

5-24-1924

## Alfred H. Washburn's Award of Disability Compensation, May 28, 1924

United States Department of Veterans Affairs

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UNITED STATES VETERANS BUREAU  
46 St. & Lexington Ave.  
New York, New York.  
**AWARD OF DISABILITY COMPENSATION**

To: Mr. Alfred Henry Washburn, C# 1 047 796  
U.S. Veterans' Hospital # 41,  
New Haven, Connecticut.

SEP 22 1924  
SEP 21 1924

In accordance with the Act of Congress of October 6, 1917, and the amendments thereto, you are hereby notified that as a **Pvt. 2 Sig. Corps** who was discharged from the **military** service of the United States on the **28th** day of **May** 19 **24**, you are awarded compensation in the amount of: **\$ 80.00 per month** from **May 29,** 19 **24/** ~~xx~~

on account of disability resulting from injury incurred in the line of duty while employed in the active service. The monthly payments pursuant to this award shall continue during the period in which you are **totally** disabled.

IMPORTANT PROVISION OF THE ACT.

SEC. 28. That the allotments and family allowances, compensation, and insurance payable under Articles II, III, and IV, respectively, shall not be assignable; shall not be subject to the claims of creditors of any person to whom an award is made under Articles II, III, and IV, and shall be exempt from all taxation: *Provided*, That such allotments and family allowances, compensation, and insurance shall be subject to any claims which the United States may have, under Articles II, III, and IV, against the person on whose account the allotments and family allowances, compensation, or insurance is payable.

The initial payment check, in the amount of \$ \_\_\_\_\_, approved in your favor, ~~xx~~ ~~xxxxxxx~~ If you should change your present address, the District Office must be immediately notified. All future communications with reference to this case must bear the Compensation Number C- 1 047 796 as well as your full name and complete rank and organization.

**MEDICAL TREATMENT**

You are entitled to treatment for your respiratory disability. If you desire same, communicate with our Sub-district Office, 983 Main St., Hartford, Connecticut, referring to this letter as authority. Transportation will be furnished only when travel is authorized by the Bureau.

*M. E. Head*  
M. E. HEAD,  
District Manager.

District No. 2