

MORNING SICK REPORT (380)33
GUARD
HQ Masbate Regt. 24 5th MD

DECLASSIFIED

Authority 883078

S.M.D.
Sick Report
HQ Masbate Regt
24 Feb. 44

DECLASSIFIED
Authority 883078

PHILIPPINE ARMY

THE FIELD

DAILY SICK REPORT

'44

FOR THE COMMANDING OFFICER:

DATE	N A M E S	RANK	ASM	DATE WHEN TAKEN	IN LINE OF DUTY	IN LINE OF DUTY	DEPOSITION	
1944					YES	NO	YES	NO
	ALEJANDRE EVANGE				YES	-	YES	--
	liste	Col						Confined in
	Leonile Ardeza	Pfc			Yes	-	Yes	-

DISTRIBUTION:

1-Commanding Officer
1-Medical Plt.
1-File

AMA DO R. SESE
3rd Lt. CO. Comm. Plt.

*Filed
 12-2-44*

PHILIPPINE ARMY

IN THE FIELD

604 10717

DAILY SICK REPORT

FOR THE COMMANDING OFFICER:

DATE	N	A	M	E	S	RANK	AS	DATE	WHERE	IN LINE	IN LINE	DEPOSIT	
1944								TAKEN	SICK	OF DUTY	OF DUTY	ION	
									YES	NO	YES	NO	
	A	A	L	E	X							CONF-	
	L	I	S	T	A	ICPL			YES	--	YES	--	MSD
	L	E	C	H	I	L	A		YES	--	YES	--	IN QUART
						PFC						ERE	

DISTRIBUTION

- 1. Commanding Officer
- 1. Medical Plt.
- 1. File

ARAGO R. SASS
 SGT 1ST CO. COMM. PLT.

*Rec'd 11-10-44
6:00 PM*

COMMISSION OF THE PHILIPPINES
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK
SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY
REPORT ON THE LINE DETAILED SERVICE

PROPERTY OF THE PHILIPPINE POSTAL SAVINGS BANK
THIS CERTIFICATE IS LOANED TO YOU BY THE BUREAU OF POSTS
IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER
WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF POSTS

date covered 1 to 7 Nov. 44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	NAME	RANK	ASN	Date when taken sick	In Line of duty			DISPOSITION
					Yes	No	Yes	
Oct. 22	LAURIO, FREDALDO	Cpl	✓	10-25-44	Yes	-	-	Sent home
Oct. 31	GRUE, SANTIAGO DELA	Pvt	✓	10-31-44	Yes	-	-	Sent home
Nov. 2	ALIMON, JOSE	Pvt	✓	11-2-44	Yes	-	-	Sent home
Nov. 2	BALANCH, AVELINO	Pfc	✓	11-2-44	Yes	-	-	Sick in Ctr.

SPECIAL WITHDRAWAL RECEIPT

bsv/

[Signature]
ALI A. DESIGALDO
2nd Lt., Inf.
Commanding.

POSTMASTER'S CERTIFICATE

PROPERTY OF THE PHILIPPINE POSTAL SAVINGS BANK
THIS CERTIFICATE IS LOANED TO YOU BY THE BUREAU OF POSTS
IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER
WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF POSTS

P. S. B. Form No. 4079

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 20-centure thrift stamp affixed thereon.

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines, to _____ of _____, Province of _____, Philippines, of the sum of _____ (Write in words) _____ pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____, the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____ at _____, Province of _____, Philippines.
 Signed in the presence of: _____

Signature _____ (of guarantor)
 Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 960 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____, Postmaster at _____, Province of _____, the sum of _____ (Write in words) _____ pesos (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____
 Signed by me at _____, Province of _____, 19____

Witnesses to payment: _____ (Signature of Depositor)

 Residence _____

Here affix a 20-centure thrift stamp and cancel with the office post-marking stamp

POSTMASTER'S CERTIFICATE

Post Office at _____, Province of _____, Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a withdrawal of _____ in the amount of P _____ at the post office at _____, Province of _____, on _____, 19____.

Signature of Postmaster

DECLASSIFIED

Authority 883078

3
 CONSOLIDATED DAILY SICK REPORT

date covered 8 to 16 Nov. '44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	NAMES	RANK	A.S.	taken sick	of duty	of duty	DISPOSITION
				Yes	No	Yes	No
Oct. 22	LAURIO, FREDUALDO	Cpl	✓	10-22-44	Yes		sent home
Oct. 31	CRUZ, SANTIAGO GOLA	Pvt	✓	10-31-44	Yes		sent home
Nov. 2	ALMON, JOSE	"	✓	11-2-44	Yes		sent home
Nov. 2	DALANON, AVELINO	Pfc	✓	11-2-44	Yes		sick in qtrs.

POSTMASTER'S CERTIFICATE

Eli A. Descalzo
 ELI A. DESCALZO
 2nd Lt., Inf.
 Commanding.

SPECIAL WITHDRAWAL RECEIPT

DECLASSIFIED

Authority

883078

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____, Postmaster at _____,
 Province of _____, the sum of _____ (Write in words) pesos
 (P. _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____
 Signed by me at _____, Province of _____, 19____.

Witnesses to payment:

CORRECTED

MAY 22 1968

BY _____

(Signature of Depositor)

Residence _____

Here affix a
 20-centavo
 Thrift stamp
 and cancel
 with the
 office post-
 marking
 stamp

POSTMASTER'S CERTIFICATE

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P. _____ from Savings Account No. _____, as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P. _____ and that the last transaction made by the depositor in his savings account was a deposit withdrawal in the amount of P. _____ at the post office at _____ Province of _____ on _____, 19____.

(Signature of Postmaster)

DECLASSIFIED
 Authority 883078

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

IMPORTANT - Each entry should show the exact date of issue and the exact date of maturity.

RECEIVED BY THE BUREAU OF POSTS

Date received 15 to 22 Nov. 44

FOR THE COMMANDING OFFICER

FOR THE SUBSCRIBER

DATE	NAMES	RATE	A.S.	DATE	INITIALS	DISPOSITION
Oct. 22	LAURO, FREDALDO	Col	✓	10-22-44	Yvon	sick home
Oct. 31	CHEN, SANTIAGO DELA	Pvt	✓	10-31-44	Yvon	sick home
Nov. 2	ALLEN, JOSE	Pvt	✓	11-2-44	Yvon	sick home
Nov. 2	BALANCE, AVELINO	Pvt	✓	11-2-44	Yvon	sick in ctn
Nov. 22	ARAYAN, SALVADOR	Col	✓	11-22-44	Yvon	sick in ctn
Nov. 22	AGUIAR, JESUS	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	AGUIAR, ALBERTO	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	AGUIAR, BENIGNO	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	ALANON, NICOLAS	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	ALANON, JESUS	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	JERONIMO CEPRIANO	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	SERRA, OLIVA	Pvt	✓	11-22-44	Yvon	sick in ctn
Nov. 22	VILLANOR, MARGARITA	Col	✓	11-22-44	Yvon	sick in ctn

808
 M. A. DRAGALDO
 Sub. M. S.
 Commanding

Nov/

P. S. B. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

(OR

IMPORTANT.—Cash withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 20-centavo thrift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____ Province of _____, Philippines, to _____ (Name of depositor) of _____ Province of _____ Philippines, of the sum of _____ pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ (Write clearly name of guarantor) the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereto signed my name this _____ day of _____, 19____ at _____ Province of _____ Philippines.
 Signed in the presence of: _____

Signature _____ (of guarantor)

Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 860 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____ Postmaster at _____ Province of _____, the sum of _____ (Write in words) pesos (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____ Signed by me at _____ Province of _____, 19____

Witnesses to payment: _____ (Signature of Depositor)
 Residence _____

POSTMASTER'S CERTIFICATE

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a deposit withdrawal in the amount of P _____ at the post office at _____ Province of _____ on _____, 19____

(Signature of Postmaster)

Here affix a 20-centavo thrift stamp and cancel with the 4000 post-marking stamp

DECLASSIFIED
 Authority 883078

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

PHOTOCOPY - This copy is for information only and should not be used for any other purpose.
 (20)

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

NOV 22 1944

COMPLETION DAILY SICK REPORT

Period covered 22 to 28 Nov. 44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	N	A	M	S	RANK	A.S.	date when ill	part of duty	DISPOSITION
NOV. 22					AGANAY, SALVADOR	Col	11-22-44	yes	sick in qtrs.
NOV. 22					AGUILAR, JESUS	Pfc	11-22-44	yes	sick in qtrs.
NOV. 22					AGUIRREAS, ALBAARDO	Pvt	11-16-44	yes	sick in qtrs.
NOV. 22					ANGUINCO, GERILANO	Pvt	11-22-44	yes	sick in qtrs.
NOV. 22					BONIFAZO, WILLIAM	Col	11-22-44	yes	sick in qtrs.
NOV. 22					DISOZA, JOVENIO	Col	11-22-44	yes	sick in qtrs.

FOR AND IN ABSENCE OF THE CO.

[Signature]
 MARGAL A. ...
 Lt Col, USA
 EX - 0

POSTMASTER'S CERTIFICATE

POSTMASTER'S CERTIFICATE
 (20)

P. S. N. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

(DUPLICATE)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This shall be executed in full and in triplicate and a 20-centavo thrift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines, to _____ (Name of depositor) of _____ Province of _____ Philippines, of the sum of _____ (Write in words) PESOS (P. _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ (Write clearly name of guarantor), the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____, at _____ Province of _____, Philippines.

Signed in the presence of: _____ Signature _____ (of guarantor)
Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 960 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____ Postmaster at _____ Province of _____, the sum of _____ (Write in words) pesos (P. _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____ Signed by me at _____ Province of _____, 19____.

Witnesses to payment: _____ (Signature of Depositor)
Residence _____

Here is affixed a 20-centavo thrift stamp and cancel into the above post-marking stamp.

POSTMASTER'S CERTIFICATE

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in his locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P. _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P. _____ and that the last transaction made by the depositor in his savings account was a _____ deposit withdrawal _____ in the amount of P. _____ at the post office at _____ Province of _____ on _____, 19____.

(Signature of Postmaster)

COMPARTMENT OF THE MILITARY
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

Dec 1-7

CONSOLIDATED DAILY SICK REPORT

Date covered 29 Nov. to 5 Dec. '44

DEC 5 RECD

DATE		FOR THE COMMANDING OFFICER				FOR THE SURGEON			
DATE	NAME	RANK	ASH	Date when taken	In Line of duty	In Line of duty	In Line of duty	In Line of duty	DISPOSITION
30 Nov.	CUNDE, FRANCISCO	Pvt.	✓	11-30-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	ROSIERO, BENVENIDO	Corp.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	LABASTIDA, LEONISIO	Pfc.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	MESA, DEMETRIO	Pfc.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	ALABATA, NIPOLO	Pvt.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	CASIO, ZUSIMO	Pvt.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.
5 Dec.	VICTOR, QUINCIANO	Pvt.	✓	12-5-44	Yes	-	-	-	Sick in Qtrs.

PEDRO L. DEL ROSARIO
1st Lt., Inf., (USAFFE)
Commanding

OFFICIAL:

[Signature]
RAMMEL L. NAVRA
1st Lt., Inf. (USAFFE)
XK - 0.

POSTMASTER'S CERTIFICATE



P. S. D. Form No. 8979

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

(DUPLICATE)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed ₱50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 25-centavo shift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____ Province of _____, Philippines,
 to _____ of _____ Province of _____
 (Name of depositor)
 Philippines, of the sum of _____ pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.
 IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____ at _____ Province of _____ Philippines.
 Signed in the presence of:

Signature _____ (of guarantor)
 Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 900 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____ Postmaster at _____ Province of _____, the sum of _____ (Write in words) _____ pesos (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____ Signed by me at _____ Province of _____, 19____
 Witnesses to payment: _____ (Signature of Depositor)
 Residence _____

POSTMASTER'S CERTIFICATE

Here affix a 25-centavo shift stamp and cancel with the official post-marking stamp

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.
 I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.
 I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a / deposit / withdrawal / in the amount of P _____ at the post office at _____ Province of _____ on _____, 19____

(Signature of Postmaster)

CONSOLIDATED DAILY SICK REPORT

DEC 13 REC

Date covered 6 Dec. to 12 Dec '44
 (Date)

				FOR THE COMMANDING OFFICER				FOR THE SURGEON			
DATE	NAME	RANK	A.S.	Date when taken sick	In Line of duty		DISPOSITION				
					Yes	No					
Dec. 8	GIOCO, JULIO	PTC		12-8-44	Yes	-	Sick in qtrs.				
Dec. 8	ALABATA, NEDROYD	Pvt		12-8-44	Yes	-	Sick in qtrs.				
Dec. 8	CONDE, FRANCISCO	Pvt		12-8-44	Yes	-	Sick in qtrs.				
Dec. 11	MARINI, GAUDENCIO	Pvt		12-11-44	Yes	-	Sick in qtrs.				

FOR AND IN ASSANCE OF THE CO:

Mull
 MANUEL L. HAYEA
 1st Lt., Inf (USAFPS)
 Ex - O.

bav/

P. S. B. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

(TRIPPLICATE)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 20-centavo theft stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines, to _____ of _____, Province of _____, Philippines, of the sum of _____ pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ (Write clearly name of guarantor) the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereto signed my name this _____ day of _____, 19____, at _____ Province of _____, Philippines.
Signed in the presence of: _____

Signature _____
(of guarantor)
Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 960 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____, Postmaster at _____, Province of _____, the sum of _____ (Write in words) P5000 (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____
Signed by me at _____, Province of _____, 19____

Witnesses to payment: _____
(Signature of Depositor)
Residence _____

POSTMASTER'S CERTIFICATE

Here affix a 20-centavo theft stamp and cancel with the office postmarking stamp

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a deposit withdrawal in the amount of P _____ at the post office at _____ Province of _____ on _____, 19____.

(Signature of Postmaster)

CONSOLIDATED DAILY SICK REPORT

23 19

Date covered 13 to 19 Dec. 44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	NAMES	RANK	A.S.	Date when taken sick	In Land		DISPOSITION	
					of duty	of duty		
					Yes	No	Yes	No
Dec. 13	DALANCE, JESUS	Pfc		12-13-44	Yes			sick in qtrs.
Dec. 13	JEUQUINTO, CAPRIANO	Pgt		12-13-44	Yes			sick in qtrs.
Dec. 14	LUBRIANO, MATEO	Pvt		12-14-44	Yes			sick in qtrs.
Dec. 17	REYES, JESUS de los	Pfc		12-17-44	Yes			sick in qtrs.
Dec. 17	ALABATH, VICENTE	Pfc		12-17-44	Yes			sick in qtrs.
Dec. 18	PABITO, SAUDIOSO	Pvt		12-18-44	Yes			sick in qtrs.

FOR AND IN ABSENCE OF THE CO:

[Signature]
 MANUEL L. NAVEA
 1st Lt., Inf
 82-C

Back Report

NOV 28 1964

OTROSQUE SER PALE, SIG. 1964

foto tomada 22 de 28 Nov. 64

FOR AIR CONTINUED TO THE USA

FOR THE SURVIVOR

DATE	N A M E S	RANK	A.S.I	CLASS	REG	UNIT	DISPOSITION
NOV. 22	AGUIAR SALVADOR	Cpl		11-22-64	NY01		glo in para
NOV. 22	AQUILAR JERRY	Pfc		11-22-64	NY01		glo in para
NOV. 22	ARGUELLES ALEXANDER	Pvt		11-22-64	NY01		glo in para
NOV. 22	BERNARDI GERARDO	Pvt		11-22-64	NY01		glo in para
NOV. 22	BONIGLIO WILLIAM	Cpl		11-23-64	NY01		glo in para
NOV. 22	BUSTURA JOVENIRO	Cpl		11-22-64	NY01		glo in para

Send to Wash.

FOR AIR IN ABSENCE OF THE USA

Helli
 MAJEST. L. SERNA
 SIG. 1964

NOV

STAGIONE 1964

1964

P.S.D. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

(TRIPLICATE)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 25-centavo thrift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____ Province of _____, Philippines, to _____ of _____, Province of _____, Philippines, of the sum of _____ pesos (P. _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ (Write clearly name of guarantor)

the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereto signed my name this _____ day of _____, 19____ at _____ Province of _____, Philippines.

Signed in the presence of: _____ Signature _____ (of guarantor)
Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 960 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____ Postmaster at _____ Province of _____ the sum of _____ pesos (P. _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____

Signed by me at _____ Province of _____ 19____

Witnesses to payment: _____ (Signature of Depositor)
Residence _____

Use a 25-centavo thrift stamp and cancel with the 25-centavo postmarking stamp

POSTMASTER'S CERTIFICATE

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P. _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P. _____ and that the last transaction made by the depositor in his savings account was a deposit of _____ in the amount of P. _____ at the post office at _____ Province of _____ on _____ 19____

(Signature of Postmaster)

(READING)

COMBINATION OF THE NUMBERS
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

FORM NO. 10 (REV. 1-1-44)

SECRET - TRANSMIT
BY THE BUREAU OF POSTS
AND PHILIPPINE POSTAL SAVINGS BANK
NOV 2 1944

SECRET - TRANSMIT
BY THE BUREAU OF POSTS
AND PHILIPPINE POSTAL SAVINGS BANK
NOV 2 1944

CONSOLIDATED DAILY SICK REPORT

DATE COVERED 15 TO 22 NOV. 44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	NAME	RANK	A.S.	DATE	YRS.	DISPOSITION
OCT. 22	LAURIO, FERDINAND	Cpl		10-22-44	Yes	sick leave
OCT. 31	CRUZ, SANTIAGO DELA	Pvt		10-31-44	Yes	sick leave
NOV. 2	ALIMON, JOSE	Pvt		11-2-44	Yes	sick leave
NOV. 2	DALANDE, AVELINO	Pfc		11-2-44	Yes	sick in ctry
NOV. 22	AGALAN, SALVADOR	Cpl		11-22-44	Yes	sick in ctry
NOV. 22	AGUIAR, JESUS	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	AGUILES, ALEJANDRO	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	AGGAGO, RUFINO	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	A. ARABE, NICOLAO	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	ALABATA, JESUS	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	JERQUIN, O GERIANO	Pvt		11-22-44	Yes	sick in ctry
NOV. 22	ARMON, OLIVA	Pfc		11-22-44	Yes	sick in ctry
NOV. 22	VILLATOR, MARGARITA	Cpl		11-22-44	Yes	sick in ctry

[Handwritten Signature]
 MA A. DESOALDO
 Sgd Lt., Inf.
 Commanding

with this document and copies will be furnished to the appropriate authorities for their information and for their use in the event of a court-martial or other proceedings.
 Approved for distribution and use in the Philippines by the Bureau of Posts and Philippine Postal Savings Bank.
 Approved for distribution and use in the United States by the Bureau of Posts and Philippine Postal Savings Bank.
 Approved for distribution and use in the Philippines by the Bureau of Posts and Philippine Postal Savings Bank.
 Approved for distribution and use in the United States by the Bureau of Posts and Philippine Postal Savings Bank.

P. S. B. Form No. 8979

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—It shall be executed in full triplicate and a 20-cent thrift stamp affixed thereto.

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines, to _____ (Name of depositor) of _____ Province of _____ Philippines, of the sum of _____ (Write in words) pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I, _____ (Write clearly name of guarantor) the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____ at _____ Province of _____, Philippines.

Signed in the presence of: _____ Signature _____ (of guarantor)
 _____ Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 950 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from Mr. _____ Postmaster at _____ Province of _____ the sum of _____ (Write in words) pesos (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____

Signed by me at _____ Province of _____, 19____
 Witnesses to payment: _____ (Signature of Depositor)
 _____ Residence _____

POSTMASTER'S CERTIFICATE

Here affix a 20-centime thrift stamp and cancel with the blue post-marking stamp

Post Office at _____ Province of _____ Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date effected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a deposit of _____ in the amount of P _____ at the post office at _____ of _____ on _____, 19____ Province _____

(Signature of Postmaster)

Handwritten initials 'S' and 'C' in the top right corner.

IMPORTANT - This certificate is valid only if it is countersigned by the Treasurer of the Philippine Postal Savings Bank.

IMPORTANT - This certificate is valid only if it is countersigned by the Treasurer of the Philippine Postal Savings Bank.

PHILIPPINE POSTAL SAVINGS BANK
BUREAU OF POSTS
DEPARTMENT OF THE PHILIPPINES
SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTEE
THIS IS TO CERTIFY THAT

Table with columns for Date, Amount, and other details. The text is mirrored and difficult to read due to the document's orientation.

SPECIAL WITHDRAWAL RECEIPT

Handwritten signature and name 'J. M. ...' in the center of the receipt section.

POSTMASTER'S CERTIFICATE

Small rectangular box containing text, likely a stamp or official note.

Postmaster's Certificate text, including fields for 'Date' and 'Amount', and a large block of mirrored text at the bottom.

P. S. B. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
 BUREAU OF POSTS
 PHILIPPINE POSTAL SAVINGS BANK

(DUPLICATE)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 23-centavo thrift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines, to _____ of _____, Province of _____, Philippines, of the sum of _____ pesos (P _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I _____

(Write clearly name of guarantor) _____, the undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____, at _____, Province of _____, Philippines.
 Signed in the presence of: _____

Signature _____
 (of guarantor)
 Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 905 of the Manual of the Postal and Telegraph Service, as amended.

SPECIAL WITHDRAWAL RECEIPT

I acknowledge to have this date received from _____, Postmaster at _____, Province of _____, the sum of _____ pesos (P _____) as a special withdrawal from my savings account in the Philippine Postal Savings Bank, Deposit Book No. _____, Signed by me at _____, Province of _____, 19____.

Witnesses to payment: _____
 _____ (Signature of Depositor)
 Residence _____

Here affix a 23-centavo thrift stamp and fiscal with the above postmaster's stamp

POSTMASTER'S CERTIFICATE

Post Office at _____, Province of _____, Date _____

I CERTIFY upon my official oath that the foregoing Certificate of Guaranty was executed before me and in the presence of the subscribing witnesses; that the guarantor is personally known to me to be of good moral and financial standing in this locality; and that the said guarantor can, at any time upon demand, readily indemnify the Philippine Postal Savings Bank against any loss referred to in the certificate of guaranty.

I CERTIFY FURTHER that I have this date affected payment of the special withdrawal of P _____ from Savings Account No. _____ as evidenced by the foregoing receipt of the depositor.

I FINALLY CERTIFY that I have entered this withdrawal transaction in the deposit book of the depositor, that before the said entry, the balance of the deposit of the depositor amounted to P _____ and that the last transaction made by the depositor in his savings account was a deposit withdrawal in the amount of P _____ at the post office at _____, Province of _____ on _____, 19____.

(Signature of Postmaster)

*Right
 Receipt
 11-16-44
 11-16-44*

Y. S. B. Form No. 0073

COMMONWEALTH OF THE PHILIPPINES
 PHILIPPINE POSTAL SAVINGS BANK

44 NOV 16 1944

IMPORTANT - This certificate should be executed in full and white stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF QUANTITY

FOR THE

Province of	City	Date	Amount	Remarks
Province of	Cebu	10-22-44	100.00	Sent home
Province of	Cebu	10-21-44	100.00	Sent home
Province of	Cebu	11-2-44	100.00	Sent home
Province of	Cebu	11-2-44	100.00	Sick in Qtrs.

For the sum therein, plus costs and other necessary expenses in case of action in court, and unduly to have intimated the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor:

has no sufficient balance to his credit in the Philippine Postal Savings Bank, or

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 1944.

Signed in the presence of: _____
 (Name of depositor)
 Signature _____
 (of witnesses)
 Residence _____

NOTE TO POSTMASTER - Before paying any withdrawal on the strength of a guarantee executed on this form without the previous consent of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 902 of the Manual of the Postal and Telegraph Service.

P. S. B. Form No. 8079

COMMONWEALTH OF THE PHILIPPINES
BUREAU OF POSTS
PHILIPPINE POSTAL SAVINGS BANK

(ORIGINAL)

IMPORTANT.—Each withdrawal under the special withdrawal system shall in no case exceed P50.

IMPORTANT.—This form shall be executed in full and in triplicate and a 20-centavo thrift stamp affixed thereto.

SPECIAL WITHDRAWAL CERTIFICATE OF GUARANTY

In consideration of the payment to be made by the Postmaster at _____, Province of _____, Philippines,
to _____ of _____, Province of _____
(Name of depositor)

Philippines, of the sum of _____ pesos (P. _____), Philippine currency, as a withdrawal, through the Special Withdrawal System, from his Savings Account No. _____ in the Philippine Postal Savings Bank, I,

_____ (Write clearly name of guarantor), The undersigned, do hereby bind myself and my heirs liable to the Philippine Postal Savings Bank for the sum aforesaid, plus costs and other necessary expenses in case of action in court, and undertake to keep indemnified the said Philippine Postal Savings Bank and the postmaster concerned in or affected by said payment should the said withdrawal be disallowed by the Director of Posts, or his authorized representative, for the reason that the said depositor, _____ (Name of depositor) has no sufficient balance to his credit in the Philippine Postal Savings Bank, or for any other lawful cause.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 19____, at _____ Province of _____, Philippines.

Signed in the presence of: _____

Signature _____
(of guarantor)

Residence _____

NOTE TO POSTMASTER.—Before paying any withdrawal on the strength of a guaranty executed on this form without the previous approval of the Director of Posts, the postmaster should clearly understand his personal responsibility in connection therewith as indicated in section 960 of the Manual of the Postal and Telegraph Service, as amended.

DECLASSIFIED
Authority 883078

Philippine Army
Masbate Regiment
HQ. BATTALION


In the Field
25 Nov. '44

Subject: Consolidated Weekly Sick Report

To : Executive Officer, Masbate Regiment, In the Field

1. The following reports is hereby submitted:

Unit	:	Names	Rank	Date	Sickness	Inc	Duty	Dispo-
						Yes	No	sition
			Sick					
Hq. Battalion	:	None						
Hqs. Hq. Ser-CC	:	None						
Combat Co.	:	None						
PATS	:							
Medical Co.	:	Pvt. Quirino Tumbaga	Pvt.	23	Malaria	Yes	Still si	sick.


ANDRES F. NAVARRO
Major, (MC(USAF))
Co. Hq. En.

Age + Age. Br Sick Report

Name	Rank	Rate	Diagnosis
name	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"

Report: ...
 Date: ...
 By: ...

14K
By March, 1945
F. ...
Officer

(Signature)

...
 ...
 ...

Sick Report

General & R. K. Ruff

PHILIP J. BROWN
 MAJOR
 U.S. ARMY
 10, RENTON, WASH.

11 MONTHS
 21, 22, 23, 24

Subject: Questionnaire for months 23 and 24

1. The following are the questions:

NAME : PHILIP J. BROWN
 GRADE : MAJOR
 BRANCH : U.S. ARMY
 ADDRESS : 10, RENTON, WASH.
 OCCASION OF SERVICE : 23 and 24
 DUTY STATION : 10, RENTON, WASH.
 REPORT MADE AT : 10, RENTON, WASH.
 DATE : 11, 22, 23, 24

[Handwritten Signature]

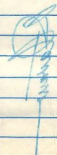
PHILIP J. BROWN
 MAJOR
 U.S. ARMY
 10, RENTON, WASH.

copy of

Combat Sick Report

<i>Name</i>	<i>Rank</i>	<i>Date</i>	<i>Diagnosis</i>
-------------	-------------	-------------	------------------

1. *10/11/54*



A handwritten signature in blue ink, consisting of a stylized, somewhat illegible name with a long vertical line extending downwards from the bottom right of the signature.

Director, B. I.

Bio Coordinator

Bⁿ

MANABALE CONSOLIDATED MINING CO.

Mark and Bill Coombs

Philippine Army MANABALE CONSOLIDATED MINING CO.
 7000th Regiment
 HC. BATAVIA

Subject: Consolidated Weekly Sick Report
 To : Executive Officer, 7000th Regiment, In the Field

Unit	Name	Rank	Date taken sick	Sickness	Line Duty	Disposition
				Yes/No	Yes/No	
Bc. Bn.	NONE					
Hq & Hq Serv/Combat Co	Margarito Mocosma	1st Lt.	Dec. 2	Fever	Yes	Still sick
Medical Co	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					
	NONE					

LEONARDO E. LOGAD
 Captain, Inf (USAPPE)
 Adj. & Executive Officer

RECEIVED
 7000th REGIMENT
 BATAVIA
 12 DEC 1950

Impeller #176 Iron

Above for B.J. 5" Sol. Pump
 Drawing #1-T-1290-1

For Eng. Mill Construction

5	3	only	Celluloid T-squares #2575 Maple with Ibonized Fixed head - Size 48" (substitution allowed if about same quality)
6	3	"	45 deg. - Celluloid triangle #2590 size 10" with finger lift. (substitution allowed)
7	3	"	30 deg. - 60 deg. Celluloid triangle #2590 size 10" with finger lifts. (substitution allowed)
8	3	"	Triangular Architects Scale - plain Boxwood #2122B Regular shape-12" long. Graduation of 3/32, 3/16, 1/8, 1/4, 5/8, 3/4, 1/2, 1 1/2, 1 3/4, 2, 3" the ft.
9	3	dos.	Castell drawing pens No. - "H" "B" "F" "G" "I" "J" "K" "L" "M" "N" "O" "P" "Q" "R" "S" "T" "U" "V" "W" "X" "Y" "Z" "AA" "AB" "AC" "AD" "AE" "AF" "AG" "AH" "AI" "AJ" "AK" "AL" "AM" "AN" "AO" "AP" "AQ" "AR" "AS" "AT" "AU" "AV" "AW" "AX" "AY" "AZ" "BA" "BB" "BC" "BD" "BE" "BF" "BG" "BH" "BI" "BJ" "BK" "BL" "BM" "BN" "BO" "BP" "BQ" "BR" "BS" "BT" "BU" "BV" "BW" "BX" "BY" "BZ" "CA" "CB" "CC" "CD" "CE" "CF" "CG" "CH" "CI" "CJ" "CK" "CL" "CM" "CN" "CO" "CP" "CQ" "CR" "CS" "CT" "CU" "CV" "CW" "CX" "CY" "CZ" "DA" "DB" "DC" "DD" "DE" "DF" "DG" "DH" "DI" "DJ" "DK" "DL" "DM" "DN" "DO" "DP" "DQ" "DR" "DS" "DT" "DU" "DV" "DW" "DX" "DY" "DZ" "EA" "EB" "EC" "ED" "EE" "EF" "EG" "EH" "EI" "EJ" "EK" "EL" "EM" "EN" "EO" "EP" "EQ" "ER" "ES" "ET" "EU" "EV" "EW" "EX" "EY" "EZ" "FA" "FB" "FC" "FD" "FE" "FF" "FG" "FH" "FI" "FJ" "FK" "FL" "FM" "FN" "FO" "FP" "FQ" "FR" "FS" "FT" "FU" "FV" "FW" "FX" "FY" "FZ" "GA" "GB" "GC" "GD" "GE" "GF" "GG" "GH" "GI" "GJ" "GK" "GL" "GM" "GN" "GO" "GP" "GQ" "GR" "GS" "GT" "GU" "GV" "GW" "GX" "GY" "GZ" "HA" "HB" "HC" "HD" "HE" "HF" "HG" "HH" "HI" "HJ" "HK" "HL" "HM" "HN" "HO" "HP" "HQ" "HR" "HS" "HT" "HU" "HV" "HW" "HX" "HY" "HZ" "IA" "IB" "IC" "ID" "IE" "IF" "IG" "IH" "II" "IJ" "IK" "IL" "IM" "IN" "IO" "IP" "IQ" "IR" "IS" "IT" "IU" "IV" "IW" "IX" "IY" "IZ" "JA" "JB" "JC" "JD" "JE" "JF" "JG" "JH" "JI" "JJ" "JK" "JL" "JM" "JN" "JO" "JP" "JQ" "JR" "JS" "JT" "JU" "JV" "JW" "JX" "JY" "JZ" "KA" "KB" "KC" "KD" "KE" "KF" "KG" "KH" "KI" "KJ" "KK" "KL" "KM" "KN" "KO" "KP" "KQ" "KR" "KS" "KT" "KU" "KV" "KW" "KX" "KY" "KZ" "LA" "LB" "LC" "LD" "LE" "LF" "LG" "LH" "LI" "LJ" "LK" "LL" "LM" "LN" "LO" "LP" "LQ" "LR" "LS" "LT" "LU" "LV" "LW" "LX" "LY" "LZ" "MA" "MB" "MC" "MD" "ME" "MF" "MG" "MH" "MI" "MJ" "MK" "ML" "MM" "MN" "MO" "MP" "MQ" "MR" "MS" "MT" "MU" "MV" "MW" "MX" "MY" "MZ" "NA" "NB" "NC" "ND" "NE" "NF" "NG" "NH" "NI" "NJ" "NK" "NL" "NM" "NN" "NO" "NP" "NQ" "NR" "NS" "NT" "NU" "NV" "NW" "NX" "NY" "NZ" "OA" "OB" "OC" "OD" "OE" "OF" "OG" "OH" "OI" "OJ" "OK" "OL" "OM" "ON" "OO" "OP" "OQ" "OR" "OS" "OT" "OU" "OV" "OW" "OX" "OY" "OZ" "PA" "PB" "PC" "PD" "PE" "PF" "PG" "PH" "PI" "PJ" "PK" "PL" "PM" "PN" "PO" "PP" "PQ" "PR" "PS" "PT" "PU" "PV" "PW" "PX" "PY" "PZ" "QA" "QB" "QC" "QD" "QE" "QF" "QG" "QH" "QI" "QJ" "QK" "QL" "QM" "QN" "QO" "QP" "QQ" "QR" "QS" "QT" "QU" "QV" "QW" "QX" "QY" "QZ" "RA" "RB" "RC" "RD" "RE" "RF" "RG" "RH" "RI" "RJ" "RK" "RL" "RM" "RN" "RO" "RP" "RQ" "RR" "RS" "RT" "RU" "RV" "RW" "RX" "RY" "RZ" "SA" "SB" "SC" "SD" "SE" "SF" "SG" "SH" "SI" "SJ" "SK" "SL" "SM" "SN" "SO" "SP" "SQ" "SR" "SS" "ST" "SU" "SV" "SW" "SX" "SY" "SZ" "TA" "TB" "TC" "TD" "TE" "TF" "TG" "TH" "TI" "TJ" "TK" "TL" "TM" "TN" "TO" "TP" "TQ" "TR" "TS" "TT" "TU" "TV" "TW" "TX" "TY" "TZ" "UA" "UB" "UC" "UD" "UE" "UF" "UG" "UH" "UI" "UJ" "UK" "UL" "UM" "UN" "UO" "UP" "UQ" "UR" "US" "UT" "UU" "UV" "UW" "UX" "UY" "UZ" "VA" "VB" "VC" "VD" "VE" "VF" "VG" "VH" "VI" "VJ" "VK" "VL" "VM" "VN" "VO" "VP" "VQ" "VR" "VS" "VT" "VU" "VV" "VW" "VX" "VY" "VZ" "WA" "WB" "WC" "WD" "WE" "WF" "WG" "WH" "WI" "WJ" "WK" "WL" "WM" "WN" "WO" "WP" "WQ" "WR" "WS" "WT" "WU" "WV" "WW" "WX" "WY" "WZ" "XA" "XB" "XC" "XD" "XE" "XF" "XG" "XH" "XI" "XJ" "XK" "XL" "XM" "XN" "XO" "XP" "XQ" "XR" "XS" "XT" "XU" "XV" "XW" "XX" "XY" "XZ" "YA" "YB" "YC" "YD" "YE" "YF" "YG" "YH" "YI" "YJ" "YK" "YL" "YM" "YN" "YO" "YP" "YQ" "YR" "YS" "YT" "YU" "YV" "YW" "YX" "YY" "YZ" "ZA" "ZB" "ZC" "ZD" "ZE" "ZF" "ZG" "ZH" "ZI" "ZJ" "ZK" "ZL" "ZM" "ZN" "ZO" "ZP" "ZQ" "ZR" "ZS" "ZT" "ZU" "ZV" "ZW" "ZX" "ZY" "ZZ"
10	3	dos.	
11	2	rolls	Ladine Tracing Paper #176-11250K

WAREHOUSE STOCK

Recharging and returning by first available transportation the following oxygen & acetylene cyls.			
12	18	cyl.	Oxygen Nos. 1130; 095; 121; 891; 295; 1885; 612; 368; 642; 926; 977; 625; 750; 092; 844; 937; 692; & 584.
13	10	cyl.	Acetylene Nos. 0106798-187; 0105978-190; 127-197; 0106106-188; 146-198; 0103908-189; 37-194; 0105971-186; 149-189 & 4697-184

Mark and Bill Goods
 MASBATE CONSOLIDATED MINING CO.
 Rio Guinobatan,
 Masbate, P. I.

By A. B. Rowe
 GENERAL MANAGER

/and

DECLASSIFIED

Authority 883078

UNITED STATES DEPARTMENT OF DEFENSE

Philippine Army
Masbate Regiment
HQ. BATTALION

In the Field
9 Dec. '44

Subject: Consolidated Weekly Sick Report

To : Executive Officer, Masbate Regiment, In the Field

Unit	Name	Rank	Date taken sick	Sickness	Line	Duty	Disposition
Hq. Bn.	None						
Hq & Hq Serv	Margarito Masamoc	Pvt.	Dec. 2	Fever	Yes		Still sick
Combat Co	None						
Medical Co	None						

LEONCIO B. LEGAD
Captain, Inf(USAFR)
Adj. & Executive Officer

DECLASSIFIED

Authority 883078

Bodeguero

MASBATE CONSOLIDATED MINING COMPANY

Rio Guinobatan, Masbate

DEPARTMENT REQUISITIONORDER FROM Manila

DATE

6-15-1938WANTED FOR Shikuru

DEPARTMENT

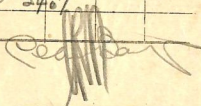
Electrical

ty.	DESCRIPTION	On Hand	On Order	Due
2- 00 24-	The Louis Allis - Falk motor Reducer -			
	Type D. 5' Cycle-60 Reducer;-			
	Frame 254 VV Phase 3; Size 34D-1			
	Class. 43 N R.P.M.-1750 Mo. 49.065			
	VOLTS 220/440 Comp 13/65 R.P.M.-1750-54.7			
	H.P. 5			

APPROVED:



To ----- Dept.
 The above items are entered in Manila
 Order No. -----
 Dated -----
 signed B. G.



Dept. Head

Bodeguero

J.M.R.

DEC 14 RECD

CONSOLIDATED DAILY SICK REPORT

Date Covered 8-14 Dec '44

DATE	NAME	RANK	DISEASE	FOR THE COMMANDING OFFICER		FOR THE SURGEON	
				Date When Taken	In Line of Duty?	Date When Taken	In Line of Duty?
				Yes or No	Yes or No		DISPOSITION
Dec 8	Almeida, Crisanto	Pvt.		Dec 9	yes		
" 9	Tobueno, William	"		" 8	"		
Dec 11	Lagto, Asilo	Sgt.		Dec 10	"		
" 11	Ampuan, Francisco	Pl 1st Cl.		" 10	"		
" 12	Lagto, Asilo	Sgt.		" "	"		
" 12	Ampuan, Francisco	Pl 1st Cl.		" "	"		
" 13	Ampuan, Francisco	"		" "	"		
" 14	Demotillo, Felix	"		" "	"		

OFFICIALS:

Samuel Martini
 CHIEF OFFICER
 3d Lieut, Infantry
 Ex - C.

J.M.R.
 JOSE M. GLORES
 1st Lieut, Inf
 Commanding

AMERICAN CONSOLIDATED MINING COMPANY
 Rio Guanabara, Paraíba

STORE SALES REPORT

Date 4-2 1927

QUANTITY	DESCRIPTION	GROCERY	BAZAR	TOBACCO, MATCHES, BEER, ETC.	QUANTITY	DESCRIPTION	GROCERY	BAZAR	TOBACCO, MATCHES, BEER, ETC.
1	cash sales								
1	100's cigarette pack		1	25					
1	100's cigarette pack		1	25					
1	" " " "		1	25					
1	" socks		20						
1	" "		20						
1	1 Pkg. air rifle shells		10						
1	1 Royal shirt		1	95					
1	100's cigarette pack		20						
1	100's cigarette pack		6	60					
1	" socks		20						

dezo mo 2020

1602

DISTRIBUTION OF SALES	AMOUNT	CERTIFIED CORRECT:
GROCERY		
BAZAR	1602	<i>Dickie Martinez</i> Salesman
TOBACCO, MATCHES, BEER		APPROVED:
BEER		
TOTAL SALES	1602 ✓	

CONSOLIDATED DAILY SICK REPORT

Date covered 13 to 19 Dec. 44

FOR THE COMMANDING OFFICER

FOR THE SURGEON

DATE	NAMES	RANK	A.S.	Date when taken sick	In Lind		DISPOSITION
					of duty	of duty	
					Yes	No	
Dec. 13	DALANON, JESUS	Pfc		12-13-44	Yes		sick in Qtrs.
Dec. 13	JEQUINTO, CAPRIANO	Pvt		12-13-44	Yes		Sick in Qtrs.
Dec. 14	LUBRIANO, MATEO	Pvt		12-14-44	Yes		Sick in Qtrs.
Dec. 17	REJES, JESUS de los	Pfc		12-17-44	Yes		Sick in Qtrs.
Dec. 17	ALABATE, VICENTE	Pfc		12-17-44	Yes		Sick in Qtrs.
Dec. 18	PABITO, GAUDIOSO	Pvt		12-18-44	Yes		Sick in Qtrs.

FOR AND IN ABSENCE OF THE CO:

[Signature]
MANUEE L. NAVEA

1st Lt. Inf
EX-6

DECLASSIFIED
Authority 883078

MASBATE CONSOLIDATED MINING CO.

RIO GUAYABO
 Masbate Regiment
 HQ. BATTALION

Date

In the field
 16 Dec. '44

Subject: Consolidated Mining Co. Sick Report
 To : CO, Masbate Regiment, Regimental Compound
 The following officers:

Unit	Name	Description	Rank	Date Taken Sick	Sick	Illness	Line Duty	Remarks
Hq. Bn.	None							
Hq & Hq & Ser	Margarito Masabao		Pvt.	Dec. 2		Fever	Yes	ISL
Medical Co.	None							
Combat Co.	Banundo Atim		Pvt.	Nov. 28		Malaria	Yes	ISL
	Antonio Aguilera		Pvt.	Dec. 5		Head	Yes	ISL
	Samcon Laguerta		Cpl.	Dec. 14		Head	Yes	Qrts.
	Beverino Canete		Cpl.	Dec. 16		"	Yes	Qrts.
	Signal Plt.	Onofre Despuellandera	1st Sgt	Dec. 14		Fever	Yes	ISL
		Vinhincio C. Disini	1st Sgt	Dec.		"	Yes	ISL
		Jose Cortes	Pvt.			Chills	Yes	ISL
		Amerigo Villamor	Pvt.	Dec.		Malaria	Yes	ISL
		Lino Caragan	Pvt.	Dec.		Malaria	Yes	ISL
		Andres Lusong	Pvt.	Dec.		Head	Yes	Qrts.

[Signature]
 A. E. NAVARRO
 Major, MC (USAFPT)
 CO HQ BN

Form No. 6

MASBATE CONSOLIDATED MINING CO.

RIO GUINOBATAN, MASBATE

Date June 17, 1958

Please ship us as soon as possible per S. S.

the following articles:

Item	Quantity Wanted	Unit	DESCRIPTION	Price
			Mechanical Department	
2	1		For Chevrolet Master Model	
1	1		Hydraulic Brake	
2	1		Spring with secondary cup 1-1/4 dia.	
3	1		cup 1-1/4 dia.	
4	1		retain spring	
5	1		valve main cylinder	
6	1		seed washer	
7	2	only	Leaf Spring	
8	4	"	Leaf Spring	
9	6	"	Spring Factory 6 volts	
			6115/4 Button cap w/carbon	
			For V-8 Truck	
			Eng. #BB-18-2206454	

PA, MASBATE REGIMENT
 Hq 1st Bn

Date covered 13 to 19 Dec '44

C 29 BPT

CO, 1st Bn

HQ & Hq Co

12/20
Filio

CONSOLIDATED DAILY SICK REPORT

FOR THE COMMANDING OFFICER				FOR THE SURGEON				
NO.	RANK	ASN	DATE WHEN TAKEN SICK	In Line	In Line	DISPOSITION		
				of Duty	of Duty			
				Yes	No	Yes	No	
1	Zaragoza, Angeles	Pvt	11-10-44	Yes	-	Yes	-	Sent Home

FOR AND IN THE ABSENCE OF THE COOR:

[Signature]
 EMILIO C. AGUILAR
 S/Sgt Hq & Hq Co 1st Bn

DECLASSIFIED

Authority 883078

PA, MASSATEE HOSPITAL

Hd - 1st BR

Date received is 18 Dec 44

CO, 1st BR

H 1 & H 2 Co

CONSOLIDATED DAILY SICK REPORT

FOR THE COMMANDING OFFICER :	FOR THE SURGEON :
NO. :	DATE WHEN IN LINE :
RANK AS TAKEN :	AT DUTY AT DUTY :
SICK :	Yes/No/Yes/No :
Ill-10-44 :	Yes/No/Yes/No :
NAME :	...

FOR THE COMMANDING OFFICER:

UNIT OF AGUIAN

8588 Hd & H 2 Co 1st BR

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PA, MASBATE REGIMENT

Hq 1st Bn

DEC 29 RECD

Date covered 20 to 26 Dec '44

CO, 1ST BN

Hq & Hq Co

CONSOLIDATED DAILY SICK-REPORT

FOR THE COMMANDING OFFICER				FOR THE SURGEON			
NO.	RANK:	ASH:	DATE WHEN TAKEN	in Line of Duty	in Line of Duty	DISPOSITION	
:	:	:	SICK	Yes: No	Yes: No	:	:
1	ZARROCO, Angeles	Yt	11-10-44	Yes: -	Yes: -	Sent Home	

FOR AND IN THE ABSENCE OF THE CO:

[Signature]
 ENRIQUE E. AGUILAR
 S/Sgt Hq & Hq Co 1st Bn

FOR THE SURGEON

FOR THE COMMANDING OFFICER

Date covered 20 Dec. to 25 Dec.

IN. MARINE CORPS
No. 1st BN

Date covered 20 to 25 Dec 1944

20 1st BN
20 1st BN

COMBINED MILITARY SICK REPORT

NO.	NAME	GRADE	COMPONENT	DATE	REMARKS
1
2
3
4
5

FOR THE COMMANDING OFFICER

BRITISH ARMY
25th Dec 1944

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CONSOLIDATED DAILY SICK REPORT

Date covered 20 Dec. to 26 Dec.

FOR THE COMMANDING OFFICER

FOR THE SURGEON

Date	Names	Rank	ASN	Date when taken	In line of duty Yes	In line of duty Yes	DISPOSITION
Dec. 21	BARREDO, M.	Pfc		12-21-44	Yes	- -	Sent to hospital
Dec. 21	MIRGO, V.	Pvt		12-21-44	Yes	- -	Sick in qtrs.
Dec. 24	BARREDO, J.	Cpl		12-24-44	Yes	- -	sent home
Dec. 24	ESCADER, R.	"		12-24-44	Yes	- -	Sent home

OFFICIAL:

Manuel L. Navea
 MANUEL L. NAVEA
 1st Lt., Inf (USAFPE)
 EX-O.

PEDRO L. DEL ROSARIO
 1st Lieut., Inf. (USAFPE)
 Commanding

DECLASSIFIED
 Authority 883078

CONSOLIDATED DAILY SICK REPORT

Date covered 20 Dec. to 26 Dec.


FOR THE COMMANDING OFFICER

FOR THE SURGEON

Date	Names	Rank	ASN	Date when taken	In line	In line	DISPOSITION
					of duty	of duty	
					Yes	Yes	
Dec. 21	BARREDO, M.	Pfc	✓	12-21-44	Yes	-	Sent to hospital
Dec. 21	MINGO, V.	Pvt	✓	12-21-44	Yes	-	Sick in qtrs.
Dec. 24	BARREDO, J.	Cpl	✓	12-24-44	Yes	-	sent home
Dec. 24	ESCADER, R.	"	✓	12-24-44	Yes	-	Sent home

PEDRO L. DEL ROSARIO
1st Lieut., Inf. (USAFV)
Commanding

OFFICIAL:


MANUEL L. NAVEA
1st Lt., Inf (USAFV)
EX-O.

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PA, MASBATE REGIMENT
Hq Field Hospital

As of 24 to 31 Dec. '44

DAILY SICK REPORT

DATE:	NAMES	RANK:	ORGA- NIZA- TION :	DATE WHEN TAKEN SICK	IN OF	LINE: DUTY:	IN OF	LINE: DUTY:	DISPOSITION:
:	:	:	:	:	Yes	No	Yes	No	:
24	Antonio Pecson	Pvt	F.H.	24 Dec. '44	Yes		Yes		Granted Sick
25	" "	"	"	" "	"		"		Leave
26	" "	"	"	" "	"		"		"
27	" "	"	"	" "	"		"		"
28	" "	"	"	" "	"		"		"
29	" "	"	"	" "	"		"		"
30	" "	"	"	" "	"		"		"
31	" "	"	"	" "	"		"		"

Efren P. Valencia
EFREN P. VALENCIA
Capt., MC-Res
CO, Field Hospital

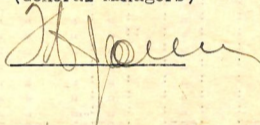
Should this be satisfactory to

you, kindly advise.

DECLASSIFIED
Authority 883078

Yours very truly,

INTERNATIONAL ENGINEERING CORPORATION
BY WARNER, BARNES & CO., LTD.
(General Managers)



OJG:Fd
Encl.

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