

Jabrador, Aurora

(ix)

DECLASSIFIED  
Authority WMO 893033

Form 55 A  
MD, U.S. ARMY  
(Revd 5/31/39)

CLINICAL RECORD  
BRIEF

FILIPINO CIVILIAN

Register No. 20,707 Hospital 133d GH  
 Name Labrador, Auroa (Female) Serial No. \_\_\_\_\_  
 Grade Fil Civ Co. \_\_\_\_\_ Regt. & Arm or Service \_\_\_\_\_  
 Age 1 Race F Nativity PI  
 Service \_\_\_\_\_ Date of admission 3 Aug (1400) 45, 19  
 Source of admission AR 40-590  
 Station APO 1005  
 Ward C-1 Previous admission No  
 Religion Cath Home address Kar Jaro, Leyte, PI  
 Name and address of nearest relative Mother: Mrs Engracia  
SAB

Diag: Dysentery sev. RGL/grb  
 (Initials of admitting officer)

Disposition Deceased 1940 m. Date 3 August, 19 45  
 Final diagnosis:

*Dysentery, type undetermined, cause undetermined,  
 severe*

Additional diagnoses (Complications, special treatment and operations):

Line of duty \_\_\_\_\_  
 Condition on completion of case Deceased  
 Transfer diagnosis confirmed or not confirmed Confirmed  
 Autopsy \_\_\_\_\_

J M Bunting Capt MC  
 M.C.

133d GENERAL HOSPITAL  
APO 1005

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TO BE SIGNED BY ALL PATIENTS ON ADMISSION TO THIS HOSPITAL

All patients are urged to deposit their money and/or valuables in the Patients' Fund.

Money and valuables deposited in the Patients' Fund become the responsibility of the hospital.

Money and valuables not deposited in Patients' Fund are the patient's responsibility, and the hospital will not be responsible for loss or theft of same.

The effective prosecution of the war and the safety of military personnel demands that NO information reach enemy ears. Discussing troop movements, operations, strength, tactics, equipment, and installations observed, are vital secrets, upon which the security of our troops depends. Any of this information reaching the enemy may result in needless loss of life, equipment, time, and endanger future operations. For your own safety and that of others it is necessary that you refrain from discussing military information.

This is to acknowledge that I have read the above instructions and that I understand and I am aware that disclosure of military information renders me liable to disciplinary action.

\_\_\_\_\_  
(Patient's Signature)

Form 55A-1  
MD, U.S. Army  
(Auth. Dec 31, 1942)

ABBREVIATED MEDICAL RECORD

Name \_\_\_\_\_ Grade \_\_\_\_\_ Ward \_\_\_\_\_

(This sheet to be used in conjunction with 55A, MD in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

*Patient admitted with history of severe dysentery, four days duration, high fever two days duration vomiting and extreme cachexia, day before admission.*

Complete physical examination is negative except for the following:

*Pt. seen in toxic coma - Temp 104° breathing very rapid and shallow - severely dehydrated and cachectic -  
Lungs clear - no rales - no consolidation -  
Abdomen tender throughout - no masses or rigidity - no other positive findings -*

Progress:

*Patient admitted approximately 1415 - taken immediately to ward placed under oxygen mask and subcutaneous fluid administered - Pt. died at 1440.*

*J. M. Bowling Captain*

TEMPERATURE--TREATMENT--NURSE'S NOTES

Form 55-A-1 Reversed

Date	A.M.			P.M.			St	Wt	Medication & Nurse's Notes
	T	P	R	T	P	R			

LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines)

(Paste second report with top at this line)

(Paste first report with top at this line)



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