remarks: \_\_\_\_\_



**MEDICAL HISTORY.**

Page \_\_\_\_\_

Name of patient \_\_\_\_\_

Place \_\_\_\_\_

Page

Page \_\_\_\_\_

Place

Name of Patient

Page

MEDICAL HISTORY

**MEDICAL HISTORY.**

Page .....

Name of patient .....

Place .....

Page .....

Place

Name of patient

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MEDICAL HISTORY