

DEPARTMENT OF THE ARMY
Headquarters, Military District of Washington, U.S. Army
Fort Lesley J. McNair
Washington, D.C. 20315

18 March 1971

SPECIAL ORDERS
NUMBER 53
EXTRACT

31. TC 205. Following individual reassigned to Transfer Station or Transfer Point for separation processing and will proceed on PERMANENT CHANGE OF STATION as indicated below:

BOWE, WILLIAM J. 328-34-0398 SGT 97B40 USA Intel Control Group (W29HAA) Wash, DC 20310 atch: HQ Co USA (WOUCEL) Ft Myer, VA 22211

ADMINISTRATIVE ACCOUNTING DATA

Auth: AR 635-10
HOR: 1120 Lake Shore Dr. Chicago Cook Ill
PL EAD or OAD: AFEES, Chicago Ill
Maj Comd/Agcy: MDW
SPN: 201
ETS: 12 May 1971
Component: RA
PCS MDC: 7BE1

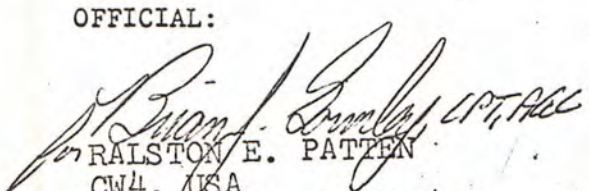
FOR THE INDIVIDUAL

Assigned to: United States Army Transfer Point (WOUCOL) Fort Myer,
Virginia 22211
Reporting date: 12 May 1971
Special Instructions: None

FOR THE COMMANDER:


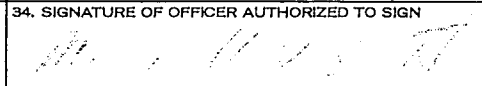
OFFICIAL:

H. B. AYRES
Colonel, GS
Chief of Staff


RALSTON E. PATTEN
CW4, USA
Asst Adjutant General

DISTRIBUTION:

6 Compilation
10 Indiv conc
2 USATRFPT, Ft Myer, VA 22211
3 USA MDW F&AO, Ft Myer, VA 22211
5 ANAG-PA
5 CO, USA Intel Control GP, Wash, DC 20310
5 CO, HQ Co USA Ft Myer, VA 22211

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME BONE, WILLIAM JOHN				2. SERVICE NO. RA 68 032 746		3. SOCIAL SECURITY NUMBER 328 34 0398		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA Unang				5a. GRADE, RATE OR RANK SGT		6. DATE OF RANK 17 Jun 69		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Chicago, Illinois			9. DATE OF BIRTH 23 Jun 42			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 11 017 A2 0070				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#17 Chicago, Illinois			c. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Myer, Virginia				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AR 635-200 SPN 201 Expiration Term of Service				d. EFFECTIVE DATE 12 May 71		e. TYPE OF CERTIFICATE ISSUED NONE		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA INTEL CONTR GP WASH DC				13a. CHARACTER OF SERVICE HONORABLE		15. REENLISTMENT CODE RE-1		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTR GP (REINF) USAAC ST LOUIS, MISSOURI								
	16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION DAY 12 MONTH May YEAR 74				17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 3		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, Illinois				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1120 Lake Shore Drive Chicago, Illinois				22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE 97B40 CI Agent		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		c. DATE OF ENTRY DAY 13 MONTH May YEAR 68				
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM								
	25. EDUCATION AND TRAINING COMPLETED Counter Intel Agent 15 Weeks 1968								
	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE		b. DAYS ACCRUED LEAVE PAID 34		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		
	28. VA CLAIM NUMBER C- NONE		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <input checked="" type="checkbox"/> \$15,000						
REMARKS	30. REMARKS Civilian Education: BA Pol Sci 1964, JD Law 1967 Blood Group: *A+								
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as #21				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER MARSHALL L. SMITH 2LT AOC ASST AG				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				

DEPARTMENT OF THE ARMY
Headquarters, Military District of Washington, U.S. Army
Fort Lesley J. McNair
Washington, D.C. 20315

SPECIAL ORDERS
NUMBER 81
EXTRACT

22 April 1971

21. TC 314. Following individual is relieved FROM ACTIVE DUTY not by reason of physical disability and transferred to the United States Army Reserve as indicated.

BOWE, WILLIAM JOHN 328-34-0398 SGT 97B40 USATRFPT (WOGV1B)
Fort Myer Virginia 22211

ADMINISTRATIVE ACCOUNTING DATA

Auth: AR 635-200

HOR: Chicago, Illinois

Mail adrs: 1120 Lake Shore Drive, Chicago, Illinois 60611

PL EAD or OAD: Chicago, Illinois

Last perm dy sta: Washington, DC

No yrs svc pay gr E4: NA

SPN: 201

PCS MDW: 7BE1.

Effective date: 12 May 1971

FOR THE INDIVIDUAL

Assigned to: United States Army Reserve Control Group (Reinforcement) United
States Army Administration Center, St. Louis, Missouri 63132

Effective date of Reserve Assignment: 13 May 1971

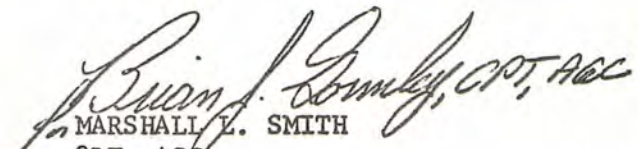
UMTS obligation: Six Years

Special Instructions: Mode of travel authorized for pay purposes: common carrier

FOR THE COMMANDER:

OFFICIAL:

H. B. AYRES
Colonel, GS
Chief of Staff


MARSHALL L. SMITH

2LT, AGO

Asst Adjutant General

DISTRIBUTION:

6 Compilation

21 USATRFPT, Ft Myer VA 22211

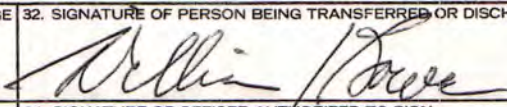
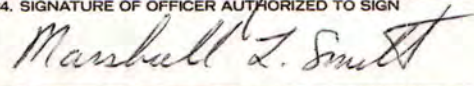
1 Opns, PMO Ft Myer VA 22211

2 Ret & Sep Pay MDW F&AO Ft Myer VA 22211

2 Post Locator, Ft Myer VA 22211

1 ACS, Ft Myer VA 22211

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME BOWE, WILLIAM JOHN				2. SERVICE NUMBER RA 68 032 746		3. SOCIAL SECURITY NUMBER 328 34 0398			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA Unasg				5a. GRADE, RATE OR RANK SGT		6. PAY GRADE E-5		6. DATE OF RANK DAY 17 MONTH Jun YEAR 69	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Chicago, Illinois				9. DATE OF BIRTH DAY 23 MONTH Jun YEAR 42			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 11 017 42 0070				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#17 Chicago, Illinois				c. DATE INDUCTED DAY NA MONTH NA YEAR NA	
	11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Myer, Virginia					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AR 635-200 SPN 201 Expiration Term of Service				d. EFFECTIVE DATE DAY 12 MONTH May YEAR 71					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA INTEL CONTL GP WASH DC				13a. CHARACTER OF SERVICE HONORABLE				b. TYPE OF CERTIFICATE ISSUED NONE	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTL GP (REINF) USAAC ST LOUIS, MISSOURI				15. REENLISTMENT CODE RE-1					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY 12 MONTH May YEAR 74				17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER				b. TERM OF SERVICE (Years) 3	
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE				19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV1				20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, Illinois	
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1120 Lake Shore Drive Chicago, Illinois				22. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD 3 YEARS 0 MONTHS 0 DAYS (2) OTHER SERVICE 0 YEARS 0 MONTHS 0 DAYS (3) TOTAL (Line (1) plus Line (2)) 3 YEARS 0 MONTHS 0 DAYS b. TOTAL ACTIVE SERVICE 3 YEARS 0 MONTHS 0 DAYS c. FOREIGN AND/OR SEA SERVICE 0 YEARS 0 MONTHS 0 DAYS					
	23a. SPECIALTY NUMBER & TITLE 97B40 CI Agent				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA					
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM									
	25. EDUCATION AND TRAINING COMPLETED Counter Intel Agent 15 Weeks 1968									
	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE				b. DAYS ACCRUED LEAVE PAID 34		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA	
	28. VA CLAIM NUMBER C- NONE				29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <input checked="" type="checkbox"/> \$15,000				c. MONTH ALLOTMENT DISCONTINUED NA	
REMARKS	30. REMARKS Civilian Education: BA Pol Sci 1964, JD Law 1967 Blood Group: "A+"									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as #21					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER MARSHALL L. SMITH 2LT AGC ASST AG					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				

INSTALLATION CLEARANCE RECORD For use of this form, see AR 210-10; the proponent agency is The Adjutant General's Office.		INSTALL 1 FORT MYER, VA. 22211
PREPARE IN DUPLICATE (Original to be retained in transfer activity file; duplicate to individual.)		
LAST NAME - FIRST NAME - MIDDLE INITIAL BOWE, WILLIAM J.		SOCIAL SECURITY ACCOUNT NUMBER 328-34-0398
ORGANIZATION HQ CO U.S. ARMY FORT MYER, VA. 22211		GRADE E/5
AUTHORITY FOR DEPARTURE SO/ 81 Para/ 21 TC/ 314		TO DEPART (Time and date) 12 MAY 71
NEW DUTY STATION REPRAD		

CHECKLIST

(Normally officers, warrant officers, and enlisted personnel in grades E-7, E-8 and E-9 are not required to secure initials of clearing facility, their signature being official indication that all obligations are settled. Other enlisted personnel will normally have facility concerned initial applicable items. Appropriate administrative office will check items not applicable.)

FACILITY	INITIAL	FACILITY	INITIAL	FACILITY	INITIAL
1. ARMY EDUCATION CENTER	<i>[Signature]</i>	12. ENGINEER PROPERTY OFFICER	<i>[X]</i>	23. POSTAL OFFICER (Notice of Change of Address)	<i>[Signature]</i>
2. CHAPLAIN	<i>[X]</i>	13. ENLISTED OR OFFICER MESS	<i>[Signature]</i>	24. MEAL CARD	<i>[Signature]</i>
3. CLASSIFIED DOCUMENTS	<i>[X]</i>	14. FIELD MILITARY 201 FILE AND ALLIED RECORDS	<i>[X]</i>	25. RE-UP NCO	<i>[Signature]</i>
4. BOOKINGS - COMMUNICATIONS	<i>[X]</i>	15. FINANCE AND ACCOUNTING OFFICER (Communications account)	<i>[X]</i>	26. PROVOST MARSHAL (Car tags)	<i>[Signature]</i>
5. COMMERCIAL LUNDRY	<i>[X]</i>	16. FINANCIAL DATA RECORDS - FOLDER (Personnel Officer)	<i>[X]</i>	27. Training Clerk	<i>[Signature]</i>
6. COURTS AND BOARDS	<i>[X]</i>	17. LIBRARY	<i>[Signature]</i>	28. QUARTERS ASSIGNMENT	<i>[Signature]</i>
7. CREDIT UNION	<i>[X]</i>	18. MEDICAL TREATMENT FACILITY	<i>[X]</i>	29. D/R Clerk	<i>[Signature]</i>
8. DENTAL CLINIC (DD Form 722-1)	<i>[X]</i>	19. COGNITIVE OFFICER	<i>[X]</i>	30. Company Clerk	<i>[Signature]</i>
9. DEPENDENT SCHOOL OFFICER	<i>[X]</i>	20. PERSONAL AFFAIRS OFFICER (A.E.R.)	<i>[Signature]</i>	31. SPECIAL SERVICES OFFICER	<i>[Signature]</i>
10. DRY CLEANERS	<i>[X]</i>	21. PERSONAL GROOMING RECORD POSTED AND BURN BY PERSONNEL (AR 720-24)	<i>[X]</i>	32. UNIT AND REGIMENTAL SUPPLY	<i>[Signature]</i>
11. EFFICIENCY REPORTS	<i>[X]</i>	22. PERSONNEL REGISTER (Sign Out)	<i>[X]</i>	33. M/R Clerk	<i>[Signature]</i>

¹ For pending reports of survey or disciplinary matters not referred to Company Commanders, only.

I HAVE TURNED IN OR PROPERLY TRANSFERRED ALL CLASSIFIED DOCUMENTS EXCEPT THOSE WHICH PERTAIN TO MY OFFICIAL DUTIES AND FOR WHICH I, AS AN INDIVIDUAL, HAVE BEEN DESIGNATED THE AUTHORIZED CUSTODIAN; I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME; AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS. ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INDORSED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY PECUNIARY CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY.

REMARKS

CONDUCT *Excellent*

EFFICIENCY *Excellent*

JOHN G HOAAS, MAJ, INF, CMDG

(signature block of liason section)

DATE 11 May 1971		SIGNATURE <i>[Signature]</i>	
ADEQUATE QUARTERS WERE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OF COMMANDING OFFICER OR DESIGNATED REPRESENTATIVE <i>[Signature]</i>	
DATES FROM 8 Nov 1968 TO 11 May 71		TYPED NAME, GRADE, ARM, AND TITLE JOHN G HOAAS, MAJ, INF, CMDG	

DA FORM 137
1 JAN 70

REPLACES EDITION OF 1 MAR 65, WHICH IS OBSOLETE.

FINAL PROCESSING CHECK SHEET

In order to effect RELIEF FROM ACTIVE DUTY / RETIREMENT and be eligible to receive Separation/Retired pay, the following items must be turned in to the US Army Transfer Point, Fort Myer, VA on the dates indicated:

1. NLT 8 working days (one week before separation)

- ☐ Promotion orders (if applicable)
- ☐ Finance records with leave records included
- ☐ BAS Certification for missed meals (DD Form 1475)
- ☐ Health insurance (Mutual of Omaha) application
- ☐ Certificate of Non-Availability (if applicable)

2. 12 May 71 10:00 (final processing date)

- ☒ Good Conduct Medal and/or other award orders (if applicable)
- ☒ Active Duty ID card and Dependent's ID card (if applicable)
- ☒ Health and Dental records
- ☒ Final Physical (5 copies of SF 88 and ~~2 copies of SF 89~~)
- ☒ Installation Clearance Record (DA Form 137) *406 Bldg by chapel in basement*
- ☒ Security Termination Statement and Debriefing Certificate (DA Form 2962)
- ☒ Clothing and Equipment records *S. Post Bldg 505 Mr. Fleming downstairs*
- ☐ VA - 526E Application *ACSI admin*
- ☐ Marriage Certificate *ACSI clearance form*
- ☐ Dependent's Brith Certificates
- ☐ Other:

Bowe, W^m J.
Interviewee
Duty Phone OX 53178
Home Phone 543-1227

AFC BAY
Interviewer
Phone 692-9451
692-9452
692-9453

INITIAL INTERVIEW DATE 20 Apr 71

GRADE - LAST NAME - FIRST NAME - MIDDLE INITIAL AND
SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NUMBER

SGT BOWE, WILLIAM J
328-34-0398

**PHYSICAL AND MENTAL STATUS
ON RELEASE FROM ACTIVE SERVICE**

For use of this form, see AR 635-5; the proponent agency
is The Adjutant General's Office.

DATE

12 May 71

MENTAL STATUS

ENLISTMENT OR RE-ENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR RE-ENLISTMENT IS AC-
COMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES ARE AS FOLLOWS:

COA -	MM - 129	IN - 131
COB -	CL - 136	AE - 127
EL - 133	GT - 137	AFQT - SCORE IS 31 OR ABOVE
GM - 96	RC - 141	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OTHER TEST SCORES RECORDED IN ITEM 25, DA FORM 20:

MOB-1 - 151	ARC-1 - 145
OCT - 134	ACS - 135
ALAT-1 - 47	T&D -

RETESTED _____ ON AQB (WACB) IN ACCORDANCE WITH PARAGRAPH 4-20, AR 601-210.

(Date)

PHYSICAL STATUS

YOUR PHYSICAL CONDITION ON _____ IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY
(Date of Separation)

QUALIFIED FOR SEPARATION OR FOR RE-ENLISTMENT WITHOUT RE-EXAMINATION, PROVIDED YOU RE-ENLIST WITHIN 3 MONTHS
AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF
THE MILITARY SERVICE.

YOUR PHYSICAL PROFILE AT DATE OF SEPARATION IS:

TYPED NAME, GRADE, AND ARM OR SERVICE OF PERS OFFICER

SIGNATURE

FRANK ORTIZ, MAJOR, AGC, ASST ADJUTANT GEN

Frank Ortiz

STATEMENTS OF PHYSICAL AND DEPENDENT STATUS AT TIME OF ENLISTMENT

PHYSICAL
STATUS

HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?

☐ YES ☐ NO (If yes, describe below).

DEPENDENT
STATUS

HAS THERE BEEN ANY CHANGE IN YOUR DEPENDENT STATUS SINCE YOU WERE SEPARATED?

☐ YES ☐ NO (If yes, describe below).

DATE

SIGNATURE

INSTRUCTIONS: Prepare in triplicate. Original and duplicate will be given to individual concerned.
Triplicate will be filed in individual's DA Form 201.

GRADE - LAST NAME - FIRST NAME - MIDDLE INITIAL AND
SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NUMBER

SGT ~~BONE~~, WILLIAM J
328-34-0398

**PHYSICAL AND MENTAL STATUS
ON RELEASE FROM ACTIVE SERVICE**

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is The Adjutant General's Office.

DATE

12 May 71

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COA -	MM - 129	IN - 131
COB -	CL - 136	AE - 127
EL - 133	GT - 137	AFQT - SCORE IS 31 OR ABOVE
GM - 96	RC - 141	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OTHER TEST SCORES RECORDED IN ITEM 25, DA FORM 20:

MOB - 1 - 151	ARC - 1 - 145
OCT - 134	ACS - 135
ALAT - 1 - 47	T&D -
RETESTED _____	ON AQB (WACB) IN ACCORDANCE WITH PARAGRAPH 4-20, AR 601-210.

(Date)

PHYSICAL STATUS

YOUR PHYSICAL CONDITION ON _____ IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY
(Date of Separation)

QUALIFIED FOR SEPARATION OR FOR RE-ENLISTMENT WITHOUT RE-EXAMINATION, PROVIDED YOU RE-ENLIST WITHIN 3 MONTHS
AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF
THE MILITARY SERVICE.

YOUR PHYSICAL PROFILE AT DATE OF SEPARATION IS:

TYPED NAME, GRADE, AND ARM OR SERVICE OF PERS OFFICER

SIGNATURE

FRANK ORTIZ, MAJOR, AGC, ASST ADJUTANT GEN

STATEMENTS OF PHYSICAL AND DEPENDENT STATUS AT TIME OF ENLISTMENT

PHYSICAL
STATUS

HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?

☐ YES ☐ NO (If yes, describe below).

DEPENDENT
STATUS

HAS THERE BEEN ANY CHANGE IN YOUR DEPENDENT STATUS SINCE YOU WERE SEPARATED?

☐ YES ☐ NO (If yes, describe below).

DATE

SIGNATURE

INSTRUCTIONS: Prepare in triplicate. Original and duplicate will be given to individual concerned.
Triplicate will be filed in individual's DA Form 201.

REPORT OF MEDICAL EXAMINATION

88-107-01

1. LAST NAME—FIRST NAME—MIDDLE NAME BOWE, WILLIAM JOHN		2. GRADE AND COMPONENT OR POSITION SGT	3. IDENTIFICATION NO. 328-340395
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1120 Lake Shore Dr. Chicago, Ill. 60611		5. PURPOSE OF EXAMINATION ETS	6. DATE OF EXAMINATION APR 13 1971
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN	10. AGENCY ARMY
11. ORGANIZATION UNIT ACSI-CIAD		12. DATE OF BIRTH 23 JUN 42	
13. PLACE OF BIRTH Chicago, Ill.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MRS. William T. Bowe, Mother 1120 Lake Shore Dr., Chicago Ill.	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Andrew Rader Clinic, Ft. Meyer, Va.		16. OTHER INFORMATION	
17. RATING OR SPECIALTY 97B40		TIME IN THIS CAPACITY (Total) 80 mos.	LAST SIX MONTHS 97B40

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Hemorrhoid tag. of 6 October.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X's)—Fixed bridge, brackets to include abutments		
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	L E F T

cl 200

45. URINALYSIS: A. SPECIFIC GRAVITY 1.010		46. CHEST X-RAY (Place, date, film number and result) 5 APR 1971	
B. ALBUMIN neg	D. MICROSCOPIC	ANDREW RADER CLINIC	
C. SUGAR neg		FT MYER, VA 22211	
47. SEROLOGY (Specify test used and result) CARDIOMICRO NON-REACTIVE	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

13 Apr 1330

MEASUREMENTS AND OTHER FINDING																																																
51. HEIGHT <i>5' 8"</i>		52. WEIGHT <i>150</i>		53. COLOR HAIR <i>BRN</i>		54. COLOR EYES <i>BLUE</i>		55. BUILD: (Check one)		SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE																																		
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)																																								
A. SITTING		SYS. <i>112</i>		B. RECUMBENT		SYS.		C. STANDING (3 min.)		SYS.		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																												
		DIAS. <i>78</i>				DIAS.				DIAS.																																						
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION																																				
RIGHT 20/ <i>20</i> CORR. TO 20/						BY S. OX						CORR. TO BY																																				
LEFT 20/ <i>30</i> CORR. TO 20/						BY S. OX						CORR. TO BY																																				
62. HETEROPHORIA (Specify distance)																																																
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD																																		
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED																														
RIGHT LEFT																		CORRECTED																														
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION																														
70. HEARING						71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																
RIGHT WV /15 SV /15						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 850</td> <td>500 812</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>/</td> <td>10</td> <td>5</td> <td>20</td> <td>/</td> <td>15</td> <td>/</td> <td>5</td> </tr> <tr> <td>LEFT</td> <td>/</td> <td>5</td> <td>5</td> <td>20</td> <td>/</td> <td>10</td> <td>/</td> <td>5</td> </tr> </table>											250 850	500 812	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	/	10	5	20	/	15	/	5	LEFT	/	5	5	20	/	10	/	5						
	250 850	500 812	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																																								
RIGHT	/	10	5	20	/	15	/	5																																								
LEFT	/	5	5	20	/	10	/	5																																								
LEFT WV /15 SV /15																																																
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																
<i>I am in good general health. William Howe</i> <i>Health Record reviewed in light of SF 89.</i>																																																
(Use additional sheets if necessary)																																																
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																																																
<i>Good Health</i>																																																
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)												76. A. PHYSICAL PROFILE																																				
<i>None</i>												<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td> </tr> <tr> <td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td> </tr> </table>										P	U	L	H	E	S	/	/	/	/	/	/															
												P	U	L	H	E	S																															
/	/	/	/	/	/																																											
77. EXAMINEE (Check)												B. PHYSICAL CATEGORY																																				
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR <i>Separation</i> B. <input type="checkbox"/> IS NOT QUALIFIED FOR																																																
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER												<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A</td><td>B</td><td>C</td><td>E</td> </tr> <tr> <td>X</td><td></td><td></td><td></td> </tr> </table>										A	B	C	E	X																						
A	B	C	E																																													
X																																																
79. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE																																				
<i>D. C. ZAWORSKI, CPT. MC</i>												<i>D C Zaworski</i>																																				
80. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE																																				
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)												SIGNATURE																																				
<i>CPT CHARLES H. CLAIRBOURNE DC</i>												<i>Charles H. Clairbourne DC</i>																																				
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY												SIGNATURE																																				
												NUMBER OF ATTACHED SHEETS																																				

OACSI INDIVIDUAL CLEARANCE RECORD

DATE

10 May 71

INSTRUCTIONS

Refer to ACSI Reg 600-1 for specific instructions pertaining to clearance in connection with PCS, Temporary Duty and Intra- OACSI transfers. Complete form in duplicate (triplicate if in connection with retirement).

LAST NAME - FIRST NAME - MIDDLE INITIAL		GRADE	SSAN	ARM OR SERVICE
BOWE, WILLIAM J.		SGT	328-34-0398	Army
CHECK APPLI- CABLE BOX Refrad <input checked="" type="checkbox"/> PCS <input type="checkbox"/> TDY	STATION FROM: OACSI TO: St Louis MO	AUTHORITY SO 81 Para 21 HQ MDW		DATE 12 May 71

THE RESPONSIBLE OFFICIAL SIGNING NUMBERED ITEMS BELOW IS THEREBY CLEARING THE ABOVE NAMED INDIVIDUAL OF PROPERTY, CLASSIFIED AND SERIAL PAPERS, FINANCIAL RESPONSIBILITY AND ACCOUNTABILITY FOR THE ACTIVITY INDICATED.

DIRECTOR, OFFICE, DIVISION, BRANCH CHIEF (as appropriate)	ROOM NUMBER	SIGNATURE
USASSG	2D 513	Joaquin D. Martins
DIRECTORATE OF CI & S (Personnel Security Branch)	2A 514	Jim Lennell PFC
ADMINISTRATIVE OFFICE Intelligence Document Branch	2D 521	W. L. S. J.
Communications Branch Top Secret Control	2D 533	Therese Lester
Cable Section	1C 472	Paul W. Lyles, 10 May 71
Management Services Branch	1C 460	REB
Personnel Branch	2D 549	James R. Depose
	2C 549	

REMARKS

I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME: AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS, ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INDORSED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY PECUNIARY CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY. I HAVE TURNED IN ALL BADGES AND PASSES ISSUED TO ME BY ACSI AND HAVE OBTAINED MY MILITARY PAY RECORDS, 201 FILE, HEALTH AND DENTAL RECORDS (if applicable). I HAVE COMPLETED ALL OFFICER EFFICIENCY REPORTS I AM REQUIRED TO RENDER.

DATE

SIGNATURE OF INDIVIDUAL BEING RELEASED