

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: KAIL, Samuel G.
Contact Division File.

INCLUSIVE DATES: _____

CUSTODIAL UNIT/LOCATION: _____
ROOM: 2 D 11

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
15.12.78		JAMES P. KELLY	<i>James P. Kelly</i>
12/19/78		SURELL BRADY	<i>Surell Brady</i>

KAIL SAMUEL G
CONTACT DIV

CONFIDENTIAL

01 DEC 1978

MEMORANDUM FOR: DDO/INS/IG/EIR

FROM :
Plans and Review Group
Central Cover Staff (C)

SUBJECT : House Select Committee on Assassinations
(HSCA) Request (U)

REFERENCE : Letter for OLC fr Chief Counsel/Director
of HSCA (OLC #78-3481/3), dtd 28 Nov 78

1. In response to the request contained in Reference, CCS files contain the following information on Samuel G. Kail, Lt. Colonel, U.S. Army. (C)

a. One completed but undated DOJ/INS form G-410 (Employee Qualifications-Skills Inventory); unclassified. (U)

b. One U.S. Army Travel Order, dated 26 Jan 62; unclassified. (U)

2. Although the above documents are unclassified, the fact that Subject was affiliated with the Agency should be treated as CONFIDENTIAL because he was on covert detail to the Agency from 1962-66. (C)

(C)

ORIGINAL CL BY 026089
 DECL REVW ON 01 DEC 78
EXT BY RD 6 YRS BY 026089
REASON D 9 C (4)

CONFIDENTIAL

SPECIAL ORDER NO. 22	DATE 26 Jan 1966	HEADQUARTERS DEPARTMENT OF THE ARMY WASHINGTON D. C. 20310 LCC/lbh EXTRACT
<p>25. TC 220. Fol rsg dir. WP. TDN. 2162010 01-3311-3312-3313-3314-3315-3316-3317 P1433 S99-999, 2172010 01-3311-3312-3313 3314-3315-3316-3317. P1433 S99-999.</p> <p>KAIL, SAMUEL G. O22072 COL Inf 1542 (2260) USA Elm Jt Spt Gp (SD-7709) WashDC w/dy sta Miami, Florida 33168 Asg to: Hq, Fourth US Army (LA-4000) Ft Sam Houston, Tex. 78234 Alloc: Jul-2-A-8.1 Rept date: 15 Jul 66 Lv data: 15 DALVP PCS(MDC): 3D EDCSA: 1 Jul 66.</p>		
<p>BY ORDER OF THE SECRETARY OF THE ARMY:</p> <p><i>(Official)</i> J. C. LAMBERT, Major General, United States Army, The Adjutant General</p> <p>HAROLD K. JOHNSON, General, United States Army, Chief of Staff.</p>		



AGAZ 895
1 Jul 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

0 1121

5 August 1963

Agency 201 File

MEMORANDUM FOR: Col Samuel G. Kail

SUBJECT: Letter of Appreciation

1. The attached is forwarded for your retention. Congratulations!

2. I have mimeographed the two letters and if you will send me your indorsement with a list of names of people you desire to receive this commendation, I will prepare the individual indorsements, sending the originals to you for signature and dissemination and retaining all other copies for inclusion in TAG and 201 files.

3. I sent these to General Carter and Contacts for their information prior to forwarding to you.

FRANCIS A. SANTANGELO
Lt Col, Inf
Chief, AB/MMPD

Enclosure
Ltr of Appreciation

Distribution:
Orig. & 1 - Add
1 - C/MMPD
1 - Agency 201 File
1 - Suspense File

Handwritten marks: a vertical line with '1' and '2' next to it, and a large 'X' to the right.

14-00000

UNITED STATES ARMY
THE CHIEF OF STAFF

29 July 1963

SUBJECT: Letter of Appreciation

THRU: Commander
United States Army Element
Joint Support Group
Washington 25, D. C.

TO: Colonel Samuel G. Kati
United States Army Element
Joint Support Group
Room 1B945, The Pentagon
Washington 25, D. C.

1. It is with great pleasure that I forward the inclosed memorandum from the General Counsel commending you and your staff on your outstanding work in support of our Cuban effort. To the foregoing, I wish to add my personal thanks for your noteworthy performance of duty.

2. It is requested that this correspondence be passed on to those individuals concerned on your staff and that copies be placed in their official files.

3. Copies of this correspondence have been placed in your official files.

1 Incl
aa

Earle G. Wheeler
EARLE G. WHEELER
General, United States Army
Chief of Staff

29 July 1963

SUBJECT: Letter of Appreciation

THRU: Commander
United States Army Element
Joint Support Group
Washington 25, D. C.

TO: Colonel Samuel G. Kail
United States Army Element
Joint Support Group
Room 1B945, The Pentagon
Washington 25, D. C.

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2. It is requested that this correspondence be passed on to those individuals concerned on your staff and that copies be placed in their official files.

3. Copies of this correspondence have been placed in your official files.

Signed - Earle G. Wheeler

1 Incl
as

EARLE G. WHEELER
General, United States Army
Chief of Staff

HEADQUARTERS, U. S. ARMY
GENERAL INVESTIGATIVE DIVISION
WASHINGTON 25, D. C.

July 18, 1963

MEMORANDUM FOR THE CHIEF OF STAFF, U. S. ARMY

SUBJECT: ACSI Collection Activities

A recent field trip to the Miami area by two representatives of my office (Lieutenant Colonel James K. Patchell and his replacement, Lieutenant Colonel Alexander M. Haig) has confirmed the high state of efficiency of the Army's intelligence collection activities in the Miami area. My own past observations, which have been reinforced by the foregoing trip, are that Colonel Samuel G. Kail, 022072, and his staff should be commended on their outstanding work in support of our Cuban effort. Particularly noteworthy is the fine working relationship Colonel Kail has established with the CIA Representative under whose overall supervision the Army element functions.

Please convey my personal appreciation to Colonel Kail and his staff for their continuing support.

Joseph A. Califano, Jr.
Joseph A. Califano, Jr.
General Counsel

CIA INTERNAL USE ONLY

31 July 1963

MEMORANDUM FOR: Deputy Director of Central Intelligence
ATTENTION: 7D-6011, Hqs Bldg
SUBJECT: Letter of Appreciation - Col Samuel G. Kail

1. Forwarded for information of Deputy Director of Central Intelligence.
2. Please return to Army Branch, MMPD.

F. A. Santangelo
F. A. SANTANGELO
Lt Col, Inf
Chief, AB/MMPD

Enclosure
Ltr of Appreciation

CIA INTERNAL USE ONLY

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None" so state. Do not mistake or omit material. Do not check since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets, if necessary. The information entered hereon is for official use only and will be maintained in confidence.

(Print) FIRST NAME MIDDLE NAME MAIN NAME (If 479) LAST NAME Samuel Goodhue Kail		STATE FLA	
ALIASES, NICKNAME(S) OR CHANGE(S) IN NAME (Other than by marriage) None		PERMANENT MAILING ADDRESS 318 Alcedo Ave., Coral Gables, Fla. 33134	
DATE OF BIRTH (Day, month, year) 7 June 1915		PLACE OF BIRTH (City, County, State, and Country) Huntington, Cabell, West Virginia, USA	
RACE White	HEIGHT 5'11"	WEIGHT 170	SCARS, PHYSICAL DEFECTS Diagonal scar, left eyebrow
DO YOU HAVE A HISTORY OF MENTAL OR PHYSICAL DISORDER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF DRUGS SUCH AS NARCOTICS OR BARBITURATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOL BEVERAGES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF THE ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN IN ITEM 20.			
U.S. CITIZEN <input checked="" type="checkbox"/>		DATE, PLACE, AND COURT None	
ALIEN <input type="checkbox"/>		DATE AND PORT OF ENTRY None	
MILITARY SERVICE			
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO. Colonel C-22072		ORGANIZATION AND STATION USA INF, USA KIAS, JT SUP OP (GD-7700) Ft. Belvoir, Ill.	
SERVICE AND COMPONENT USA - Inf		DATE OF ENTRY INTO ACTIVE SERVICE STARTED 11 Jun 1939	
ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO.		ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, COMPLETE THE FOLLOWING:			
COUNTRY	SERVICE	COMMITMENT	TYPE DISCHARGE OR SEPARATION - GRADE AND SERVICE NO.
EDUCATION (Account for all civilian schools and military academies. Do not include service schools)			
MONTH AND YEAR FROM 1921 TO 1930	HAVE AND LOCATION OF SCHOOL Grade School and Jr. High - Huntington, W.Va.	DEGREE None	DEGREE None
1930 TO 1933	Huntington High School - Huntington, W.Va.	X	Acad
1933 TO 1934	Marshall College - Huntington, W.Va.	X	X
Sep 1934 TO Mar 1935	Millard's West Point Prep, Washington, D.C.	X	X
Mar 1935 TO Jun 1935	Marshall College - Huntington, W.Va.	X	X
1935 TO 1939	USA, West Point, New York	X	B.S.
FAMILY (List in order given: parents, spouse, guardians, step-parents, foster parents, parents-in-law, former spouses, etc. Give date and place of birth, children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)			
RELATION AND NAME	DATE AND PLACE OF BIRTH	PRESENT ADDRESS IF LIVING	U.S. CITIZEN YES NO
FATHER Ira Jacob Kail	4 Aug 1882, Upper Sandusky, Ohio	DECEASED	X
MOTHER (Maiden name) Marilla Marie Bowie	1 Jul 1885, Gallipolis, Ohio	DECEASED	X
SPOUSE (Maiden name) Mary Margaret Davis	18 Jun 16, Dallas, Texas	318 Alcedo Ave, Coral Gables, Fla.	X
OTHER (Specify) Brother: Ira Joseph Kail	12 Oct 1917, Huntington, W.Va.	2012 Burks St., Petersburg, Va.	X
Sister: Mary Marilla Kail Wolfe	18 Sep 25, Huntington, W.Va.	4306 Chestnut St., Bethesda, Md.	X
Son: Samuel G. Kail, Jr.	21 Jul 43, Dallas, Tex.	318 Alcedo Ave, Coral Gables, Fla.	X
Son: Robert G. Kail	7 Oct 48, San Juan, Puerto Rico	" " " " " "	X
Daughter: Anna Marilla Kail	13 Jul 55, Ft. Leavenworth, Kans.	" " " " " "	X

DD FORM 1 MAY 53 398

PREVIOUS EDITIONS ARE OBSOLETE

Approved by Standard Form 50
Approved by Bureau of the Budget June 1950

STATEMENT OF PERSONAL HISTORY

LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM	TO			
Jul 35	11 Jun 39	UECC	West Point	New York
Jun 39	Exp 39	Pea Ridge Road	Huntington	West Virginia
Sep 39	Nov 39	Ricardo Apts, Maple Ave.	Dallas	Texas
Nov 39	Jul 42	25th Inf Regt	Ft. Huachuca	Arizona
Jul 42	Jan 43	405 Jefferson St.	Alexandria	Virginia
Jan 43	Apr 43	C. & GSC	Pt. Leavenworth	Kansas
Apr 43	Evry 43	McLean Gardens	Washington, D.C.	
Nov 43	Dec 44	2400 Cameron Hills Rd.	Alexandria	Virginia
Jan 45	Aug 45	EUROPE 13th Avn Div.		
Aug 45	Jan 46	Pine Needles Inn	Northern Pines	North Carolina
Jan 46	May 46	Leak Street	"	"
May 46	Jan 49	DEARE, Antillas	San Juan	Puerto Rico

Jan 49 - Apr 49 - 4263 Bordeaux Dallas Texas
 Apr 49 - Aug 50 - 71 Chancellorsville Ft. Devens Mass.
 Aug 50 - Nov 51 - 7th Inf Regt Japan & Korea
 Nov 51 - Jan 52 - 6363 Bordeaux Dallas Texas
 Jan 52 - Aug 53 - 79 Orchard Drive Leviston New York
 Aug 53 - Jan 54 - 85 Stanvix Apts. Carlisle Penna.
 Jul 54 - Jun 57 - 604 Scott Ft. Leavenworth Kansas
 Jun 57 - Sep 57 - 4208 Vacation Lane Arlington Virginia
 Oct 57 - May 58 - 2937 Forrest Hill Blvd. Pacific Grove California
 Jun 58 - Jan 61 - \$ American Embassy Havana Cuba
 Feb 61 - Apr 61 - 701 Navarre Coral Gables Fla.
 Apr 61 - Feb 62 - #12 General Plaza Ft. Dix New Jersey
 Feb 62 - Jul 62 - #4, Granada Club Apts Coral Gables Fla.
 Jul 62 - Present - 318 Alcedo Ave. Coral Gables Fla.

<input checked="" type="checkbox"/>	OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
<input checked="" type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS INCLUDING RELATIVES WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
<input checked="" type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS; TO ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT OR DISTRIBUTION OF ANY WRITTEN, PRINTED OR OTHER MATTER PREPARED, REPRODUCED OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?
IF "YES" DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL EXTENDED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH INCLUDING OFFICE OR POWERS HELD. ALSO INCLUDE DATES, PLACES AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATION, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.	
NOT APPLICABLE	
18 HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, IMPRISONED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (including minor traffic violations for which a fine or forfeiture of \$25. or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF "YES" LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.	

1. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR WHICH MIGHT INTERFERE WITH THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES NO IF YES, GIVE DETAILS

2. REMARKS

~~SECRET~~

I have had a security clearance of one type/degree or another throughout all but the very early years of my Military Career. At the present time I have a TOP SECRET Security Clearance from Department of Army, and also a high level security clearance from CIA. The type or degree of clearance by CIA I do not know.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE 23 July 1965	SIGNATURE OF PERSON COMPLETING FORM <i>Samuel L. Paul</i>
	TYPED NAME AND ADDRESS OF WITNESS Gus C. Guerrero, P.O. Box 657, Coral Gables, Fla.
	SIGNATURE OF WITNESS <i>Gus C. Guerrero</i>

3. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS. Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 10, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1 (Print) FIRST NAME MIDDLE NAME MAIDEN NAME (if any) LAST NAME Samuel Goodhue Kail				2 STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY OR ACTIVE DUTY	
3 ALIAS(ES) (NICNAME(S) OR CHANGE IN NAME (Other than by marriage)) None				4 PERMANENT MAILING ADDRESS 318 Alcedo Ave., Coral Gables, Fla. 33134	
5 DATE OF BIRTH (Day, month, year) 7 June 1915		PLACE OF BIRTH (City, County, State, and Country) Huntington, Cabell, West Virginia, USA		PLACE CERTIFICATE RECORDED Cabell County Court House, Huntington, W. Va.	
RACE White	HEIGHT 5'11"	WEIGHT 170	COLOR OF EYES Blue	COLOR OF HAIR Brown	SCARS, PHYSICAL DEFECTS Diagonal scar, left eyebrow
6 DO YOU HAVE A HISTORY OF MENTAL OR NEUROLOGIC DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADMITTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHAMPION USER OF TOBACCO OR ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 10.					
7 U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NATIVE IF NATURALIZED CERTIFICATE NO.		IF DERIVED PARENTS CERTIFICATE NO. DATE PLACE AND COURT	
ALIEN <input type="checkbox"/>		REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY	DO YOU INTEND TO BECOME A U.S. CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MILITARY SERVICE					
8 ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING "The Pentagon"					
GRADE AND SERVICE NO. Colonel C-22072		SERVICE AND COMPONENT USA - Inf		ORGANIZATION AND STATION USA KILP, 1st SUP GP (GD-7700) Ft. Belvoir, Miami, Fla.	
ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE CURRENT ACTIVE SERVICE STARTED 11 Jun 1939			
9 HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING					
COUNTRY	SERVICE	COMPLAINT	FROM (Date)	TO (Date)	TYPE DISCHARGE OR SEPARATION—GRADE AND SERVICE NO.
EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
FROM MONTH AND YEAR	TO MONTH AND YEAR	NAME AND LOCATION OF SCHOOL	GRADUATE	DEGREE	
1921	1930	Grade School and Jr. High - Huntington, W. Va.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
1930	1933	Huntington High School - Huntington, W. Va.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Acad	
1933	1934	Marshall College - Huntington, W. Va.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
1934	Mar 1935	Millard's West Point Prep, Washington, D.C.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Mar 1935	Jun 1935	Marshall College - Huntington, W. Va.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
1935	1939	USA, West Point, New York	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B.S.	
10 FAMILY (List in order given, parents, spouse, guardian, stepparents, foster parents, parents-in-law, former spouses) (if divorced give date and place) children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)					
RELATION AND NAME	DATE AND PLACE OF BIRTH	PARENT ADDRESS IF LIVING	U.S. CITIZEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FATHER Ira Jacob Kail	4 Aug 1882, Upper Sandusky, Ohio	DECEASED	<input checked="" type="checkbox"/>		
MOTHER (Maiden name) Marilla Maria Davis	1 Jul 1885, Gallipolis, Ohio	DECEASED	<input checked="" type="checkbox"/>		
SPOUSE (Maiden name) Mary Margaret Davis	18 Jun 16, Dallas, Texas	318 Alcedo Ave, Coral Gables, Fla.	<input checked="" type="checkbox"/>		
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Sister: Mary Marilla Kail	18 Sep 25, Huntington, W. Va.	4306 Chestnut St., Bethesda, Md.	<input checked="" type="checkbox"/>		
Son: Samuel G. Kail, Jr.	21 Jul 43, Dallas, Tex.	318 Alcedo Ave, Coral Gables, Fla.	<input checked="" type="checkbox"/>		
Son: Robert G. Kail	7 Oct 48, San Juan, Puerto Rico	" " " " " "	<input checked="" type="checkbox"/>		
Daughter: Ann Marilla Kail	13 Jul 55, Ft. Leavenworth, Kans.	" " " " " "	<input checked="" type="checkbox"/>		