

Nadram, Matthew

33-390-534

6-2-45

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Authority NND 893033

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Regdon,

Mr. Wyrach says  
to profile these

WLL

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MEMO ROUTING SLIP		NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS		ACTION	
1	TO Mr. Wyrsh	INITIALS		CIRCULATE	
	THRU: Mr. Behrens <i>YSB</i>	DATE		COORDINATION	
	Mr. Irving <i>MD</i>			FILE	
2				INFORMATION	
3				NOTE AND RETURN	
				PER CONVERSATION	
4				SEE ME	
				SIGNATURE	
<p>REMARKS</p> <p>1. Mrs. Charlwood found the attached (34) Medical records in ORSB. The records cover treatment furnished <u>Filipino civilians</u> by U. S. Army Hospitals.</p> <p>2. In a conversation with Mr. Robert K. Heston, MPRC, he furnished the following information:</p> <p style="margin-left: 20px;">FRC, GSA, 111 Winnebago, maintains medical records covering treatment furnished:</p> <ol style="list-style-type: none"> <li>1. Non-military persons.</li> <li>2. Non-citizen Government employees.</li> <li>3. Dependents of Military personnel.</li> <li>4. For Humanitarian reasons, etc.</li> </ol> <p>3. In view of the above, request permission to forward the attached records to that agency for retention.</p>					
<p>FROM <i>[Signature]</i> RIGDON</p>		<p>DATE 5 APR 1963</p> <p>PHONE</p>			

**DD** FORM 95 1 OCT 60 REPLACES PREVIOUS EDITION

GPO : 1963 O-692-393

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To forwarded in duplicate

No. \_\_\_\_\_

**REPORT OF DEATH**  
(See AR 600-550)

Z R & RILLO, Julio civilian  
(Last name) (First name) (Middle initial) (Army serial number)

\_\_\_\_\_  
(Grade) (Organization or arm or service)

died 0100 16 Mar 1944, 19\_\_\_\_

at \_\_\_\_\_

Nature of disease or injury \_\_\_\_\_  
Dysentery caused severe  
weakness.

Direct cause of death dehydrated  
circulation by collapse

Death <sup>\*was</sup> ~~in line of duty and~~ <sup>\*was</sup> ~~the result of the~~  
~~\*was not~~ ~~deceased's own misconduct.~~ ~~\*was not~~

Edw B. [Signature]  
(Signature of medical officer)  
[Signature]

Place \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_, 19\_\_\_\_

\*The report of the surgeon is approved.  
\*A board of officers was convened in the case.  
Date and place of burial. (If not interred at station, state  
disposition made or to be made of remains) \_\_\_\_\_

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

\_\_\_\_\_  
Commanding.

The total monthly rate of pay of the deceased, exclusive of allowance for subsistence and quarters at date of death, was \$.....

Date of current enlistment .....

Completed ..... yrs. .... mos. .... days service for longevity pay at date of death.

Specialist rating .....

Qualifications for which soldier received additional pay. (If for qualification in arms, cite order) .....

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

Service record forwarded.

.....  
(Signature)

.....  
(Grade and organization)

Original to file .....

Copy to Finance Officer .....



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*Schiller*

*Tuller*

*John Alperin*