

VETERANS ADMINISTRATION IDENTITY CARD
SPANISH-AMERICAN WAR VETERAN

CLAIM NO.

C- 2 466 501

LAST NAME FIRST NAME MIDDLE NAME OF VETERAN

ROWE, Finis

ADDRESS OF VETERAN (Street, city, State)

Route #1
Rockport, Ky.

DATE OF BIRTH

11/17/76

HEIGHT

5' 6 $\frac{1}{2}$ "

WEIGHT

160

COLOR EYES

Brown

VA REGIONAL OFFICE WHERE EVIDENCE OF ELIGIBILITY IS FILED

Louisville, Ky.

SIGNATURE OF VETERAN (Not valid unless signed)

Finis Rowe

VA FORM 10-2327, Mar 1951

16-83810-1

The veteran identified by this card has established his eligibility for needed out-patient treatment upon application therefor at a VA regional office, hospital, or office having out-patient facilities under PL 791, 81st Congress, and R&P R-6060 (A) (8).

This card *DOES NOT* entitle the veteran to hospitalization or to treatment by a private physician at VA expense without prior approval of the Veterans Administration.

This card *DOES NOT* entitle the veteran to travel at VA expense without prior approval of the Veterans Administration.

SIGNATURE OF CHIEF MEDICAL OFFICER

O. P. Miller
O. P. MILLER, M.D.