DEPARTMENT OF THE AIR FORCE
WASHINGTON 25, D. C.

REPORT Of CASUALTY

REPORT NUMBER AND TYPE: 1925 - Final Corrects Report Number 1839#

DATE PREPARED: 4 May 1966

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

ADAMS, Lee Aaron; FR 69 872, 1stLt, Regular, USAF - 33rd Tactical Fighter Squadron, APO San Francisco 96273

2. CASUALTY STATUS [x] BATTLE [ ] NON-BATTLE

North Vietnam
19 April 1966
Killed in action

3. DATE [redacted] OF BIRTH

29 July 1938

4. DATE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

5 June 1963; Willits, Mendocino County, California

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

0-2; Over 2 years; $407.40; Incentive pay - Yes

CHECK IF APPLICABLE [x] CREW [ ] NON-CREW

6. DUTY STATUS

Active duty

7. INTERESTED PERSONS (Name, Address, Relationship)

Record of Emergency Data: 8 June 1965
Available X Not Available ____

Mr. Clive L. Adams	529 East Perkins, Ukiah, California #*	father(2,3)**
Mrs. Jessie M. Adams	same	mother(2) **

8. REPORT FOR VA TO FOLLOW [ ] YES [xx] NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Not Used

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Servicer)

26 June 1959; USAF Academy, Colorado Swings, Colorado,

11. PRIOR SERVICE DATA [ ] YES [xx] NO

12. SERVICEMANS GROUP INSURANCE DATA: ELECTION: [ ] NONPARTICIPANT [ ] $5,000 [x] $10,000

METHOD OF PAYMENT: [x] LUMP SUM [ ] 36 INSTALLMENTS

BENEFICIARY DESIGNATION: Devolve

13. REMARKS

* Summer address: Star Route 1, Box 115, Willits, California

** Each designated to receive 50% of gratuity pay.

This individual is held to have been in status of missing for period commencing 19 April 1966 and terminating 26 April 1966, the date of receipt of evidence by the Department of the Air Force that the above named person could not have survived. The provisions of the Missing Persons Act, (Title 50, U.S. Code, app, 1001-1015) are considered applicable.

NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS. THE PAYMENT OF COMMERCIAL INSURANCE. OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED.

FOOTNOTES:

1 Adult next of kin.
2 Beneficiary for gratuity pay in event there is no surviving wife or child — as designated on record of emergency data.
3 Beneficiary for unpaid pay and allowances — as designated on record of emergency data.

14. DISTRIBUTION

15. BY ORDER OF THE SECRETARY OF THE AIR FORCE:

R. S. NORTH, Major, USAF
Directorate of Personnel Services

DD FORM 1 MAR 60 1300