

INSTRUCTION.—If this application is to be referred from VA station to which originally submitted, stamp name and address of referring VA station in the margin below

|                                                                                                    |  |                                             |  |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| LEGAL ELIGIBILITY (Check)<br><input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE |  | VA REGULATION<br>REYNA, Adolfo De Jesus Jr. |  | MEDICAL ELIGIBILITY (Check)<br><input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE |  |
| SIGNATURE OF ELIGIBILITY CLERK                                                                     |  | DATE                                        |  | SIGNATURE OF VA MEDICAL OFFICER                                                                      |  |
|                                                                                                    |  |                                             |  | DATE                                                                                                 |  |

55. TO BE COMPLETED BY VA PERSONNEL ONLY

|                                                                                                                             |                                  |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------|
| 52. SIGNATURE OF EXAMINING PHYSICIAN<br> | 53. DATE OF EXAM<br>16 June 1954 | 54. ADDRESS OF EXAMINING PHYSICIAN<br>2471 Morgan Ave.<br>Apt 604 Chin X. Jay |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------|

|                                            |                                                                                                                                                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 51. NAME AND ADDRESS OF PROPOSED ATTENDANT | 50. METHOD OF TRAVEL RECOMMENDED (check)<br><input type="checkbox"/> TRAIN OR<br><input type="checkbox"/> BUS<br><input type="checkbox"/> AMBU-<br><input checked="" type="checkbox"/> PRIVATE<br>LANCE<br>LANCE |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                      |  |     |    |                                                                  |  |     |    |
|----------------------------------------------------------------------------------------------------------------------|--|-----|----|------------------------------------------------------------------|--|-----|----|
| CAN APPLICANT DO THE FOLLOWING (Check):                                                                              |  | YES | NO | CHECK EACH OF THE FOLLOWING: <input checked="" type="checkbox"/> |  | YES | NO |
| 41. DRESS HIMSELF AND USE LAVATORY WITHOUT ASSISTANCE?                                                               |  |     |    | 45. IS APPLICANT INCONTINENT?                                    |  |     |    |
| 42. ASCEND AND DESCEND STAIRS?                                                                                       |  |     |    | 46. IS APPLICANT AMBULANT?                                       |  |     |    |
| 43. FEED HIMSELF WITHOUT ASSISTANCE?                                                                                 |  |     |    | 47. IS APPLICANT MENTALLY COMPETENT?                             |  |     |    |
| 44. OPERATE A WHEEL CHAIR WITHOUT AID, IF A WHEEL CHAIR CASE? (This question need not be answered if not applicable) |  |     |    | 48. WILL APPLICANT NEED AN ATTENDANT DURING TRAVEL?              |  |     |    |
|                                                                                                                      |  |     |    | 49. IS ATTENDANT A RELATIVE OF THE APPLICANT?                    |  |     |    |

*Schizophrinia. Extracranial type*

**40. DIAGNOSIS** (See note for examining physician above)

Negative physical findings  
Negative amniocentesis and blood count

### 39. PHYSICAL LABORATORY, AND X-RAY FINDINGS

32. BIRTH HISTORY  
Baby was discharged from military service on 19 May 1954. On 20 May he was posted into the local police because of his position as a former member of the Communist Party for observation. Due to his observation he was not added to my reporting for about two weeks. My family did not know where he was. He was admitted to hospital 11 June 1954. Reported 33. SYMPTOMS  
Baby was first, nervous, practically mute and appeared to be actively frightened. No accurate history could be obtained (I have not examined this patient recently, 8 Oct now born on the day of his transfer - 16 June 1954.)

(NOTE TO EXAMINING PHYSICIAN—History, symptoms and physical findings must be recorded in sufficient detail to clearly support the diagnosis. If additional space is needed, attach plain sheets of paper)

# MEDICAL CERTIFICATE

NOTE.—The law provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution having no widow (widower), and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the Post Fund.

|                    |                          |
|--------------------|--------------------------|
| 33. NAME OF FATHER | 34. BIRTHPLACE OF FATHER |
| 35. NAME OF MOTHER | 36. BIRTHPLACE OF MOTHER |

Thyana, October 22, 1900

# General Discharge



Under Honorable Conditions  
from the Armed Forces of the United States of America

*This is to certify that*

ADOLFO J REYNA JR US54 116 379 PRIVATE-2 AUS

*was Discharged from the*

## Army of the United States

*on the* 19th *day of* May 1954 *under honorable conditions*

*Chris Solberg*  
CHRIS SOLBERG  
Lt Col Inf



ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

| NA NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | REPORT OF SEPARATION FROM THE<br>ARMED FORCES OF THE UNITED STATES                                                                                                                       |  | DEPARTMENT<br><b>ARMY</b>                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CHARACTER OF SEPARATION<br><b>GENERAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | UNDER HONORABLE CONDITIONS                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |  |
| 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>Reyna Adolfo de Jesus Jr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. SERVICE NUMBER<br><b>US54 116 379</b>                                                                                                                                                 |  | 3. GRADE RATE RANK AND<br>DATE OF APPOINTMENT<br><b>Pvt-2(P) 8 Aug 53</b>                                                                                                                                                                                           |  |
| 4. COMPONENT AND BRANCH<br>OR CLASS<br><b>AIS INF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5. QUALIFICATIONS<br>SPECIALTY NUMBER OR SYMBOL<br><b>1745</b>                                                                                                                           |  | 6. EFFECTIVE DATE OF SEPARATION<br>DAY MONTH YEAR<br><b>19 May 54</b>                                                                                                                                                                                               |  |
| 7. TYPE OF SEPARATION<br><b>Discharge</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 8. REASON AND AUTHORITY FOR SEPARATION<br><b>AR615-369</b>                                                                                                                               |  | 9. PLACE OF SEPARATION<br><b>Camp Chaffee Arkansas</b>                                                                                                                                                                                                              |  |
| 10. DATE OF BIRTH<br>DAY MONTH YEAR<br><b>11 Apr 33</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 11. PLACE OF BIRTH (City and State)<br><b>San Benito Tex</b>                                                                                                                             |  | 12. DESCRIPTION<br>SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT<br><b>Male Caucasian Black Brown 66 140</b>                                                                                                                                                         |  |
| 13. REGISTERED<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SELECTIVE SERVICE NUMBER<br><b>41 97 33 322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)<br><b>LB# 97 Corpus Christi (Nueces) Tex</b>                                                                              |  | 15. INDUCTED<br>DAY MONTH YEAR<br><b>3 Apr 53</b>                                                                                                                                                                                                                   |  |
| 16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COMPONENT AND BRANCH OR CLASS<br><b>NA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | COGNIZANT DISTRICT OR AREA COMMAND<br><b>NA</b>                                                                                                                                          |  | 17. MEANS OF ENTRY OTHER THAN BY INDUCTION<br><input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input checked="" type="checkbox"/> NA <input type="checkbox"/> CALLED FROM INACTIVE DUTY<br><b>Pvt-1</b> |  |
| 18. GRADE RATE OR RANK AT TIME OF<br>ENTRY INTO ACTIVE SERVICE<br><b>Pvt-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE<br>DAY MONTH YEAR PLACE (City and State)<br><b>3 Apr 53 Corpus Christi Tex</b>                                                           |  | 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)<br><b>3044 Reyna Corpus Christi (Nueces) Tex</b>                                                                                                                        |  |
| 21. NET ( ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD<br><b>NA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | A. YEARS <b>NA</b>                                                                                                                                                                       |  | B. MONTHS <b>NA</b>                                                                                                                                                                                                                                                 |  |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | C. DAYS <b>17</b>                                                                                                                                                                        |  | 25. ENLISTMENT ALLOWANCE PAID ON EXTENSION<br>OF ENLISTMENT, IF ANY<br>DAY MONTH YEAR AMOUNT<br><b>NA</b>                                                                                                                                                           |  |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | D. YEARS <b>0</b>                                                                                                                                                                        |  | 26. FOREIGN AND/OR SEA SERVICE<br>YEARS MONTHS DAYS<br><b>0 8 10</b>                                                                                                                                                                                                |  |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | E. YEARS <b>1</b>                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                     |  |
| 27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>ACM(Ger), NDSM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                     |  |
| 28. MOST SIGNIFICANT DUTY ASSIGNMENT<br><b>Co C 6th Inf Regt APO 742</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)<br><b>None</b>                                                                                    |  |                                                                                                                                                                                                                                                                     |  |
| 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES<br>AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | DATES (From-To)<br><b>NA</b>                                                                                                                                                             |  | MAJOR COURSES<br><b>NA</b>                                                                                                                                                                                                                                          |  |
| 31. SERVICE TRAINING COURSES<br>SUCCESSFULLY COMPLETED<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                     |  |
| GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under<br>waiver same as (A) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District<br>Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name,<br>address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance. |  |                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                     |  |
| 32A. KIND & AMT. OF INSURANCE & MTHLY.<br>PREMIUM<br><b>None Indemnity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 32B. ACTIVE SERVICE PRIOR TO<br>26 APRIL 1951<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                                    |  | 33. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b>                                                                                                                                                                                                                       |  |
| 34. MONTH NEXT PREMIUM DUE<br><b>NA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 35. TOTAL PAYMENT UPON SEPARATION<br><b>205.07</b>                                                                                                                                       |  | 36. TRAVEL OR MILEAGE ALLOWANCE<br>INCLUDED IN TOTAL PAYMENT<br><b>NA</b>                                                                                                                                                                                           |  |
| 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER<br><b>CLYDE L MARTIN 1LT COL FC B215 576</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 38. REMARKS (Continue on reverse)<br><b>No days lost under Sec 6(a) App 2b MCM 1951<br/>Blood Group Unk<br/>EM ent \$300.00 MOP o/s 28 Aug 53 to<br/>Date of final payment 19 May 54</b> |  | 39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><b>IVIE M ROBERTSON<br/>CWO USA Asst Adj</b>                                                                                                                                                                         |  |
| 40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)<br>COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 41. DATES OF LAST CIVILIAN EMPLOYMENT<br>FROM TO<br><b>1952 1953</b>                                                                                                                     |  | 42. MAIN CIVILIAN OCCUPATION<br><b>Fur Rep'man 4-35.710</b>                                                                                                                                                                                                         |  |
| 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 44. UNITED STATES CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                         |  | 45. MARITAL<br>STATUS<br><b>Single</b>                                                                                                                                                                                                                              |  |
| 46. NON-SERVICE EDUCATION (Years successfully completed)<br>GRAM- MAR SCHOOL COL- LEGE DEGREE(S)<br><b>8 0 0 None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)<br><b>3044 Reyna Corpus Christ (Nueces) Tex</b>                                        |  | 48. SIGNATURE OF PERSON BEING SEPARATED<br><b>Adolfo J. Reyna</b>                                                                                                                                                                                                   |  |