

F B I

Date: 4/19/68

Transmit the following in _____
(Type in plain text or code)Via AIRTEL _____
(Priority or Method of Mailing)

TO : ALL CONTINENTAL OFFICES
FROM : SAC, MEMPHIS (44-1987) (P)
SUBJECT: MURKIN
CIVIL RIGHTS
(OO: ME)

Re Albany airtels 4/10/68 and 4/11/68, setting forth concerns who purchased Thermo-Seal marking machines, and Bureau teletype to Memphis, 4/12/68.

The FBI Laboratory advised that pillowcase and bed sheet were found in trunk of 1966 white Mustang registered to ERIC STARVO GALT, which was located at Atlanta 4/11/68. These items contain Thermo-Seal laundry tapes of approximately same size as tapes on items previously recovered, but are yellow in color and contain code, "20R-3." In opinion of Textile Marking Machine Company, Syracuse, New York, the tapes were produced by a different machine than previous tapes since the first three characters are 15 point type and the last two characters are 18 point type.

The Textile Marking Machine Company suggests the twenty in above code would be the lot number, the R may mean that this was a return of a batch of laundry, and the three is the bundle number.

LEADSALL CONTINENTAL OFFICES

Will recontact laundries determined to be operating Thermo-Seal Marking Machines in an effort to locate laundry using the code, "20R-3."

2 - All Continental Offices JN
2 - Memphis
GMR:jms (118)

157-9586-325

SEARCHED	INDEXED
SERIALIZED	FILED
APR 22 1968	
FBI - JACKSON	

Approved: [Signature] Sent _____ M Per _____
Special Agent in Charge

F B I

Date: 4/19/68

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(Type in plain text or code)Via AIRTEL _____
(Priority or Method of Mailing)

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The Textile Marking Machine Company suggests the twenty in above code would be the lot number, the R may mean that this was a return of a batch of laundry, and the three is the bundle number.

LEADSALL CONTINENTAL OFFICES

Will recontact laundries determined to be operating Thermo-Seal Marking Machines in an effort to locate laundry using the code, "20R-3."

2 - All Continental Offices JN
2 - Memphis
GMR:jms (118)

this has been covered in original contact with laundries. samples were obtained.

SEARCHED <input checked="" type="checkbox"/>	INDEXED <input checked="" type="checkbox"/>
SERIALIZED <input checked="" type="checkbox"/>	FILED <input checked="" type="checkbox"/>
APR 22 1968	
FBI-JACKSON	

Approved: [Signature]
Special Agent in Charge

Sent _____ M Per _____

157-9586-325

SAC, MEMPHIS (44-1987)

4/22/68

SAC, JACKSON (157-9586)

MURKIN

Enclosed for Memphis are two report inserts, 15 copies of each, totaling 30 enclosures, concerning investigation at Greenville and Vicksburg, Miss., relating to Mississippi River Barge Companies. All contacts were negative.

Searched _____
Serialized _____
Indexed _____
Filed _____

2-Memphis (Enc. 30) RM
1-Jackson
JLP:mah
(3) *mm*

CCC marked for indexing

157-9586-326

JN 157-9586

JWN/wgj

1

The following investigation was conducted by
SA JOHN WILLIAM NEELLEY, April 11, 1968, at Greenville,
Mississippi:

Records of the following companies which hire
barge hands and river workers were reviewed with no
record being located for ERIC STARVO GALT, JOHN WILLARD
and HARVEY LOWMEYER:

American River Lines

Delta Towing Company

Vickers Towing Company

Double W. Towing Company

Feeder Line Towing Service Incorporated

Greenville Towing Company

Williamson Marine Transport, Incorporated

Marine Welding Company

Greenville Propellar Company

Greenville Fuel Service, Incorporated.

M and M Towing Company

M and M Transportation Company, Incorporated.

Mississippi Marine Corporation

O'Hara Towing Company, Incorporated

JN 157-9586

2

Port City Towing Company

Ramsey Transportation Company

Ramsey Towing Company, Incorporated.

Security Barge Lines

Warfield Towing Company

Superior Transportation, Incorporated.

3

JN 157-9586

JGW:mah

1

The following investigation was conducted at Vicksburg, Mississippi, on April 10, 1968, by SA JACK G. WILSON:

The sources listed here and after failed to reveal a record identifiable with the names JOHN WILLARD, HARVEY LOWMEYER, HARVEY LOWMYER, and ERIC STARVO GALT:

The Vicksburg, Mississippi, telephone directory;

The Vicksburg, Mississippi, city directory;

The Yazoo City, Mississippi, telephone directory;

The Yazoo City, Mississippi, city directory;

The Port Gibson, Mississippi, telephone directory;

The Rolling Fork, Mississippi, telephone directory;

The Vicksburg Police Department, JOHN EDWARDS, Identification Bureau, and Detective CHARLES PRINCE;

The Warren County Sheriff's Office, Sheriff PAUL BARRETT;

The Vicksburg Credit Bureau, Emmich Building, Mrs. EDNA COLE, Manager;

Magnolia Towing Company, Incorporated, 1217 Levee Street, Mrs. HELEN BLACKMON, Office Secretary;

Patton Tully Transportation Company, Levee Street, A. J. WERLING, Office Manager;

Vicksburg Mid-River Service, Incorporated, Lee Street, J. PAUL DENNIS, Vice President;

JN 157-9586

2

Warren County Voter Registration Records,
J. NOEL NUTT, Clerk of the Circuit Court.

4/22/68

AIRTEL

TO: SAC, MEMPHIS
FROM: SAC, JACKSON (157-9586)

MURKIN

Re Jackson telephone call to New Orleans, 4/19/68;
New Orleans teletype to Chicago, and Jackson dated 4/19/68;
and Chicago teletype to Jackson, Memphis and Birmingham,
4/20/68.

Investigation at Pascagoula, Miss., determined
GERALD KINCOB HULTSCHER, FBI # 745 724 D, has resided in
Pascagoula in the past and received mail in care of E. M.
RAH. RAH, identified as life-long resident of Pascagoula,
bears no similarity of description to subject. HULTSCHER
presently being sought by Pascagoula PD as suspect in
theft of paycheck of E. M. RAH. All available information
from Captain WILLIAM FORD, Pascagoula PD, previously
obtained and furnished New Orleans.

New Orleans continues efforts to identify look-
a-like riding with HULTSCHER 4/19/68. If HULTSCHER located
by Pascagoula PD, he will be interviewed at Pascagoula.

2 - Memphis
2 - New Orleans
1 - Birmingham
JW/wh 2 - Jackson
(5)

Searched

Serialized

Indexed

Filed

(File to follow)

157-9586-327

4/22/68

AIRTEL

TO: SAC, MEMPHIS
FROM: SAC, JACKSON (157-9586)

MURKIN

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New Orleans teletype to Chicago, and Jackson dated 4/19/68;
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Investigation at Pascagoula, Miss., determined
GERALD ELWOOD HULTGREN, FBI # 745 724 D, has resided in
Pascagoula in the past and received mail in care of E. M.
RAE. RAE, identified as life-long resident of Pascagoula,
bears no similarity of description to subject. HULTGREN
presently being sought by Pascagoula PD as suspect in
theft of paycheck of E. M. RAE. All available information
from Captain WILLIAM POPE, Pascagoula PD, previously
obtained and furnished New Orleans.

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a-like riding with HULTGREN 4/19/68. If HULTGREN located
by Pascagoula PD, he will be interviewed at Pascagoula.

2 - Memphis
2 - New Orleans
1 - Birmingham
JJF/brh 2 - Jackson
(3)

Searched _____
Serialized _____
Indexed _____
Filed _____

157-9586-327

*no memo
rel. to file
5/1/68*
Filer
(Follow this with PD at Pascagoula.)

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, JACKSON (157-9586)

FROM : SA EDGAR L. O'NEILL, JR.

SUBJECT: MURKIN

DATE: 4/10/68

REFERENCE:

Telephone Call from JN Office, 4/9/68.

AT GULFPORT, MISS.

On late afternoon of 4/9/68, SA LARRY BUREAU advised that it had been determined from MHSP records that a 1966 auto tag receipt had been located in name of JAMIE GALT, 1912 20th Ave., Gulfport, Miss, for a 1957 Plymouth Plaza two-door vehicle, white in color.

This is Jennie Gates

Mississippi Coast Cross Reference Directory checked from 1963 thru present. The address of 1912 20th Ave., Gulfport, Miss. always in name of A. OBERLIES. During 1967 directory reflects names of A. OBERLIES and WILLIAM A. LANDRY.

Mr. & Mrs. WILLIAM A. (ESTHER) LANDRY, 1912 20th Avenue, Gulfport, Miss. contacted on 4/9/68, and advise that they have lived at that address since 3/19/66. They stated that the residence is owned by Mr. OBERLIES, who lives in a rear apartment. Mr. & Mrs. LANDRY stated they know no one named GALT.

Mr. ADOLF OBERLIES, rear apartment, 1912 20th Ave., G'Port, Miss., contacted on 4/9/68, and advised that he has owned that residence for several years and has never rented a room or apartment to anyone named GALT. He checked his records, stating that the LANDRY family has lived there since March, 1966. Prior to that, Miss JENNIE GATES lived there from 10/30/65 through March, 1966. She worked at General Laundry on 25th Ave., G'Port. GATES has since married and moved away, but whereabouts unknown. Mr. OBERLIES stated he could locate no other records of names of tenants prior to GATES, but is certain that no one named GALT lived there.

On 4/10/68 records of the Harrison County SO were checked, and no one named GALT or GAULT ever arrested.

On 4/10/68 records of Gulfport PD likewise revealed no record of arrest in name of GALT or GAULT.

ELO:elo
(2)



5010-108-01

marked for indexing

157-9586-328

SEARCHED	INDEXED
SERIALIZED	FILED
APR 11 1968	
FBI - JACKSON	

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

JN 157-9586

Page 2, Memo to SAC from SA EDGAR L. O'NEILL, JR., Dated 4/10/68.

On 4/10/68 Miss. ~~BRENDA WELCH~~, Credit Bureau of Harrison County, 1816 Pass Road, Gulfport, Miss., advised that she could locate no record of anyone named GALT, ~~GAULT~~, or similar variation.

On 4/10/68 Mr. ~~L. L. DEWEY~~, Superintendent, General Laundry and Cleaners, 1610 25th Ave., G'Port, Miss., advised that JENNIE GATES previously worked there, but married one BOBBY RICH, and they moved to an unknown town in Florida about two years ago.

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, JACKSON (157-9586) (P)

DATE: 4/17/68

FROM : SA HAROLD M. RATCHFORD

SUBJECT: MURKIN
RM

On 4/17/68, at 10:02 a.m., EDWARD LEE, Manager at Lee Hotel, Church Street, Jackson, Miss., advised that a cab driver by the name of D. C. (LNU) advised him that at 8 a.m. this morning he dropped a white male passenger off in the vicinity of the Sun and Sand Motel, Jackson, Miss.

Mr. LEE stated that D. C. was very suspicious of the man in that he got off a bus at Durant, Miss., hired a cab to take him to Jackson, Miss., and paid him \$35. D. C. further indicated to Mr. LEE that the bus that this white male was riding was en route to Jackson, Miss.

Mr. LEE stated that D. C. works for a Negro cab company in Durant, Miss., and returned to Durant this date.

LEAD:

At Durant, Miss.

Will attempt to locate and interview D. C. (LNU), Negro cab driver, to determine detailed information concerning white passenger.

② - Jackson
HMR:lsk
(2) lsk



5010-108-01

*Gardner to handle person
+ call from Durant*

SEARCHED	INDEXED
SERIALIZED	FILED
APR 17 1968	
FBI - JACKSON	

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, MEMPHIS

DATE: 4/19/68

FROM : SAC, JACKSON (157-9586)

SUBJECT: MURKIN

Re New York airtel to Jackson, 4/10/68.

Referenced airtel indicated that ETHEL SCOTT, Hempstead, New York, believed subject of MURKIN case was identical with JOE BARYS (PH), Marks, Mississippi.

JOE BYARS, Mississippi Highway Safety Patrol, Driver's License Examiner, Marks, Mississippi, bears no resemblance to composite drawings or photographs in this matter.

No further investigation conducted in this lead at Jackson.

Searched _____
Serialized _____
Indexed _____
Filed _____

2-Memphis
② Jackson (157-9586)
HLF:mah
(4)mal



5010-108-01

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

157-9586-330

4/17/68

AIRTEL AIRMAIL

TO: DIRECTOR, FBI (44-38861)
FROM: SAC, ST. LOUIS (44-775)
RE: MURKIN

Re telephone call from SAC ROY MOORE, Jackson, to
ASAC EDWARD J. KRUPINSKY, 4/15/68.

RE: DANCING SCHOOL PROJECT
SUSPECT AARON ISAAC LOFTON

Enclosures: To Bureau, Memphis, Atlanta and Jackson,
one copy each of complete service record of AARON ISAAC LOFTON,
ASN RA 24919772.

SAC MOORE, in referenced telephone call, stated dancing
school leads in this case had developed LOFTON as a suspect and
requested xerox copies of his complete service record be sent to
Bureau and recipient offices.

The legality of copying entire record may be questionable.
Original record may be obtained by Subpoena Duces Tecum.

File is being reviewed and apparent leads will be
set out by teletype, however, it is presumed Jackson has better
knowledge of LOFTON's connection, and will set forth all
necessary leads and request any examination desired.

UNSUB ARMED AND DANGEROUS.

- 3 - Bureau (44-38861) (Encl. 1) (AMSD)
- 2 - Memphis (44-1987) (Encl. 1) (AMSD)
- 2 - Atlanta (Encl. 1) (AMSD)
- 2 - Jackson (Encl. 1) (AMSD)
- 1 - St. Louis (44-775)

HRD:mjb
(10)

157-9586-331

SEARCHED	INDEXED
SERIALIZED	FILED
APR 18 1968	
FBI - JACKSON	

4/17/68

TO: DIRECTOR, FBI

FROM: SAC, ST. LOUIS (44-38861)

SUBJECT: MURDER OF MARTIN LUTHER KING, JR. (44-773)

RE: MURKIN

Re telephone call from SAC ROY WOOD, Jackson, to
SAC I. N. OPINSKY, 4/15/68.

RE: KENNEDY SCHOOL PROJECT
SUSPECT ARON ISRAEL LORTON

Enclosures: To Bureau, Memphis, Atlanta and Jackson,
one copy each of complete service record of ARON ISRAEL LORTON,
ID # 34913775.

SAC WOOD, in referenced telephone call, stated that
school leads in this case had developed LORTON as a suspect and
requested one copy of his complete service record be sent to
Bureau and compliant offices.

The legality of copying entire record may be questionable.
Original record may be obtained by subpoena Duquesne Bureau.

File is being reviewed and apparent leads will be
sent by teletype, however, it is presumed Jackson may better
advise of LORTON's connection, and will set forth all
necessary leads and request any examination Jackson.

UNSUB IS DANGEROUS.

- Bureau (44-38861) (Encl. 1) (AMSD)
- Memphis (44-1987) (Encl. 1) (AMSD)
- Atlanta (Encl. 1) (AMSD)
- Jackson (Encl. 1) (AMSD)
- St. Louis (44-773)

W. J. H. (13)

SEARCHED	INDEXED
SERIALIZED	FILED
APR 18 1968	
FBI - JACKSON	

4/18/68

AIRTEL

TO: DIRECTOR, FBI (44-39861)
FROM: SAC, BALTIMORE (44-669) (P)
MURKIN

ReBatal to Bureau, 4/18/68.

Re: Dance School Project
Suspect - AARON ISAAC LOFTON

Enclosed herewith are copies of the following documents concerning AARON ISAAC LOFTON as mentioned in referenced Baltimore teletype:

1. Statement of Personal History (DD Form 398) dated 2/26/55
2. Army Report of Investigation dated 4/27/55

3 - Bureau (Enc. 2)
2 - Memphis (Enc. 2) (44-1987)
2 - Atlanta (Enc. 2)
2 - Jackson (Enc. 2)
1 - Baltimore

JEB:wjj
(10)

SEARCHED	INDEXED
SERIALIZED	FILED
APR 19 1968	
FBI - JACKSON	

157-9586-334

4/18/68

AIRTEL

TO: DIRECTOR, FBI (44-38861)
FROM: SAC, BALTIMORE (44-669) (P)
MURKIN

Rebulet to Bureau, 4/18/68.

Re: House School Project
Suspect - AARON ISAAC LOFTON

Enclosed herewith are copies of the following documents concerning AARON ISAAC LOFTON as mentioned in referenced Baltimore teletype:

- 1. Statement of Personal History (DD Form 398) dated 2/26/55**
- 2. Army Report of Investigation dated 4/27/55**

3 - Bureau (Enc. 2)
2 - Memphis (Enc. 2) (44-1987)
2 - Atlanta (Enc. 2)
② - Jackson (Enc. 2)
1 - Baltimore

JEB:WJ
(15)

157-9586-334

SEARCHED	INDEXED
SERIALIZED	FILED
APR 19 1968	
FBI - JACKSON	

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (44-38861)

FROM : SAC, Kansas City (44-760)

SUBJECT: MURKIN

DATE: 4/19/68

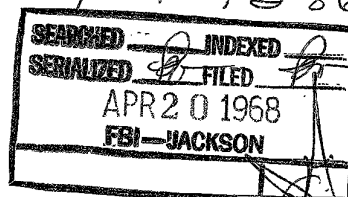
Enclosed to the Bureau are six copies and to each office one copy of the following photographs:

JAMES EARL RAY, Missouri Department of
Correction #00416, dated 3/17/60 and
9/8/66

WALTER TERRY RIFE, Kansas City SO #29636
FBI #4558766

Stand up photographs of RAY on the left, Kansas City SO
#29637 and RIFE, Kansas City SO 29236, taken 3/28/55.

2 - Bureau (Encs. 24) (AM)
2 - Each Field Office (Encs. 4) (AM)
2 - Kansas City
(120)



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (44-38861)

FROM : SAC, Kansas City (44-760)

SUBJECT: MURKIN

DATE: 4/19/68

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JAMES EARL RAY, Missouri Department of
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9/8/66

WALTER TERRY RIFE, Kansas City SO #29636
FBI #4558766

Stand up photographs of RAY on the left, Kansas City SO
#29637 and RIFE, Kansas City SO 29236, taken 3/28/55.

2 - Bureau (Encs. 24) (AM)
2 - Each Field Office (Encs. 4) (AM)
2 - Kansas City
(120)

1A 31

1A 32

1A 33

1A 34

*one photo of Ray sent
to Dallas Re #4
to*

*Puckster advised -
Hold till Monday*

157-9586-335

SEARCHED	INDEXED
SERIALIZED	FILED
APR 20 1968	
FBI-JACKSON	



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

F B I

Date: 4/18/68

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL AIRMAIL
(Priority)

To: SAC, Jackson

From: SAC, Birmingham (44-1740) (P)

MURKIN
CR
(OO: ME)

GEORGE PARRISH, Birmingham telephone number 648-5835, telephonically advised 4/17/68 that a man who fits the description of ERIC STARVO GALT was observed by PARRISH in Birmingham a few days before victim KING killed. This person was driving a white 1953 Ford with Mississippi license AB-551.

LEAD:JACKSON DIVISIONAT JACKSON, MISSISSIPPI

Ascertain identity of person whom Mississippi license AB-551 issued. Determine if this person identical with GALT.

ARMED AND DANGEROUS.

2 - Jackson
2 - Memphis
2 - Birmingham
RMB:jml
(6)

157-9586-336
INDEXED
FILED
APR 20 1968
FBI - JACKSON


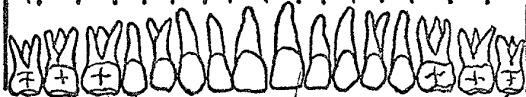
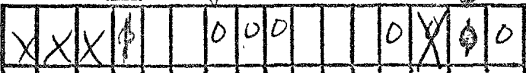
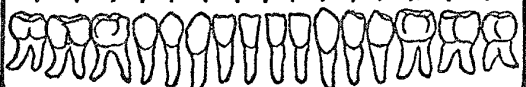
Approved: _____ Sent _____ M Per _____
Special Agent in Charge

1. LAST NAME, FIRST NAME, MIDDLE INITIAL LOFTON, AARON I		4. GRADE Pvt	
2. REGISTER NO. 20		3. ARMY SERIAL NO. 4/12	
5. ORGANIZATION AND ARM OR SERVICE Co B - Proc Bn ASA			
6. AGE 20		7. RACE Cau	
8. LENGTH OF SERV. 4/12		9. DATE OF ADM. 26 Apr 55	
10. SOURCE OF ADMISSION*			
11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.			
12. DATES AND NATURE OF TREATMENTS AND OPERATIONS			
13. RESULTS AND REMARKS			

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.		12. DATES AND NATURE OF TREATMENTS AND OPERATIONS		13. RESULTS AND REMARKS	
Adm R		Exam "2		26 Apr	
PBW		XR#3202		MMG	
Car L4 dof		Consult		7 Jul	
" L5 o		OA		HFS	
" L6 ol		"		"	
" L7 o		" anes		7 Jul	
Car R-13-ol		OA Agno3 Anes		2	
Car L-15-dof		OA Agno3 Anes		21 Jul	
Car L-1 dlm		OS		CH	
Car L-2 d		OS		"	
Car L-2 m		OS		"	
Car L-9 d		OS		"	
Car R-9 m		OS		"	
Car R-10 m		OS		"	
Car L*15 o		OA		"	
Car R-5 mo		OA		"	
Car R-7 o		OA		"	
Car L-13 do		OA		5 Oct	
				20-1	
				ITS	

157-9586-331A


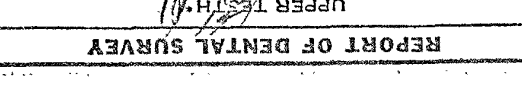

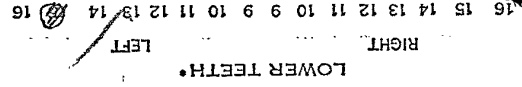
SEARCHED	INDEXED
SERIALIZED	FILED
APR 23 1968	
FBI - JACKSON	

REPORT OF DENTAL SURVEY	
<p style="text-align: center;">UPPER TEETH*</p> <div style="display: flex; justify-content: space-between; font-size: small;"> RIGHT LEFT </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 8 7 6 5 4 3 2 1 2 3 4 5 6 7 8 </div>  	
<p style="text-align: center;">LOWER TEETH*</p> <div style="display: flex; justify-content: space-between; font-size: small;"> RIGHT LEFT </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 16 15 14 13 12 11 10 9 8 9 10 11 12 13 14 15 16 </div>  	
<p style="text-align: center;">CLASS <u>2</u></p> <p>OCCUSION <u>N</u> CALCULUS: SLIGHT, MEDIUM, HEAVY</p> <p>PERIODONTOKLASIA <u>N</u></p> <p>DENTAL FOCI SUSPECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OTHER CONDITIONS</p>	
<p>DATE</p> <p><u>26 April 1945</u></p>	<p>SIGNATURE OF DENTAL OFFICER</p> <p><u>Major M. M. Glasser</u></p>
<p>*RESTORABLE CARIOUS TEETH BY O</p> <p>NONRESTORABLE CARIOUS TEETH BY I</p> <p>MISSING NATURAL TEETH BY X</p> <p>TEETH REPLACED BY DENTURE (Horizontal line)</p> <p>TEETH REPLACED BY FIXED BRIDGE (Oval to include abutments)</p>	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">X X X</div> <div style="border: 1px solid black; padding: 2px;">X</div> </div>	

DA FORM 15 MAR 45 8-116 (Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16-20622-4 GPO

REPORT OF DENTAL SURVEY	
<p style="text-align: center;">UPPER TEETH*</p> <div style="display: flex; justify-content: space-between; font-size: small;"> RIGHT LEFT </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 8 7 6 5 4 3 2 1 2 3 4 5 6 7 8 </div>  	
<p style="text-align: center;">LOWER TEETH*</p> <div style="display: flex; justify-content: space-between; font-size: small;"> RIGHT LEFT </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 16 15 14 13 12 11 10 9 8 9 10 11 12 13 14 15 16 </div>  	
<p style="text-align: center;">CLASS <u>350</u></p> <p>OCCUSION <u>2</u> CALCULUS: SLIGHT, MEDIUM, HEAVY</p> <p>PERIODONTOKLASIA <u>2</u></p> <p>DENTAL FOCI SUSPECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OTHER CONDITIONS</p>	
<p>DATE</p> <p><u>31 Oct 55</u></p>	<p>SIGNATURE OF DENTAL OFFICER</p> <p><u>Dr. J. M. Lee</u></p>
<p>*RESTORABLE CARIOUS TEETH BY O</p> <p>NONRESTORABLE CARIOUS TEETH BY I</p> <p>MISSING NATURAL TEETH BY X</p> <p>TEETH REPLACED BY DENTURE (Horizontal line)</p> <p>TEETH REPLACED BY FIXED BRIDGE (Oval to include abutments)</p>	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">X X X</div> <div style="border: 1px solid black; padding: 2px;">X</div> </div>	

DA FORM 15 MAR 45 8-116 (Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16-20622-2 GPO

1. LAST NAME, FIRST NAME LOFTON		2. REGISTER NO. 3		3. GRADE PTC		4. ORGANIZATION AND ARM OR SERVICE Hqs Det ASA 8616th Ft Kobbe		5. DATE OF ADM. 11/12 12 Dec 56		6. AGE 22		7. RACE Can		8. LENGTH OF SERV. 1		9. DATE OF ADM. 11/12 12 Dec 56		10. SOURCE OF ADMISSION*											
11. DISEASE INJURY WITH COMPLICATIONS, SEQUELAE, ETC. Adm R Car R-1 D Car R-2 M										12. DATES AND NATURE OF TREATMENT AND OPERATIONS Exam XR# 12 Dec 56 OS OS 12 Dec 56										13. RESULTS AND REMARKS ARK C1-1									

*Required only when stencil procedure is used.

SIGNATURE OF DENTAL OFFICER

16-20822-2

NAME (LAST) LOFTON		NAME (FIRST) AARON		NAME (MIDDLE) ISAAC		HOSP. REGISTER NO. 118332		PREV. ADM. DATE		U. S. NAVAL HOSP. CHAS. S. C.		WARD BTB					
DUTY STATUS ACT		AV. STATUS		RACE C		RELIG. P		MAR. STATUS S		(STATE) BIRTH (DATE) (AGE) MISS 22 1/24/55		PRES. ENLISTM 1/23/58					
(TIME) ADMISSION (DATE) 2230 10/16/57		F M		GORGAS HOSP. ANCON CANAL ZONE								LTR. () PHONE () P-10 () RON					
RECORDS REC'D MARK '1' IF REQUESTED POST DATE																	
HR OR		SR		PR		SOS/ CSC		'G'		ORD.		DISC. LTR.					
BAG		OTHER		AMBULATORY													
OFFICER'S PR LOCATION (OR OCCUPATION, IF VAB)																	
GOVT. INS. (AMT)																	
DEPENDENTS																	
NEXT OF KIN (OR DEPENDENT OF) (NAME IN FULL) (RATE) LOFTON AARON BOX 64 SUMMIT MISS								PRESENT ADDRESS				TELEPHONE		RELATIONSHIP FATHER			
MOTHER'S MAIDEN NAME (IN FULL) NUMMERY AGNES LOU (LV)								BIRTHPLACE MISS				MISC. (1) PLACE OF ENLIST. (2.) SOCIAL SECURITY NO. (3.) VETERAN'S ORGANIZATION, ETC.					
FATHER'S NAME (IN FULL) LOFTON AARON ALTON (LV)								BIRTHPLACE MISS									
PATIENT'S LEGAL RESIDENCE-TIME (OR IN CASE OF EMERGENCY NOTIFY: NAME, ADDRESS, TELEPHONE) SAME AS NOK																	
ADMISSION DIAGNOSIS DEAFNESS NEC								NUMBER 3999		DISCHARGE DIAGNOSIS				NUMBER			
DISP.		DATE		TO WHERE		MISC. (SICK DAYS)		DATE S. L. BEGAN									
NAME (LAST) LOFTON		NAME (FIRST) AARON		NAME (MIDDLE) ISAAC		S.		C.		RATE (INCL. VAB.) SP3		CLASS/BRANCH USA		SERVICE OR VAB C' NO. 24919772		WARD H-1	

16-20522-2 ☆ GPO

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Lofton, Aaron, I				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE Pvt-1		
5. ORGANIZATION AND ARM OR SERVICE Co. B 49th ABN ENGR BN				
6. AGE 20	7. RACE Cau	8. LENGTH OF SERV. 2 wks	9. DATE OF ADM. FEB 4 1955	
10. SOURCE OF ADMISSION * DENTAL EXAMINING STATION FORT JACKSON, S. C.				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
SIGNATURE OF DENTAL OFFICER				

16-20622-8

1. LAST NAME, FIRST NAME, MIDDLE INITIAL LOFTON, AARON I.				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE E-2		
5. ORGANIZATION AND ARM OR SERVICE Co. B 49th ABN ENGR BN				
6. AGE 20	7. RACE Cau	8. LENGTH OF SERV. 2 wks	9. DATE OF ADM. OCT 5 1955	
10. SOURCE OF ADMISSION * DENTAL CLINIC #1 FT DEVERES, MASS.				
*Required only when stencil procedure is used.				
DENTAL IDENTIFICATION RECORD				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
SIGNATURE OF DENTAL OFFICER <i>[Signature]</i>				

16-20622-8

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	0	0	X									0	0	0	X

LOWER TEETH*

RIGHT								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	0									0	X		

OCCUSION

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED

OTHER CONDITIONS

CLASS

CALCULUS: SLIGHT, MEDIUM, HEAVY

☐ YES

☒ NO

DATE

4 FEB 1955

SIGNATURE OF DENTAL OFFICER

[Signature]

*RESTORABLE CARIOUS TEETH BY 0
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)

X	X	X
---	---	---

(X)

DA FORM 15 MAR 45 8-116
(Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16-20022-4 GPO

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	0	0	X									0	0	0	X

LOWER TEETH*

RIGHT								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	0									0	X		

OCCUSION

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED

OTHER CONDITIONS

CLASS

CALCULUS: SLIGHT, MEDIUM, HEAVY

☐ YES

☒ NO

DATE

5 OCT 55

SIGNATURE OF DENTAL OFFICER

[Signature]

*RESTORABLE CARIOUS TEETH BY 0
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)

X	X	X
---	---	---

(X)

DA FORM 15 MAR 45 8-116
(Formerly WD AGO)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16-20022-4 GPO

HOSPITAL REGISTER NO.

118332

FOR ADMISSION ROOM USE

WARD:

H-1

NAME: (Last) (First) (Middle) (Service No.) (Rank/Rate/Status)
LOFTON AARON ISAAC SP3/USA

ADMISSION DIAGNOSIS:
DEAFNESS NEC

DIAGNOSIS NUMBER:
3999

ADMITTED: (Time) (Date)
2320 10/16/57

☒ AMBULATORY

☐ STRETCHER

RELIGION:
PROT

SEX:
MALE

NEXT OF KIN: (Name)

(Relationship)

(Address)

DISCIPLINARY STATUS: (For Service Active Duty Patients Only)

☐ NO DISCIPLINARY ACTION PENDING

☐ IS A COURT MARTIAL PRISONER

☐ DISCIPLINARY ACTION PENDING AT DUTY STATION

☐ NO INFORMATION RECEIVED WITH RECORDS. WHEN RECEIVED WILL BE FURNISHED TO WARD BY PERSONNEL-RECORDS DIVISION BY MEANS OF DAILY REPORT OF DISCIPLINARY STATUS OF STAFF AND PATIENT PERSONNEL.

FOR WARD USE

TEMPERATURE 98.6 PULSE 64 RESPIRATION 16 BLOOD PRESSURE 110/80 WEIGHT 140 HT 6' AGE 22

CROSS RECORD SUMMARY (For cross indexing purposes)
(To be completed by Ward Medical Officer)

DIAGNOSIS AND NUMBER

SPECIAL STUDY (Check One)

☐ NO SPECIAL STUDY

☐ CORD BLADDER

☐ ESOPHOPELLIA (over 59)

☐ BLINDNESS

☐ DEATH AFTER 72 HOURS

☐ BOARD CASE DR.

☐ DEAFNESS

☐ PENICILLIN RX FOR SYPHILIS

☐ BURN AND BODY SURFACES

☐ AMPUTATION

☐ RETROCEAL

☐ SYSTOLIC B/P UNDER 90MM.

OTHER (Anesthesia or Surgery)

CHANGES IN DISCIPLINARY STATUS SUBSEQUENT TO ADMISSION

Enter date and check mark if Daily Report of Disciplinary Status of Staff and Patient Personnel effects this patient.

(Date) DISCIPLINARY ACTION PENDING AT DUTY STATION

☐ YES

☐ NO

☐ DISCIPLINARY ACTION PENDING THIS HOSPITAL

(Date) AWARDED COURT MARTIAL

☐ NO FURTHER DISCIPLINARY ACTION PENDING. (Punishment and/or sentence completed)

SERIOUS/CRITICAL

Personnel- Records Office notified to obtain services of spiritual advisor

(Time)

(Date)

DISPOSITION

WARD USE

RECORD OFFICE USE

TRANSFERRED TO WARD (Date)

TRANSFERRED TO WARD (Date)

TRANSFERRED TO WARD (Date)

CLINICAL RECORD

ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

*Exacerbation of chronic sinusitis with nasal discharge
and pain in upper jaw one year. No other symptoms.*

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

*moderate hearing defect. Hearing average
decreasing with age.*

PROGRESS (Enter date of discharge and final diagnosis)

SIGNATURE OF PHYSICIAN <i>[Signature]</i>	DATE <i>6-1-55</i>	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. <i>141</i>

Lofton, Aaron L.

U.S. NAVAL HOSPITAL
CHARLESTON. S.C.

ABBREVIATED CLINICAL RECORD
Standard Form 539

DOCTOR'S ORDERS (Date and sign all orders)

10/16/55 [Signature] 10/16/55 [Signature]

U. S. GOVERNMENT PRINTING OFFICE 16-01655-2

STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-057.
Approval expires October 1, 1953.

INSTRUCTIONS: Read the certificate at the end of this questionnaire before completing your answers. Print or type all answers. All questions and statements must be completed. If proper answer is "no" or "none," so indicate. Fill out, sign, and return to requesting agency. If more space is required, use remarks section.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (if any)—LAST NAME
AARON ISAAC LOFTON
2. STATUS
☒ CIVILIAN ☐ MILITARY ON ACTIVE DUTY

3. ALIAS(ES) OR CHANGES IN NAME (Other than by marriage)
NONE
4. PERMANENT MAILING ADDRESS
P.O. Box 64, Summit, Miss.

5. DATE OF BIRTH
PLACE OF BIRTH (City, county, State, and country)
brookhaven, Lincoln, Mississippi, USA
DATE AND PLACE CERTIFICATE IS RECORDED
Oct 34, Jackson, Miss.

6. ☒ U.S. CITIZEN ☒ NATIVE ☐ NATURALIZED CERT. NO.
DATE, PLACE, AND COURT

☐ DERIVED—PARENTS CERT. NO(S)
REGISTRATION NO. NATIVE COUNTRY DATE AND PORT OF ENTRY

7. U. S. ARMED FORCES ACTIVE SERVICE

YES NO ARE YOU PRESENTLY ON REGULAR OR EXTENDED ACTIVE DUTY DRAWING FULL PAY? IF "YES," COMPLETE THE FOLLOWING:
GRADE AND SERVICE NO. SERVICE AND COMPONENT ORGANIZATION AND STATION CURRENT CONTINUOUS ACTIVE SERVICE (YRS.)
X [REDACTED] A-RA 101st Air Div, Ft Jackson, S.C. Co B, 49th Abn Engrs, 502nd Abn Inf 0

YES NO ARE YOU PRESENTLY A MEMBER OF A RESERVE OR NATIONAL GUARD ORGANIZATION? IF "YES," COMPLETE THE FOLLOWING:
GRADE AND SERVICE NO. SERVICE AND COMPONENT ORGANIZATION AND STATION OR UNIT AND LOCATION

YES NO HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL DUTY PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? IF ANSWER IS "YES," COMPLETE THE FOLLOWING:
SERVICE COMPONENT DATE AND TYPE LAST DISCHARGE OR SEPARATION—GRADE AND SERVICE NUMBER

X [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

8. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)

FROM—	YEARS TO—	NAME AND LOCATION OF SCHOOL	GRADUATE YES NO	DEGREE
1942	1953	Summit High School, Summit, Miss.	X	
1953	1954	Droughon's Commercial College, Jackson, Miss.		X
1954	1955	Southwest Jr. College, Summit, Miss.		X

9. FAMILY (If citizenship obtained through naturalization, give date and place in Item 19)

NAME (And maiden name, when applicable) DATE AND PLACE OF BIRTH PRESENT ADDRESS, IF LIVING U. S. CITIZEN YES NO
FATHER Aaron Alton Lofton Brookhaven, Miss. P.O. Box 64 Summit, Miss. X

OTHER Agnes Lou Nunnery Lofton 18 Jun 1913 Franklin Co, Miss. P.O. Box 64 Summit, Miss. X

WIFE NONE

FORMER SPOUSE(S) IF DIVORCED, DATE AND PLACE

NONE

RELATIVES LIVING IN FOREIGN COUNTRY

NAME RELATIONSHIP

NONE

FORM 398 REPLACES WD AGO FORM 643, 1 SEP 46, DA AGO FORM 643A, 1 AUG 48, WHICH ARE OBSOLETE

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

157-9586-332
SEARCHED INDEXED
SERIALIZED FILED
APR 19 1968
FBI - JACKSON

15. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	CITY AND STATE	FROM	MEMBERSHIP TO
National Guard NG 24 919 772	Summit, Miss.	Feb 54	Jan 55

16. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?

☐ YES ☒ NO

☐ YES ☒ NO ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?

☐ YES ☒ NO ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

IF "YES," DESCRIBE CIRCUMSTANCES:

17. HAVE YOU EVER BEEN ARRESTED, INDICTED OR COURT MARTIALED FOR ANY REASON OTHER THAN FOR MINOR TRAFFIC VIOLATIONS?

☐ YES ☒ NO IF "YES," GIVE DATE AND PLACE, CHARGE AND DISPOSITION:

18. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE U. S. GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU WILL BE CALLED UPON TO PERFORM?

☐ YES ☒ NO IF "YES," DESCRIBE:

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

18 REMARKS

C O P Y

NAME FOR MR. NO. 101

DATE OF BIRTH

DATE OF DEATH

NAME FOR MR. NO. 101

DATE OF BIRTH

DATE OF DEATH

NAME FOR MR. NO. 101
NAME FOR MR. NO. 101
NAME FOR MR. NO. 101

I PLACE MY SIGNATURE BELOW IN CERTIFICATION THAT THE INFORMATION CONTAINED HEREIN IS THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT. (See U. S. Code, Title 18, Section 1001)

DATE

26 Feb 55

SIGNATURE OF PERSON COMPLETING FORM

Adnan I. L. Khan

SIGNATURE OF WITNESS

Joseph R. Vance

20.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

3-380 160-10-HQ.
ARMY GUR AGENCY
WASHINGTON 25, D.C.

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE

TYPE OF CLEARANCE

AGENCY THAT COMPLETED INVESTIGATION

C O P Y

REMARKS:

DD Form 98 executed satisfactorily.

REPORT OF INVESTIGATION (Background or Complaint)				DATE SUBMITTED 27 April 1955 mor	
1. COPY (If background) <input checked="" type="checkbox"/> LAC <input type="checkbox"/> GAC <input type="checkbox"/> PBI <input checked="" type="checkbox"/> BI		CASE CLASSIFICATION Pers Security			
IDENTIFYING DATA					
3. LAST NAME - FIRST NAME - MIDDLE NAME LOFTON, Aaron Isaac (U)		2. SERIAL NO. (Military)	3. RACE	4. GRADE Pvt	5. ARM OR SV. RA
6. DUTY OR JOB ASSIGNMENT Cryptologic		7. DATE OF BIRTH	8. PLACE OF BIRTH Lincoln County, Mississippi		
9. DUTY STATION OR BUSINESS ADDRESS Co B, 49th Abn Engrs, 502d Abn Inf, 101st Abn Div Ft Jackson, S.C.		10. HOME OR QUARTERS ADDRESS P. O. Box 64, Summit, Mississippi			
11. TITLE OF INCIDENT (Fire, explosion, etc.) DNA		12. DATE (Incident cases only) DNA		13. TIME (Incident cases only) DNA	
14. LOCATION (Installation, unit, building) DNA		15. SERIAL NUMBERS OF EQUIPMENT, TANKS, ETC. DNA			
CONTROL DATA					
16. CONTROL SYMBOL AND FILE NO. AJACI-4.41- E3005127-(BI-2)		17. INVESTIGATION MADE BY (Organization) 111th CIC Detachment		18. CONTROL OFFICE ACofS, G-2, Third Army Ft. McPherson, Ga.	
INVESTIGATIVE DATA					
19. INVESTIGATION REQUESTED BY Army Security Agency The Pentagon Washington 25, D. C.		20. REASON FOR INVESTIGATION To determine SUBJECT's suitability for CRYPTOLOGIC clearance, under provisions of SR 380-160-10.			
21. DATE INVESTIGATION					
COMMENCED 28 March 1955		COMPLETED 22 April 1955			
22. STATUS <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> TERMINATED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PENDING					
23. SYNOPSIS					
<p>LOFTON was born [redacted] in Lincoln County, Mississippi, and attended Mississippi Junior College, Summit, Mississippi, from 31 August 1954, to 14 January 1955, when HE withdrew (1,2,3). SUBJECT's employment from approximately 1950 to the middle of 1953 was verified (4). SUBJECT's employment from 30 September 1953, to 16 July 1954, was verified and HE is not eligible for rehire (5,6).</p> <p>Ten informants recommended SUBJECT for a position of trust and variously described HIM as a person of high morals and character, honest, discreet, financially responsible, and loyal to the United States (3,4,7,8). One informant refused to recommend SUBJECT for a position of trust and described HIM as immature and requiring close supervision (6). SUBJECT's credit rating is very satisfactory (9).</p> <p>Records of twelve national and local agencies reflected no derogatory information concerning SUBJECT (10,11).</p> <p>END OF SYNOPSIS</p>					
24. DISTRIBUTION 1 - Army Security Agency 1 - File		<div style="border: 1px solid black; padding: 5px;"> <p>157-9586-333</p> <p>SEARCHED INDEXED SERIALIZED FILED APR 19 1955 FBI - JAMES</p> </div>			
25. REVIEWED BY					
26. TYPED NAME AND TITLE JOHN W. BLOTZER, Major Inf S-3, 111th CIC Detachment		27. SIGNATURE <i>John W. Blotzer</i>			

WD-AGO FORM 342
1 JUN 47

AGENT REPORT

(SR 380-320-10)

1. NAME (LAST, FIRST, MIDDLE) OR TITLE OF INCIDENT

LOFTON, Aaron Isaac
 Port A [REDACTED]

(U) (BI-2)

2. DATE SUBMITTED

18 April 1956

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-4600517

4. REPORT OF FINDINGS

(BIRTH) On 4 April 1956, records maintained by the Division of Vital Statistics, Old Capitol Building, Jackson, Mississippi, were examined concerning SUBJECT and the following information was recorded:

Name:	LOFTON, Aaron Isaac
Date of Birth:	[REDACTED]
Place of Birth:	Lincoln County, Mississippi
Father:	Aaron Lofton
Mother:	Agnes Nunnery
Certificate:	33821
Volume:	2048
Date Filed:	Not recorded.

TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
 111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM 341
 1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY OR FILE AT USAIRR.

AGENT REPORT

(SR 380-620 10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT		2. DATE SUBMITTED
LOFTON, Aaron Isaac (U) (BI-2)		18 April 1955
3. CONTROL SYMBOL OR FILE NUMBER		
AJACI-4.41-13005127		

4. REPORT OF FINDINGS

2 (EDUCATION) On 12 April 1955, student records at Southwest Mississippi Junior College, Summit, Mississippi, were examined concerning SUBJECT with the assistance of Miss Martha Gene Willoughby, Assistant Registrar. The following information was recorded:

Name:	Aaron Isaac LOFTON
Date of Birth:	<input type="text"/>
Father:	Aaron Lofton
Dates of Attendance:	31 August 1954 to 14 January 1955
Average Grade:	B
Graduate:	No
Previous School:	Summit High School, Summit, Mississippi.

3 (FORMER INSTRUCTOR) On 12 April 1955, Mrs. Annette E. Statham, Instructor of English and History, Southwest Mississippi Junior College, Summit, Mississippi, was interviewed concerning SUBJECT and stated in substance:

SUBJECT was an above average student and was highly regarded by everyone who knew HIM. HE was never a disciplinary problem. Nothing is known which would reflect adversely on HIS character, honesty, integrity, or discretion. SUBJECT's loyalty to the United States is unquestioned. Informant recommended LOFTON for a position of trust and responsibility with the United States Army.

5. SIGNATURE OF SPECIAL AGENT	
Robert W. Chaffin	

TYPED NAME AND ORGANIZATION OF SPECIAL AGENT	
ROBERT W. CHAFFIN, REGION III, 111th CIC DETACHMENT	

FORM 341 REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRB.

AGENT REPORT

(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac

(J) (BA-2)

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E300527

REPORT OF FINDINGS

4 (EMPLOYMENT-FORMER SUPERVISOR) On 13 April 1955, B. Frank Watkins, Owner, Fox Theater, Summit, Mississippi, was interviewed concerning SUBJECT and stated in substance:

There are no employment records concerning SUBJECT. HE was employed at the Fox Theater from approximately 1950 to the middle of 1953. SUBJECT was hired as a popcorn machine operator and HE worked HIS way up to projection operator before HE resigned to attend a business college in Jackson, Mississippi. LOFTON was efficient, dependable, and favorably regarded by everyone who knew HIM. Nothing is known which would reflect adversely on HIS honesty, integrity, discretion, or financial responsibility. Informant recommended LOFTON for a position of trust and responsibility with the United States Army.

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIR.

4. PRINTED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIR.

AGENT REPORT

(SR 380-3 (U 10))

1. NAME OF SUBJECT OR TITLE OF INCIDENT LOFTON, Aaron Isaac () () (2) Pvt [REDACTED]	2. DATE SUBMITTED 18 April 1955
3. CONTROL SYMBOL OR FILE NUMBER AJACI-4.41-3005127	

4. REPORT OF FINDINGS

5 (EMPLOYMENT) On 13 April 1955, employment records of the McComb Manufacturing Company, McComb, Mississippi, were examined concerning SUBJECT with the assistance of Mrs. Ida Duncan, Personnel Director. The following information was recorded:

Name: Aaron Isaac LOFTON
Date of Birth: [REDACTED]
Place of Birth: Lincoln County, Mississippi
Father: Aaron Lofton
Dates of Employment: 30 September 1953 to 16 July 1954
Position: Inventory Clerk
Reason for Leaving: Return to School
Last School Attended: Draughon's Business College, Jackson, Mississippi for four months.

6 (FORMER SUPERVISOR) On 13 April 1955, David C. Matthews, Chief Accountant, McComb Manufacturing Company, McComb, Mississippi was interviewed concerning SUBJECT and stated in substance:

Informant knew SUBJECT as HIS supervisor while HE was employed by the McComb Manufacturing Company for approximately nine months in 1953 and 1954. SUBJECT was immature and required close supervision in HIS work. HE was very capable, but HE did not seem to be very interested in HIS work. Informant would not rehire SUBJECT because HE could not be depended on to do HIS work properly without close supervision. To the best of informant's knowledge, LOFTON does not indulge in alcoholic beverages. Nothing is known which would reflect adversely on HIS honesty, integrity, or discretion. HIS loyalty to the United States is unquestioned. Informant did not recommend LOFTON for a position of trust and responsibility with the United States Army because HE was immature and required close supervision.

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT ROBERT W. CHAFFIN, REGION III, 111th CIC DETACHMENT	6. SIGNATURE OF SPECIAL AGENT <i>Robert W. Chaffin</i>
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DA FORM 1 APR 52 341

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED

U. S. GOVERNMENT PRINTING OFFICE: 1954-O-284854

NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON Aaron Isaac (U) (BI-2)
Pit [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E3005127

REPORT OF FINDINGS

7 (CHARACTER REFERENCES) On 13 and 14 April 1955, the following character references were interviewed concerning SUBJECT:

James E. Hurdle, Superintendent, Summit Separate School District, Summit High School, Summit, Mississippi, has known SUBJECT as a friend and student for three years.

E. Gordon Covington, Jr., Co-owner, J. T. Covington and Son, Summit, Mississippi, has known SUBJECT six years as a friend and customer.

H. Grady Jackson, Jr., Manager, Jackson the Cleaner, Summit, Mississippi, has known SUBJECT approximately ten years as a friend and customer.

Jefferson G. Stephens, Jr., Draftsman, United States Pipe Line Company, Deposit Guaranty Bank Building, Jackson, Mississippi, has known SUBJECT five years as a friend.

Informants stated in substance: SUBJECT is a fine young man of high character and morals and is favorably regarded by everyone who knows HIM. HE has a very pleasing personality. To the best of informants' knowledge, SUBJECT does not drink or have any bad habits. Nothing is known which would reflect adversely on HIS honesty, integrity, discretion, or financial responsibility. HIS loyalty to the United States is above reproach. To the best of informants' knowledge, SUBJECT has no foreign relations or connections and belongs to no questionable organizations. LOFTON was recommended for a position of trust and responsibility with the United States Army.

8 (DEVELOPED REFERENCES) On 12 and 13 April 1955, the following developed references were interviewed:

Miss Martha Gene Willoughby, Assistant Registrar, Southwest Mississippi Junior College, Summit, Mississippi, has known SUBJECT three years as a friend.

Mrs. Clarence G. Brown, Assistant Tax Collector, City Hall, Summit, Mississippi, has known SUBJECT all of HIS life as a friend.

Mr. Edward L. Smith, M/Sgt [REDACTED], Hqs & Hqs, National Guard 154th Infantry and Heavy Mortar Battalion, City Hall, Summit, Mississippi, has known SUBJECT since 8 February 1954 as a friend and associate in the National Guard.

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIR.

AGENT REPORT

(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U) (BI-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1952

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-10005127

4. REPORT OF FINDINGS

Mr. Julius E. Magee, Biology Instructor, Southwest Mississippi Junior College, Summit, Mississippi, has known SUBJECT for four years as a friend and neighbor.

Informants stated in substance: SUBJECT is a person of high character and morals. HE has a very pleasing personality and is favorably regarded by all who know HIM. To the best of informants' knowledge, SUBJECT does not drink nor have any bad habits. Nothing is known which would reflect adversely upon HIS honesty, integrity, discretion, or financial responsibility. SUBJECT's loyalty to the United States Government is unquestioned. To the best of informants' knowledge, HE has no foreign interests or connections and belongs to no questionable organizations. LOFTON was recommended for a position of trust and responsibility with the United States Government.

5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE: 1954-O-284854

AGENT REPORT

(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U) (BI-2)
Part 1 [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-E3005127

4. REPORT OF FINDINGS

9 (CREDIT) On 13 April 1955, Jimmy R. Thatcher, Credit Manager, Firestone Tire and Rubber Company, 201 Main Street, McComb, Mississippi consulted records of that firm concerning SUBJECT and divulged the following information:

Name: Ike LOFTON
Address: Box 64, Summit, Mississippi
Account Opened: 12 February 1954
High Credit: \$73.81
Method of Payment: \$10.00 Bi-monthly
Account Closed: 7 May 1954
Credit Rating: Very Satisfactory
Eligible for further credit: Yes

AGENT'S NOTES: During the course of investigation it was developed that SUBJECT's nickname is IKE.

5. NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
111th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

FORM

341

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIR.

(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (C) (AI-2)
Pvt [REDACTED]

2. DATE SUBMITTED

18 April 1955

3. CONTROL SYMBOL OR FILE NUMBER

AJACI-4.41-EM005127

4. REPORT OF FINDINGS

10 (AGENCY) On 12 and 14 April 1955, the name files and/or dockets of the following agencies were examined concerning SUBJECT and no record on LOFTON exists:

Circuit Court, Pike County, Magnolia, Mississippi,
County Court, Pike County, Magnolia, Mississippi,
Sheriff's Office, Pike County, Magnolia, Mississippi,
City Police, McComb, Mississippi,
Town Marshal, Summit, Mississippi,
Circuit Court, Hinds County, Jackson, Mississippi,
County Court, Hinds County, Jackson, Mississippi,
Sheriff's Office, Hinds County, Jackson, Mississippi,
City Police, Jackson, Mississippi.

5. NAME AND ORGANIZATION OF SPECIAL AGENT

ROBERT W. CHAFFIN, REGION III,
11th CIC DETACHMENT

6. SIGNATURE OF SPECIAL AGENT

Robert W. Chaffin

DA FORM 341
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

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INFORMATION COPY (EXTRACT) ONLY, TO BE DESTROYED UPON COMPLETION OF ACTION. RECORD COPY ON FILE AT USAIRR.

AGENT REPORT
(SR 380-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

LOFTON, Aaron Isaac (U)
Pvt RA [REDACTED]

2. DATE SUBMITTED

27 April 1955

mor

3. CONTROL SYMBOL OR FILE NUMBER

AJACT-4.4. E3005127-(BI-2)

4. REPORT OF FINDINGS

On , files of G2, Third Army, Fort McPherson, Ga., were checked re SUBJECT and revealed no record. (B-2)

11. On 15 April 1955 files of the following agencies were checked re SUBJECT with results as indicated:

(x)	G2, DA	:	NR	()	INS	:
(x)	FBI, Criminal, Wash., D. C.	:	NR	()	Coast Guard	:
(x)	FBI, Sub., Wash., D. C.	:	NR	()	USMC	:
()	TAG	:		()	HCUA	:
()	CSC	:		()	OSI	:
()	ANAFPSB	:		()	AFAGO	:
()	Bur of Pers, Dept of Navy	:		()	State Dept	:
()	ONI	:		()	CIA	:
()	FBI	:		()	CPI	:

(B-2)

END OF REPORT

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

S. C. WORKMASTER, 111th CIC Detachment

6. SIGNATURE OF SPECIAL AGENT

Martin O Baer

DA

FORM
1 APR 52

341

REPLACES WD AGO FORM

U. S. GOVERNMENT PRINTING OFFICE : 1954-O-284854

WALTER REED ARMY MEDICAL CENTER
Washington 12, D. C.

DEPENDENTS RECEIVING MEDICAL CARE

S T A T E M E N T

1. Reference: AR 40-121, Dependent Medical Care

2. I, Aaron I. Lofton SP3 [REDACTED]
(Name) (Rank) (SN)

having been (~~discharged~~) (~~separated~~) (~~removed~~) from active service on
1 November 1957, ~~XXXXXX~~ (do not) have a dependent receiving
(Date)

medical care in a (military) (civilian) medical facility.

3. a. Name and address of dependent(s):

b. Name and address of (military) (civilian) medical facility or
physician:

4. Forwarding address after release from active duty.

Aaron I. Lofton
(Signature)

* Para (3) must be completed if a dependent is receiving medical care.

WRAMC FORM C-70
15 Dec 56

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 Lofton, Aaron I.				2. GRADE AND COMPONENT OR POSITION SP-3		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) P.O. Box 64, Summit, Miss.				5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 OCT 57	
7. SEX M	8. RACE Cauc	9. TOTAL YRS. GOVT. SERVICE MILITARY 2 yrs 7 mo CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT 9901		
12. DATE OF BIRTH [REDACTED]		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton—Father—Box 64, Summit, Miss.			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION			

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	49	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	47	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD DIABETES	Cousin
	20	Good				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	Brother
					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	Cousin
SISTERS					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	Father, Brother
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	Father, Mother
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	BEEN PREGNANT
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD	<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 2 yrs 9 mo		25. WHAT IS YOUR USUAL OCCUPATION? Interior Decorator	
						26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

YES	NO	CHECK EACH YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) <i>Chest Clinic Gorgas Hospital ANCON, Canal Zone</i>
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) <i>Pending on condition of hearing at a later date</i>

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.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE <i>ARON J. Lofton</i>	SIGNATURE <i>Aaron J. Lofton</i>
--	-------------------------------------

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Partial loss of hearing, hospitalized
Whooping cough, childhood- no sequela
Asthma, hay fever, EPTS, mild
ENT, running ears, fungus, treated and cured
Indigestion, mild, improved.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <i>P. W. AND SK LEECH, MD</i>	DATE <i>29 Oct 57</i>	SIGNATURE	NUMBER OF ATTACHED SHEETS
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REPORT OF MEDICAL EXAMINATION

2. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.			2. GRADE AND COMPONENT OR POSITION Sp3		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) PO Box 64, Summit, Miss.			5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 Oct 57	
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT MHD-WRAH	
12. DATE OF BIRTH [REDACTED]		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton, Father, Same as # 4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Walter Reed Army Hospital, Wash. 12, D.C.				16. OTHER INFORMATION		

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)
NORMAL	ABNOR- MAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 80, and 81)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
Females only (Check how done)		
43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																			
O.—Restorable teeth I.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments		Class 2																																			
<table border="1"> <tr> <td>R</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>L</td> </tr> <tr> <td>I</td> <td>X</td> <td>X</td> <td>X</td> <td>29</td> <td>28</td> <td>27</td> <td>26</td> <td>25</td> <td>24</td> <td>23</td> <td>22</td> <td>21</td> <td>20</td> <td>19</td> <td>18</td> <td>17</td> <td>T</td> </tr> </table>			R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	I	X	X	X	29	28	27	26	25	24	23	22	21	20	19	18	17
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L																				
I	X	X	X	29	28	27	26	25	24	23	22	21	20	19	18	17	T																				

LABORATORY FINDINGS		
45. URINALYSIS: SP. GR. 1.017		46. CHEST X-RAY (Place, date, film number, result) WRAH, 29 Oct 57
ALBUMIN Neg	SUGAR Neg	47. SEROLOGY (Specify test used and result) Cardiolipin Flocculation Negative
48. EKG		49. BLOOD TYPE AND RH FACTOR
		50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5' 11"		52. WEIGHT 143		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (.17m at heart level)					
SITTING SYS. 110 DIAS. 70		RECUM- BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 72		AFTER EXERCISE		2 MIN. AFTER	
								RECUMBENT		AFTER STANDING 3 MIN.	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ 20-2		CORR. TO 20/		BY S. CX		J-1		CORR. TO		BY	
LEFT 20/ 20-1		CORR. TO 20/		BY S. CX		J-1		CORR. TO		BY	
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											
NSA											
63. ACCOMMODATION RIGHT Normal LEFT Normal				64. COLOR VISION (Test used and result) Normal-Pseudo-Ischo				65. DEPTH PERCEPTION (Test used and score) -UNCORRECTED CORRECTED			
66. FIELD OF VISION Normal				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION Normal	
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
				250 500	500 1024	1000 2048	2000 4096	4000 8192			
RIGHT WV /15 SV /15		RIGHT		5	5	10	10	55	45	8	
LEFT WV /15 SV /15		LEFT		0	5	20	15	60	80	13	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hospitalized WRAH.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

71 Deafness, perceptive type, bilateral, very mild, possibly due to acoustic trauma.
Hearing: Average Loss: AS: 13db; AD: 8db. Speech reception score: AS: 10 db; AD: 5 db;
AU: 5 db. Discrimination: AS: 92%; AD: 92%. Unchanged. LOD: YES

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) None						76. PHYSICAL PROFILE					
						P	U	L	H	E	S
						1	1	1	3	1	1
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR Separation <input type="checkbox"/> IS NOT						PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
								X			
79. TYPED OR PRINTED NAME OF PHYSICIAN M. HOWARD SKOLNICK, MD						SIGNATURE <i>M. Howard Skolnick MD</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE <i>Frederick A. Helig Lt Col USA</i>					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) FREDERICK A. HELIG, LT. COL., DC						SIGNATURE <i>Frederick A. Helig Lt Col USA</i>					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE <i>Frederick A. Helig Lt Col USA</i>					
						NUMBER OF ATTACHED SHEETS					