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Title: **104-10291-10013_p132.png**

Category: **Uncategorized**

Provenance:

Person:

Date:

SECRET (When Filled In)

NAME OF EMPLOYEE (Last-First-Middle) | NAME
AND RELATIONSHIP OF DEPENDENT | CLAIM
NUMBER

Noel, James A. | Wife: Lillian | 67-0615

There is on file in the Benefits and Counseling
Branch, Benefits and Services Division, Office of
Personnel, an Official Disability Claim File on the
above named employee (or his dependent*) for an
illness, injury, or death incurred on 8 August 1966.

This notice should be filed in the employee's Offi-
cial Personnel Folder as a permanent cross-refer-
ence to the Official Disability Claim File.

DATE OF NOTICE | INITIALS OF AUTHORIZING SIG-
NATURE

2 December 1966 |

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 1076 SECRET (12-21-65)