

DECLASSIFIED  
Authority MND 893033

File - Cw.

DECLASSIFIED  
Authority NND 893033

*Labay, Apolomro*

*File - Cw.*

Labay, Apolonio

43865

16 Brown

CONTROL APPROVAL SYMBOL  
MCS-67 6008

NOTE.—To be *securely* tied to patient's clothing over breast.  
To contain field medical card and any other clinical record  
relative to patient.

Army Serial No.              Fil Civ    

Surname          Christian Name         

Grade     Labay     Co.              Apolonio      
Regiment or Staff Corps         

Date of first admission to sick report     7 May 45    

Diagnosis (brief)  
    wounds both feet, laceration      
    FR - osteoarthritis right MC    

(Check words applicable)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sick               | <input type="checkbox"/> Slight            | <input type="checkbox"/> Walking case          |
| <input checked="" type="checkbox"/> Wounded | <input checked="" type="checkbox"/> Severe | <input type="checkbox"/> Sitting case          |
| <input type="checkbox"/> Gassed             |  | <input checked="" type="checkbox"/> Lying case |

Special attention needed in transit, or other remarks:

    DISCHG TO CIV Hosp    

Copy of this F. M. R. was forwarded with the S. & W.  
report of \_\_\_\_\_ Hosp. No. \_\_\_\_\_  
for the month of \_\_\_\_\_, as required in  
cases on sick report longer than one month.

Form 52d  
MEDICAL DEPARTMENT, U. S. ARMY  
(Authorized June 22, 1920)

16-20821-2 ☆ G. O.

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*S*

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NOTE.—The inner retaining flap of the envelope must be raised before placing papers inside; then folded down over the contents to prevent them from dropping out. The outer flap will be folded over the opening as an additional means of protecting contents.

## TRANSPORTATION MEMORANDA

(In order that the movement of patient from front to rear may be recorded chronologically, all transportation units, such as Amb. Cos., Hosp. Trains, Hosp. Ships, Transports, etc., transferring patients from one hospital to another will make appropriate entries in the spaces provided below.)

### Patient was transported

From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
(Hosp. unit) (Hosp. unit) (Transp. organiz.) (Date)

From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

Transferred \_\_\_\_\_ from Theater of Operations to  
(Date)

Zone of the Interior by \_\_\_\_\_  
(Designation of ship, train, or other org.)

Departing from \_\_\_\_\_  
(Hosp. or place)

Arrived at \_\_\_\_\_ (Zone of the Int.)  
(Hosp. or place)

\_\_\_\_\_ and forwarded to \_\_\_\_\_  
(Date) (Hosp. or place)

\_\_\_\_\_ by \_\_\_\_\_ for definitive treatment.  
(Date) (Designation of transp. or other org.)

Last name                      First name                      Initial

Labay                                      Apolonio

Army serial No. 1                                      Grade

Fil Civ                                      Division

Company                      Regiment and arm or service                      Division

Age	Race	State	Service	Source of admission	Disp
32	W	PI		Inf trf fr 58th Evac Hosp APO 718	

Received at (hospital and location):	Date
58th Evac Hosp APO 718	7 May 45

Diagnosis:  
 @wound in right arm cont. 7/45  
 Botchick's severe, A.I. in  
 when cont ran over him  
 1700 7 May 45 Odo, P.I.  
 @P.O. in command of 45 Calcs 45 May

Line of duty: *Not yet able*

Changed and additional diagnoses, operations, with dates:  
 7 MAY 1945  
 wound, debridement of, 5 1/2 in  
 and vaseline gauze.  
 1 plaster of Paris cast,  
 postop wound - 80% healed

Disposition:	Date
DISCHARGED TO CEBU CITY CIVILIAN HOSPITAL	10 MAY 1945

10-10850

*John Brown*  
Signature of Surgeon.

Received at (hospital and location):	Date

Changed and additional diagnoses, operations, with dates:  
 9 May 45 (1050 8 May 45)  
 Redressed - cast changed -  
 good condition

Disposition:	Date
Trans to Civ Hosp	

*John Brown*  
Signature of Surgeon.

Received at (hospital and location):	Date

Changed and additional diagnoses, operations, with dates:

Disposition:	Date

10-10850

Signature of Surgeon.

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*Remove casts - 30 May 45*

Received at (hospital and location):

Date

Changed and additional diagnoses, operations, with dates:

Disposition:

Date

15-12000

Signature of Surgeon

Received at (hospital and location):

Date

Changed and additional diagnoses, operations, with dates:

Disposition:

Date

Signature of Surgeon

Received at (hospital and location):

Date

Case closed on this  
form and taken up  
on Form 12 M. D.

Register No.

Date

## INSTRUCTIONS

Used as a brief consecutive record of a patient in a theater of operations and during peace-time field operations. Not to be used as a clinical history. Initiated at first hospital to which patient is admitted (station and general hospitals in a theater of operations; all surgical, evacuation, and convalescent hospitals; not used by medical regiments, battalions, or squadrons in combat, but used at other times when operating stations furnishing definitive treatment). Remains with patient, enclosed in field medical jacket, attached to patient during transport. Forwarded with sick and wounded report when case is completed. Closed upon receipt at hospital of definitive treatment in zone of interior in time of war and forwarded immediately to Surgeon General.

If space on one fold is insufficient, continue entry into next fold. If one card is inadequate, continue the record on a second card, or a third, and so on, marking the cards as first card, second card, etc. Each additional card used must bear complete identification of the individual.

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16 Brown

NAME AND ARMY SERIAL NUMBER

LABAY Apolonio

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE YEARS
CIV.		32	Fil.	Cebu	

LOCATION WHERE TAGGED:	DATE	HOUR

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

CRUSHING INJURY, BOTH FEET  
A.I. WHEN RUN OVER BY CART,  
1700, CEBU CITY, CEBU, P.I

LINE OF DUTY: DOES NOT APPLY

TREATMENT GIVEN:

TETANUS TOXOID: DOSE TIME:  
OR  
ANTITETANIC SERUM: DOSE TIME:  
MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR

SIGNATURE, WITH RANK:

F. P. Sawyer Capt, M.C.

SUPPLEMENTAL

RECORD

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