

COMPENSATION AND CLAIMS RECORD

1-6		7-24					25-30		
CLAIM NUMBER		NAME (Last-First-Middle)					DATE CLAIM FILED		
YR.	NUMBER						MO.	DA.	YR.
69	1236	GONZALEZ, Juan Romero					4	10	

31-37		38		39-43		44-46		80	FOR USE BY DIVISION ONLY		DATE OF BIRTH	
CODE	ORGANIZATION	CODE	1-08 2-08	CODE		ILLNESS OR INJURY (MAX. OF 8)		CARD NO.	FORM NO. 379 SENT TO SAFETY OFFICER			
	WH	2					00 \$	1	YES	DATE		
									NO			

1-6		47-52			53		54		55		56		57-62		
CLAIM NUMBER		DATE SENT TO BEC			ACTION		NATURE OF CLAIM		METHOD OF PROCESS		PROCESS CODE		ACTION DATE		
YR.	NUMBER	MO.	DA.	YR.	CODE	1-PROC'D 2-REPR'D	CODE	1-MED EXP 2-COMPEN 3-BOTH 4-FUNERAL	CODE	1-SEC CASE 2-B(A) B(C) 3-SEC TYPE 4-CA-1 ONLY 5-SPLIT CASE	CODE	A-APPY'D P-PEND R-REJ'D W-W'DRAWN O-OPEN CASE	MO.	DA.	YR.
									1		A				

1-6		63			64-70		71-76			80	FOR USE BY DIVISION ONLY		
CLAIM NUMBER		AGENCY EXPENDITURE			AMOUNT OF EXPENDITURE		DATE CASE CLOSED			CARD NO.			
YR.	NUMBER	CODE	1-MED EXPENSE 2-COMPENSATION 3-BOTH		DOLLARS	CENTS	MO.	DA.	YR.				
										3			

GONZALEZ, Juan Romero
 SELF
 DEATH
 17 APRIL 1969
 CUBA

Approved for Release
 Date 1997

(51)

(7)