

Davis, Joseph

3235638

Private

Co. I, 809th Lion. Inf.

Davis, Joseph

3235638

Private

Co. I, 809th Pion. Inf.

# REPORT OF DEATH

(Par. 831a, A. R., 1913.)

Port of Embarkation, Hoboken, N.J.  
December 13th, 1918

Devis, Joseph 3235638  
(Surname.) (Christian name.) (Army serial number.)  
Private Co I 802th Pioneer Infantry  
(Grade.) (Organization.)

died Oct. 4th, 1918 at U.S.S. IRING GRANT  
Nature of injury or disease

Direct cause of death Influenza

Death ~~was not~~ <sup>was</sup> in line of duty and ~~was not~~ <sup>was</sup> the result of the deceased's own willful misconduct.

(Sgd) J.R. Allison, Lieut. M.C.  
(Signature of medical officer.)

1st Ind.

Hoboken, N.J. December 13th, 1918

To THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

- \*The report of the surgeon is approved.  
~~\*A board of officers has been convened to investigate the case.~~
- The deceased was ~~single~~ <sup>married</sup> at time of death.
- Amount of Government insurance in effect at time of death, \$ 3,000
- Name and address of person who was to be notified in case of emergency:

Chas Devis, (Father)  
(Name and degree of relationship; if friend, so state.)

RED ST.  
(No. and street or rural route; if none, so state.)

Comanctown, Tenn.  
(City, town, or post office.) (State or country.)

- Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at sea.

Remarks effects were not received at this office.

John A. Holson,

Inclosures:

- 1 Service Record
  - 1 Pay Card
  - 1 Final Statement
  - \*2 Inventories of Effects
- Commanding.

Form 415, A. G. O.  
Ed. July 10, 1918.

\*Strike out words not applicable.

Pres Grant

Mim. #244

Case Col Joseph Davis  
3235638

Memo. for Disposition of

Effects Section.

Please advise the Disposition  
of Remains Section immediately on  
receipt of effects in above noted  
case.

Memo. to Disposition of  
Remains Section.

The above effects were  
received by this office on:

Not Rec'd

jtl.

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

*Davis Joseph*  
*# 3235638*

**353**

**CONSOLIDATED INDEX CARD.**

**☞ This card must not be taken from the Record Room.**

**CONSOLIDATED ENTRIES:**

~~*MS*~~  
~~*MS*~~  
~~*MS*~~  
~~*Miss J. J.*~~  
~~*MS*~~  
~~*MS*~~  
~~*MS*~~

REPORT OF DEATH

385

(Par. 83 1/2, A. R., 1913.)

Port of Detachment, Hoboken, N.J.  
January 11, 1919., 191

Davis, Joseph 3235638  
(Surname.) (Christian name.) (Army serial number.)  
Private Co. I, 209th Pioneer Inf  
(Grade.) (Organization.)  
died Oct. 4, 1918, at U.S. Gen. Grant  
Nature of injury or disease

Direct cause of death Influence

Death ~~was~~ <sup>was</sup> in line of duty and ~~was not~~ <sup>was</sup> the result of the deceased's own willful misconduct.

(Signature of medical officer.)

1st Ind.

Hoboken, N. J., Aug. 27th, 1918

To THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

- 1. \*The report of the surgeon is approved.
- ~~\*A board of officers has been convened to investigate the case.~~
- 2. The deceased was ~~single~~ <sup>married</sup> at time of death.
- 3. Amount of Government insurance in effect at time of death, \$ 5,000
- 4. Name and address of person who was to be notified in case of emergency:

Father - Champ Davis,  
(Name and degree of relationship; if friend, so state.)

RD #3  
(No. and street or rural route; if none, so state.)

Barnetown, Tenn.  
(City, town, or post office.) (State or country.)

- 5. Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at sea.

Remarks

*John A. Nelson*  
John A. Nelson,  
Major, 209th  
Property Officer, 209th  
Commanding.

Inclosures:

- 1 Service Record
- 1 Pay Card.
- 1 Final Statement.
- \*2 Inventories of Effects.

Form 415, A. G. O.  
Ed. July 10, 1918.

\*Strike out words not applicable.

\* Regular Army.  
\* National Guard.

\* National Army.  
\* Enlisted Reserve Corps.

# INDIVIDUAL EQUIPMENT RECORD

## CLOTHING ACCOUNT

ARTICLES.	SIZE.	ISSUED.							TURNED IN.	
		DATE LINE	7/15/18	8/2/18	8/9/18	9/14/18	9/17/18	9/12/18	9/18/18	9/18/18
Bags, barrack		1				1			1	
Belts, waist		1				1			1	
Blankets		2				2	2	1		
Brassards										
Breeches, cotton		2				2		2		
Breeches, woolen										
Caps, service										
Chevrons										
Coats, denim										
Coats, cotton										
Coats, woolen										
Cords, hat		2				2		2	1	
Drawers, cotton		2				2		2	1	
Drawers, woolen										
Gauntlets, winter										
Gloves										
Hats, denim										
Hats, service										
Laces										
Laces, shoe										
Leggins										
Neckties										
Ornaments, cap										
Ornaments, collar						2		2		
Overcoat, O. D.										
Overshoes, arctic										
Ponchos		1				1		1		
Shirts, flannel		2				2		2		
Shoes, <del>gymnasium</del> FIELD		1				1		1		
Shoes, RUSSET		1				1		1		
Slicker										
Stockings, cotton		3				3		3		
Stockings, woolen										
Suspenders										
Trousers, denim										
Under shirts, cotton		2				2		2		
Under shirts, woolen		1				1		1		
Buttons										
Ment tags & taps						2		2		
OFFICER'S INITIALS		DAVIS							RUSSET	

\* Strike out words not applicable.

Davis

(Surname.)

Joseph

(Christian name.)

3235638

(Army serial number.)

Pvt Co 32

I 63 Depot Brigade

† (Grade.)

(Company and regiment or arm or corps or department.)

† Write grade and organization with pencil and correct as changes occur.

QUARTERMASTER PROPERTY ACCOUNT

ARTICLES.	ISSUED.			TURNED IN.		
DATE LINE	8/29/18	9/20/18	9/10/18			
Bar, mosquito	<div style="display: flex; justify-content: space-around;"> <span style="font-size: 2em;">C</span> <span style="font-size: 2em; color: red;">C</span> </div>	<div style="display: flex; justify-content: space-around;"> <span style="font-size: 2em;">C</span> <span style="font-size: 2em; color: red;">C</span> </div>	<div style="display: flex; justify-content: space-around;"> <span style="font-size: 2em;">C</span> <span style="font-size: 2em; color: red;">C</span> </div>			
Bedstead, iron						
Bugle, with E.M.P.						
Cases, pillow						
Cot						
Covers, mattress						
Head net, mosquito						
Locker, trunk						
Mattress						
Overcoat, blanket-lined						
Pillow						
Pins, tent, shelter						
Pole, tent, shelter						
Receiver, card, bedstead						
Ropes, shelter tent						
Sack, bed						
Sack, pillow						
Sheets, bed						
Sling, bugle						
Tent, shelter, half						
Whistle and chain						
SOLDIER'S INITIALS	X 880	880	880			
OFFICER'S INITIALS	880	880	880			

ORDNANCE PROPERTY ACCOUNT

ARTICLES.	ISSUED.					TURNED IN.		
	DATE LINE	8/9/18	8/15/18	8/19/18	8/19/18	8/19/18		
Mess Equipment								
Meat can	/	/	/	/	/	/		
Cup	/	/	/	/	/	/		
Knife	/	/	/	/	/	/		
Fork	/	/	/	/	/	/		
Spoon	/	/	/	/	/	/		
Bandoleer, Cavalry	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%; text-align: center;">Cancelled</div> <div style="width: 20%; text-align: center;">Cancelled</div> <div style="width: 20%; text-align: center;">Cancelled</div> <div style="width: 20%; text-align: center;">Cancelled</div> <div style="width: 20%; text-align: center;">Cancelled</div> </div>							
Bayonet and scabbard								
Blanket roll straps								
Bolo and scabbard								
Brush and thong								
Can, bacon								
Can, condiment								
Canteen and cover								
Canteen-haversack strap								
Canteenstrap, Cavalry								
Cartridges, cal								
Cartridges, cal								
Cartridge belt								
Cartridge belt and suspender								
Front sight cover								
Gun sling								
Hand axe and carrier								
Hatchet and cover								
Haversack								
Magazines, extra								
Magazine pocket								
Oiler and thong case								
Pack carrier								
Pick mattock and carrier								
Pick, Cavalry, and cover								
Pistol No.								
Pistol belt								
Pistol holster								
Pouch for first aid								
Pouch for small articles								
Ration bag								
Record case, N. C. O.								
Revolver No.								
Rifle No.								
Rifle cover								
Rifle scabbard								
Rule, 2-foot, folding								
Saber and scabbard								
Saber knot								
Saberstraps, pairs								
Shovel and carrier								
Steel tape, 5-foot								
Spurs, pairs								
Spurstraps, sets								
Stockcover								
Trench knife and scabbard								
Wire cutter and carrier								
Horse equipment, complete, horse								
Horse equipment, complete, mule								
SOLDIER'S INITIALS								
OFFICER'S INITIALS								

**ENGINEER, SIGNAL, MEDICAL PROPERTY ACCOUNT.**

ARTICLES.	ISSUED.				TURNED IN.			
DATE LINE -----								
Compass, watch -----								
-----								
-----								
-----								
Field glasses, Type C -----								
Field glasses, Type EE -----								
Kits, flag, comb., Inf. ....								
Kits, flag, comb., stand- ard -----								
Kits, flag, Artillery -----								
-----								
SOLDIER'S INITIALS -----								
OFFICER'S INITIALS -----								

**INSTRUCTIONS.**

1. When articles of clothing and equipment are issued to an enlisted man they will be entered in the "issue" column, with the date of issue entered in figures (e. g., 10/30/17) on the date line. The column will be initialed by the witnessing officer and, except in the case of issue of clothing, by the soldier, a line being drawn through each blank space in the column by the witnessing officer. When articles are first issued to an enlisted man the sizes that have been determined to be the proper ones will be entered in column headed "size."

2. When articles are turned in, lost, damaged, or destroyed, they will be entered in a column under the heading "Turned in," and the column completed and initialed by an officer and the soldier as in the case of issues. The officer who receives the articles turned in or enters the articles lost, damaged, or destroyed on statement of charges will initial the column. (117, 685-687, A. R.)

3. When an individual equipment record form is filled a new one will be started and the old record retained with the individual clothing slips (Q. M. C. Form No. 165) pertaining thereto, until the next inspection by an inspector, after which all filled individual equipment records and clothing slips may be destroyed. When a new equipment record is started the number of articles transferred will be entered in first issue column of new record, and the column initialed as prescribed in paragraph 1.

4. No record will be made of a transaction where an article is turned in and replaced by a like article at the same time.

5. When a soldier is transferred or detached from his company the word "canceled" will be written in columns showing articles issued and turned in to date. The articles which the soldier carries with him, or for which he is indebted to the United States, will then be entered in the next issue column; the column being initialed by the soldier and witnessing officer, as prescribed in paragraph 1. These articles, except clothing and individual mess equipment, will be entered on Form No. 600, A. G. O., as required by paragraph 681-O, A. R. The individual equipment record will be forwarded with the service record to the soldier's new commanding officer.

# REPORT OF DEATH

(Par. 831a, A. R., 1913.)

Port of Debarkation, Hoboken, NJ  
January 13, 1919., 191

Davis, Joseph 3235638  
(Surname.) (Christian name.) (Army serial number.)  
Private Co. I, 809th Pioneer Inf  
(Grade.) (Organization.)  
died Oct. 4, 1918, at USS Pres. Grant  
Nature of injury or disease

Direct cause of death Influenza

Death ~~was~~ <sup>\*was</sup> in line of duty and ~~was not~~ <sup>\*was not</sup> the result of the deceased's own willful misconduct.

*H. K. Liberman*  
(Signature of medical officer.)

Lieutenant, U. S. N. R., M. C.

Hoboken, N. J., Aug. 27th, 1918  
*1st Ind.*

TO THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

1. \*The report of the surgeon is approved.

~~\*A board of officers has been convened to investigate the case.~~

2. The deceased was ~~single~~ <sup>\*married</sup> at time of death.

3. Amount of Government insurance in effect at time of death, \$ 5,000

4. Name and address of person who was to be notified in case of emergency:

Father - Champ Davis,

(Name and degree of relationship; if friend, so state.)

RFD #3

(No. and street or rural route; if none, so state.)

Bermantown, Tenn.

(City, town, or post office.) (State or country.)

5. Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at sea.

Remarks

*John A. Nelson*  
John A. Nelson,

Inclosures:

- Major, QMG  
Property Officer, PUO.  
1 Service Record. *Commanding.*  
1 Pay Card.  
1 Final Statement.  
\*2 Inventories of Effects.

Form 415, A. G. O.  
Ed. July 10, 1918.

\*Strike out where not applicable.

Copy for Q. M. G., under 894 A R

3-6116

9-10-19

# REPORT OF DEATH

(Par. 83<sup>1</sup>/<sub>2</sub>a, A. R., 1913.)

Port of Embarkation, Hoboken, N.J.  
December 13th, 191<sup>8</sup>

Davis, Joseph 3235638  
(Surname.) (Christian name.) (Army serial number.)  
Private Co I 809th Pioneer Infantry  
(Grade.) (Organization.)

died Oct. 4th, 1918 at U.S.S. IRMS. GRANT

Nature of injury or disease

Direct cause of death

Influenza

Death ~~\*was~~ <sup>\*was</sup> in line of duty and ~~\*was not~~ <sup>\*was</sup> the result of the deceased's own willful misconduct.

(Sgd) J.R. Allison, Lieut. M.C.

(Signature of medical officer.)

1st Ind.

Hoboken, N.J. December 13th, 1918

TO THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

1. \*The report of the surgeon is approved.

\*A board of officers has been convened to investigate the case.

2. The deceased was ~~\*married~~ <sup>\*single</sup> at time of death.

3. Amount of Government insurance in effect at time of death, \$ 5,000

4. Name and address of person who was to be notified in case of emergency:

Champ Davis, (Father)

(Name and degree of relationship; if friend, so state.)

RFD #3,

(No. and street or rural route; if none, so state.)

Cormantown, Tenn.

(City, town, or post office.)

(State or country.)

5. Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at sea.

Remarks Effects were not received at

this office.

John A. Nelson,

Inclosures:

1 Service Record.

1 Pay Card.

1 Final Statement.

\*2 Inventories of Effects.

Commanding.

Form 415, A. G. O.  
Ed. July 10, 1918.

\*Strike out words not applicable.

Copy for Q. M. G., under 83<sup>1</sup>/<sub>2</sub> A. R., 1913.  
DEATH REPORT

DAVIS, JOSEPH. 3235638

Pvt. Co I. 809th Pioneer Inf.

DIED: Oct. 4th 1918.

39273

Burial at sea from the U.S.S.  
President Grant, on voyage ending  
Oct. 7th 1918.

Letter of Oct 31st 1918. by  
Edward O. Clark. Chaplain 74th  
Artillery (CAC)

ⓑ 184

Davis Joseph 3235638  
 (Surname) (Christian Name) (Number)

R. F. D. #3  
 (Home Street Address)

Germantown Tenn  
 (City) (State)

Camp Davis Father  
 (Notify in Emergency) (Relationship)

R. F. D. #3 Germantown Tenn  
 (Street Address) (City) (State)

6/19/1918  
 (Date of Commission) (Date of Enlistment)

Binghampton, Tenn. 1/1/1896  
 (Place of Enlistment) (Date of Birth)

Farmer  
 Occupation:

R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
N. A.					
N. G.					
O. R. C.					
U. S. M. C.					

293.3.

No. of Card

STATION Camp Dodge, Iowa DATE Sept, 9, 1918

\*RECORD OF TRANSFERS AND CHANGES

Private. Assgd to Co. 32, 163rd Inf 1st Brig. Camp Dodge, Iowa, 6/21/1918. Trn to 804th Pioneer Inf. Camp Dodge, Iowa, 7/5/1918. Trn to Development Bn 2, 163rd Inf 1st Brig. Camp Dodge, Iowa, 8/17/1918. Trn to 1809th Pioneer Inf. Camp Dodge, Iowa, 9/10/1918

Photograph, Diagram, or Description of Place of Burial

\* To include transfers, changes, promotions, captured, missing, leave, furlough, and A. W. O. L., together with date of change.

ADJUSTMENT MADE

NOV 7 1921

FILE

39273

WAR DEPARTMENT

Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A

Information requested of A.G.O.

Date October 24-21

File No. 39273 Registration.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

FILE

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname **Davis** ✓
- b. Christian name **Joseph** ✓
- c. Serial Number **3225638** ✓  
**3235638** ✓
- d. Organization **Co.I. 809th Pioneer Infantry** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **10-4-18** ✓
- g. Cause of death **Influenza** ✓
- h. Authority (C.O.#) **CC 292** ✓
- i. Emergency address **Champ Davis R.F.D. #3 Germantown, Pa.**
- j. Relationship **father**

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
upper right upper left
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
lower right lower left

Cemeterial Bn. Records

CEMETERY NO:

SHEET NO:

TYPED BY:

S/3310/LML

*Amelly  
2, P. A. 10/25/21*

H. L. ROGERS,  
Quartermaster General, U.S.A.

BY:

*H. J. Conner*  
H. J. CONNER,  
1st. Lieut. Q.M.C.

Rec'd World War Division.

OCT 25 1921

RECORDS SECTION,  
W. W. Div., A. G. O.

OCT 25 1921 2

*293.  
Davis,  
Joseph*

ADDRESS REPLY TO

Division  
DIRECTOR OF STORAGE  
MUNITIONS BUILDING

WAR DEPARTMENT  
PURCHASE, STORAGE, AND TRAFFIC DIVISION  
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE  
WASHINGTON

No:

From:

To:

Subject:

CEMETERY



OCT 26 1921

(Faint, illegible text)

(Faint, illegible text)

(Faint, illegible text)

(Faint, illegible text)

(Faint, illegible text)

(Faint, illegible text)

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(Faint, illegible text)

(Faint, illegible text)

ONE

CEMETERY DIVISION  
REGISTRATION SECTION

*Com br. files*  
**FILE**  
*Buried at sea*

November 7, 1921 192

MEMO FOR:  
Cards Department.

1.  
CASE OF:

Co. I, 809th Pion Inf  
ORGANIZATION (Old)

DAVIS #3225638 Joseph - Pvt.  
(Name)

*293.3*

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER 3235638

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

*Davis, Joseph*

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: D. T. Dodson

Adjustment Section.  
(Department)

5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By *B*  
S/3324/LML

(In duplicate, except in case of an officer, when a triplicate copy shall be sent to the Bureau of Navigation.)

From: U. S. S. PRESIDENT GRANT Date October 4th, 1918  
(Name of ship or station)

To: BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT.  
(Via official channels)

Subject: REPORT OF DEATH in the case of—

Name DAVIS, Joseph Grade or rate Private USA  
(In full, surname first)

Born: Place La Grange, Tenn. Date January 1st, 1896 Age 22  
(At time of death)

Eyes Brown Hair Black Complexion Negro Height 67 3/4" Weight 203  
(Inches)

Marks of Identification: S 1" l. knee, S. l. arm, S. l. R. hand.  
(From Health Record)

Enlisted: Place Binghampton, Tenn. Date June 19th, 1918

Died: Place U. S. S. PRESIDENT GRANT Date October 4th, 1918  
(Name of city and State, or latitude and longitude.) (Date of death.)

Time of day 1.45 p.m. While attached to Co I, 609th P. I. enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place \_\_\_\_\_ Date \_\_\_\_\_

Cause of death Influenza.  
(From nomenclature.)

Origin In line of duty, not result of own misconduct, the facts being as follows:  
(In line of duty, or not in the line of duty.)

Admitted to sick bay, September 30th, 1918, with temperature of 103° pulse 90 resp 24, complaining of pain in chest, back and head, slight cough, apparently suffering from great toxæmia. Patient did not respond to stimulation or any form of treatment. Condition grew rapidly worse. Died at 1.45 p.m. October 4th, 1918.

Next of kin,  
Champ Davis, (Father)  
R. F. D/3 Germantown, Tenn.

Approved:

J. R. Allison

(Signature of medical officer.)

C. E. COURTNEY

(Signature of commanding officer.)

Lieutenant, U. S. Navy  
(Grade.)

Captain, U. S. Navy.  
(Grade.)

(In duplicate, except in case of an officer, when a triplicate copy shall be sent to the Bureau of Navigation.)

From: U. S. U. S. S. PRESIDENT GRANT Date October 4th, 1918.  
(Name of ship or station)

To: BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT.  
(Via official channels)

Subject: REPORT OF DEATH in the case of—

Name DAVIS, Joseph Grade or rate Private USA.  
(In full, surname first)

Born: Place La Grange, Tenn. Date January 1st, 1896 Age 22  
(At time of death)

Eyes Brown Hair Black Complexion Negro Height 67 3/4" Weight 203  
(Inches)

Marks of Identification: S 1" l. knee, S. l. arm, S. l. l. hand.  
(From Health Record)

Enlisted: Place Binghampton, Tenn. Date June 19th, 1918.

Died: Place U. S. S. PRESIDENT GRANT Date October 4th, 1918.  
(Name of city and State, or latitude and longitude.) (Date of death.)

Time of day 1.45 p.m. While attached to U. S. S. PRESIDENT GRANT enroute to Europe.  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place \_\_\_\_\_ Date \_\_\_\_\_

Cause of death Influenza.  
(From nomenclature.)

Origin in line of duty, not result of own misconduct., the facts being as follows:  
(In line of duty, or not in the line of duty.)

Admitted to sick bay, September 30th, 1918, with temperature of 103° pulse 90 resp 24, complaining of pain in chest, back and head, slight cough, apparently suffering from great toxæmia. Patient did not respond to stimulation or any form of treatment. Condition grew rapidly worse. Died at 1.45 p.m. October 4th, 1918.

Next of kin,

Champ Davis, (Father)

R. F. D. 3 Germantown, Tenn.

Approved:

J. R. Allison  
(Signature of medical officer.)

C. E. COURTNEY  
(Signature of commanding officer.)

Lieutenant, U. S. Navy.  
(Grade.)

Captain, U. S. Navy.  
(Grade.)

WAR DEPARTMENT,

OFFICE OF THE GENERAL SUPERINTENDENT U. S. ARMY TRANSPORT SERVICE

NEW YORK

FROM: Effects Quartermaster, Major John A. Nelson, Q.M. Corps.

TO: Adjutant General U.S. Army, Washington, D.C.

SUBJECT: Report of Death: November 8th, 1918.

Report is made of the following death:

Name of Deceased: Davis, Joseph  
Rank: Private Organization: Co. I. 809th P.I.  
Serial number: 3235658  
Place of Death: U.S.S. PRESIDENT GRANT  
Date of Death: October 4th, 1918.  
Cause of Death: Influenza  
Origin: In line of duty ; not result of own misconduct.  
Next of Kin: (Champ Davis , (Father)  
Address: RFD #3, Germantown, Tenn.  
Remarks: Buried at sea.

John Nelson,  
Major, Q.M. Corps  
Effects Quartermaster.

Copy to:  
A.G.O.  
Q.M.G.  
Bur.W.R.I.

Eff.Q.M.  
Form 62.

Min. #2266

1st Lieut. C. H. Corpe,

Port of Embarkation, Hoboken, NJ

Oct. 28th

18

Champ Davis,

R F D # 3, Germantown, Tenn.

Regret to advise the death of Pvt. Joseph Davis

AT SEA ON Oct. 4th-18 from Influenza

Owing to existing conditions it was impossible to bring remains  
back to the United States and at sunrise \_\_\_\_\_

Pvt. Davis \_\_\_\_\_ was buried at sea with  
full military honors.

Judson,

Brigadier General.

2-M.T.O.

1-P.A.

1-File ✓

APPLICATION FOR FAMILY ALLOWANCE  
 AND  
 INFORMATION FOR ALLOTMENT OF PAY

No. 3225638  
 (My serial number)

*A duplicate Original*  
 ENTERED IN PAY CARD

For the Army: A duplicate of this form must be retained with the service record  
 (Answer ALL questions; give ALL information requested; if not typewritten, use clear legible handwriting, preferably print-hand writing.)

My name is Joseph (First name) None (Middle name) Davis (Last name) Pvt. CO "H" 804th Inf (Rank and organization)  
 Home post office R R 3 (No. and street or rural route) Germentown, Tenn (City, town, or post office) Age 23 (Nearest birthday)  
 Birth Jan 1st 1896 (Date) LaGrange, Tenn. (Place) Service June 19th 1918 (Date of last entrance into active service) Pay, \$ 30 (Present pay in U. S.)  
 Changes None (Changes in rank or pay, if any, since Nov. 1, 1917)

CLASS A—ALLOTMENTS COMPULSORY

I certify that the persons named below, and none other, come within Class A (wife, former wife divorced, or child, as defined in the Act of October 6, 1917).  
 (If you have no Class A relative, write "NONE" in the appropriate Name column. If you claim exemption from the compulsory allotment, fill out the Treasury Form No. 52 and attach herewith.)

Relation-ship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			DATE OF BIRTH			If Married, Give Date; If Not, Enter "No"	Do You Apply for a Gov't Family Allowance?	
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State	Month	Day	Year			
Wife		<u>None</u>										Yes or No	
Child		<u>None</u>										Yes or No	
Child												Yes or No	
Child												Yes or No	
Child												Yes or No	
Divorced Wife		<u>None</u>									Monthly Payment Decreed by Court, \$	Remarried? Yes or No	Yes or No

If you wish to make an allotment to your wife or children in addition to the compulsory allotment, state amount of additional allotment, \$ None  
 In the Navy, such additional allotment should be made on S. and A. Form No. 6.

CLASS B—ALLOTMENTS NOT COMPULSORY

Allotments in Class B may be made only to the following relatives: parent (father, mother, grandfather, grandmother, stepfather, stepmother), either of yourself or spouse; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchild, and children of an enlisted woman. To get the Government allowance they must be dependent upon you; but they need not be dependent to get your allotment.

I hereby make voluntary allotments for Class B, to begin on the \_\_\_\_\_ day of \_\_\_\_\_, 1918

Relation-ship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			My Habitual Monthly Contribution to Class B Dependents Before Entering Service.	Amount of Allotment	Do You Apply for a Gov't Family Allowance?
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State			
		<u>None</u>						\$	\$	Yes or No
										Yes or No
										Yes or No
										Yes or No
										Yes or No

IMPORTANT NOTICE.—If you make allotments to minors in Class A or Class B you should give on the line below the full name, age, and post-office address of the person having their actual care and custody. Unless you request otherwise, payment will be made to such person if of legal age. It is not necessary to secure the appointment of a guardian by court proceedings.

This form should be used for the allotment of pay only to relatives specified above in Class A and Class B.  
 For all other allotments use Q. M. Form No. 38 in the Army, and S. and A. Form No. 6 in the Navy.

Is this your first application for allowance? Yes (Yes or No)

If you wish to present additional information, write on back of this sheet.

Signed at (on board) Camp Dodge, Iowa  
 the 1st day of Aug, 1918

I hereby certify that all the foregoing statements are correct and that every member of Class B for whom I claim family allowance is dependent upon me for support in whole or in part.

Witnessed by: Raymond B. Mac Murray  
 (Commissioned or warrant officer)

(Sign here distinctly) Joseph Davis  
 (First name) (Middle name) (Last name)

Rank 1st Lieut Inf.



APPLICATION FOR INSURANCE

ENTERED ON PAY CARD

*duplicate*  
*Original*

My Army serial number is 3235638 (Serial number)

My full name is Joseph (Given) None (Middle) Davis (Last name)

Home address R R 3 (No. and street or rural route) German town (City, town, or post office) Tenn (State)

Date of birth Jan 1st 1896 (Month) (Day) (Year) Age 23 (Nearest birthday)

Date of last enlistment or entry into active service June 19th 1918 (Give month, day, and year)

I hereby apply for insurance in the sum of \$ 5,000 payable as provided in the Act of Congress approved October 6, 1917, to myself during total permanent disability and from and after my death to the following persons in the following amounts:

RELATIONSHIP TO ME	NAME OF BENEFICIARY (Given) (Middle) (Last name) (If married woman her own Christian name must be stated)	POST-OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State.	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
Mother	<u>Callie None Davis</u>	(a) <u>R R 3</u> (b) <u>German town, Tenn</u>	<u>\$ 5,000</u>
		(a) _____ (b) _____	
		(a) _____ (b) _____	
		(a) _____ (b) _____	

I authorize the necessary monthly deduction from my pay, or, if insufficient, from any deposit with the United States, in payment of the premiums as they become due, unless they be otherwise paid.

I offer this application, and it is to be deemed made, as of the date of signature, with premiums commencing from that date and payable at the end of each calendar month, beginning with the month in which application is made.

I wish Insurance Certificate sent to: (Name) Callie Davis,

(Address) R R 3 German town, Tenn,

Signed at (on board) Camp Dodge, Iowa.

the 1st day of Aug, 1918

Joseph Davis

Witnessed by: Raymond B. McMuray Sign here Joseph Davis

Rank 1st Lieut Inf R.C.

Commanding CO "H" 804th Inf

Pvt CO "H" 804th Inf (Rank or rating) (Organization)

(This space for any notations insurance officers may deem necessary.)

## MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE

(Each \$1,000 of insurance is payable in installments of \$5.75 per month for 240 months; but if the insured is totally and permanently disabled and lives longer than 240 months the payments will be continued as long as he lives and is so disabled.)

Age	Monthly premium	Age	Monthly premium
15	\$0.63	40	\$0.81
16	.63	41	.82
17	.63	42	.84
18	.64	43	.87
19	.64	44	.89
20	.64	45	.92
21	.65	46	.95
22	.65	47	.99
23	.65	48	1.03
24	.66	49	1.08
25	.66	50	1.14
26	.67	51	1.20
27	.67	52	1.27
28	.68	53	1.35
29	.69	54	1.44
30	.69	55	1.53
31	.70	56	1.64
32	.71	57	1.76
33	.72	58	1.90
34	.73	59	2.05
35	.74	60	2.21
36	.75	61	2.40
37	.76	62	2.60
38	.77	63	2.82
39	.79	64	3.07
		65	3.35

The smallest amount of insurance which may be applied for is \$1,000 and the largest amount is \$10,000. Between such limits insurance may be applied for in any sum provided it is in multiples of \$500.

Insurance may be applied for in favor of one or more of the following persons:

Husband or wife.

Child, including legitimate child; child legally adopted before April 6, 1917, or more than six months before enlistment or entrance into or employment in active service, whichever date is the later; stepchild, if a member of the insured's household; illegitimate child, but, if the insured is his father, only if acknowledged by instrument in writing signed by him, or if he has been judicially ordered or decreed to contribute to such child's support, and if such child, if born after December 31, 1917, shall have been born in the United States or in its insular possessions.

Grandchild, meaning a child, as above defined, of a child as above defined.

Parent, including father, mother, grandfather, grandmother, stepfather, and stepmother, either of the insured or of his/her spouse.

Brother or sister, including brothers and sisters of the half blood as well as of the whole blood, stepbrothers and stepsisters and brothers and sisters through adoption.

*Carroll Dodge, Iowa*

1st  
(Day.)

Aug  
(Month.)

1918

Charge } of premium (\$ 3.25 ) will be made by me monthly, beginning with month in which application is dated.

First }  
(charge }  
(checkage }  
2-3225

1st

(Day.)

Aug

(Month.)

1918

*Raymond B. MacMurray*  
1st Lieut. Inf. RC  
Commanding Co. # 804 Inf.

Wim. #233

1st Lieut., Q.M. Corps.

Adjutant General Port of Embarkation, Hob., N.J.

Oct. 25th

18

Washington, D. C.

Report death of Pvt. Joseph Davis

Co. I Reg. 809th P.I.

Serial No. 3235638 Death in line

of duty not result of own misconduct.

Oct. 4-18-U.S.S. "PRESIDENT GRANT"

Influenza - Buried at sea.

Emergency address: (Father) Champ Davis,

R.F.D.#3, Germantown, Tenn.

daw-jtl

Judson

2-M.T.O. ✓

1-File ✓

1-P.A.

mp

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Davis</i>	<i>Dav</i>	3	<i>41'2</i>
BURIED	CEMETERY <i>ASB</i>	1	
	GRAVE	2	
	ROW	2	
	BLOCK	1	
STATE	<i>Tenn.</i>	2	<i>48</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>Inf.</i>	2	<i>51</i>
ORGANIZATION	<i>809</i>	3	<i>809</i>
ARM	<i>Pioneer</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Davis</i>	<i>Dav</i>	3	<i>41'2</i>
RESIDENCE	STATE <i>Tenn.</i>	2	<i>48</i>
	COUNTY <i>Shelby</i>	2	<i>79</i>
	CITY <i>Germantown</i>	3	<i>xxx</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>yes</i>	1	<i>1</i>
NATIVITY		1	
RACE	<i>negro</i>	1	<i>2</i>
ENGLISH		1	
ATTENDANT		1	
HEALTH			<b>AUDITED</b>
NO. OF SONS		1	
DATE OF	MO.	1	<i>MAR 19 1932</i>
TRIP	YR.	1	<i>no</i>
ACCEPTANCE	<i>no</i>	1	<i>1</i>
29/514/			<i>B 2</i>

*Feb*

IN REPLY  
REFER TO

QM 293 A-M

WAR DEPARTMENT

Oct. 13, 1932

Davis, Joseph ASB x

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

SPECIAL

Mrs. Callie Davis,  
RFD 3, Box 7,  
Germantown, Tenn.

Dear Madam:

Your Government has provided an opportunity for all Mothers and Widows of deceased members of the American Forces who were lost, buried at sea, or whose remains are now interred in Europe, to make a pilgrimage to the cemeteries in Europe. This was done in the hope that all who may make the pilgrimage will derive a measure of comfort and solace from the visit.

You are numbered among those who are privileged to make this pilgrimage.

During July and September of this year, inquiries were addressed to you as to whether or not you desire to make the pilgrimage to Europe. To these inquiries no reply has been received from you.

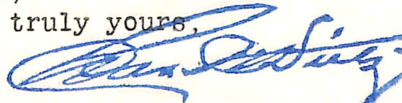
You probably do not realize how important it is that a reply be received from you. If we do not receive replies, it becomes very difficult to make the necessary and proper arrangements for those who are to make the trip, as everything must be arranged in advance. Consequently, it is just as important for the Government to know the names of those who do not desire to take advantage of its offer as it is to know the names of those who do.

Will you please devote a few moments of your time to write either the word "YES" or "NO" in the following space no, thus indicating whether or not you desire to make the pilgrimage during 1933 and sign your name here Callie Davis. Use the enclosed envelope, which requires no postage, and return this sheet.

This reply will assure your Government that no worthy Mother or Widow has failed to receive its offer in commemoration of a loved one departed, and will greatly assist in making the necessary preparations for those of them who wish to take advantage of the privilege.

For The Quartermaster General,

Very truly yours,



CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Sept. 8, 1932

Davis, Joseph (ASB) x

Mrs. Callie Davis,  
R.F.D. #3, Box 7,  
Germantown, Tenn.

Dear Madam:

Reference is made to the questionnaire recently forwarded you, making inquiry as to whether you desire to make a pilgrimage to the cemeteries of Europe during the summer of 1933, and inviting attention to the fact that 1933 is the LAST YEAR for which the pilgrimages are authorized. To date no reply has been received.

In order that your desires may be of record, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1933? (Answer "Yes" or "No")	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

NOTE CAREFULLY, THIS IS THE LAST CHANCE WHICH YOU WILL HAVE TO MAKE THE PILGRIMAGE, AND THERE IS NO PROVISION OF LAW FOR A MONEY ALLOWANCE INSTEAD.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

Encl:  
Env.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Davis Joseph (ASB) x

July 13 1932

Mrs Callie Davis  
RFD #3 Box 7  
Germantown Tenn

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933? \_\_\_\_\_

(Write answer here)

(Sign here) \_\_\_\_\_

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM-293-AM  
Davis, Joseph Pvt.(ASB) Mx

June 25, 1931

Mrs. Collie Davis,  
RFD #3, Box 7,  
Germantown, Tenn.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

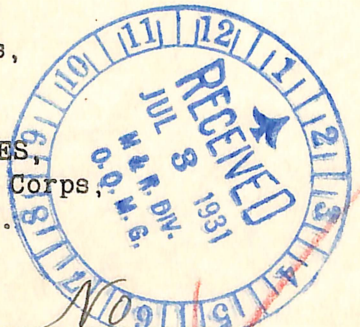
As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

*A. D. Hughes*  
Very truly yours,

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.



DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932?

NO  
Write answer here

*Collie X Davis*  
\_\_\_\_\_  
Sign here

QM 293 A-M

Davis, Joseph ASBX M

April 15, 1931

Mrs. Collie Davis,  
RFD #3, Box 7,  
Germantown, Tenn.

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the mother of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?	
2. Do you desire to make the pilgrimage in the calendar year 1931?	
3. Please give your age and state your health.	Age Condition of health
4. Do you speak English?	
5. What other language do you speak?	

For The Quartermaster General:

Very truly yours,

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

Encls:  
Act  
Amendment  
Envelope

30/150

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Joseph Pvt ASB M

August 12, 1930

Mrs. Collie Davis  
R F D #3, Box 7  
Germantown, Tenn.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

The records of this office show that you are the \_\_\_\_\_ of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

4. Do you speak English?

5. What other language do you speak?

Age  
Condition of Health

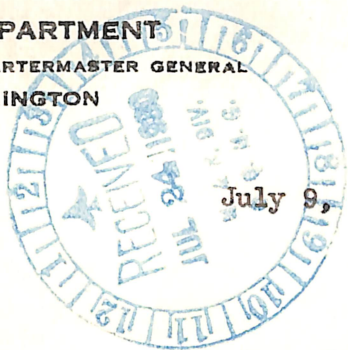
For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON



*Maxwell 2 ✓*

IN REPLY REFER TO QM 293 A-C  
Davis, Joseph - U-ASB M

July 9, 1930.

Mrs. Collie Davis,  
RFD #3, Box 7,  
Germantown, Tenn.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

*yes*  
*Collie Davis*  
*Germantown*

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

*no*  
*Genevieve*  
*Route 3 Box 7*

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

*no*

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

*A. D. Hughes*  
A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Sept. 8, 1932

Davis, Joseph (ASB) x

Mrs. Callie Davis,  
R.F.D. #3, Box 7,  
Germantown, Tenn.

Dear Madam:

Reference is made to the questionnaire recently forwarded you, making inquiry as to whether you desire to make a pilgrimage to the cemeteries of Europe during the summer of 1933, and inviting attention to the fact that 1933 is the LAST YEAR for which the pilgrimages are authorized. To date no reply has been received.

In order that your desires may be of record, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1933? (Answer "Yes" or "No")	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

NOTE CAREFULLY, THIS IS THE LAST CHANCE WHICH YOU WILL HAVE TO MAKE THE

PILGRIMAGE, AND THERE IS NO PROVISION OF LAW FOR A MONEY ALLOWANCE INSTEAD.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

Encl:  
Env.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Davis Joseph (ASB) x

July 13 1932

Mrs Callie Davis  
RFD #3 Box 7  
Germantown Tenn

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933? \_\_\_\_\_  
(Write answer here)

(Sign here) \_\_\_\_\_

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM-293-AM

June 25, 1931

Davis, Joseph Pvt.(ASB) Mx

Mrs. Collie Davis,  
RFD #3, Box 7,  
Germantown, Tenn.

Dear Madam:

0621  
Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

1931 JUN 25  
As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? \_\_\_\_\_

Write answer here

1931 JUN 25  
OQMG M&R BR  
JUN-25- PM 2:45  
\_\_\_\_\_  
Sign here

QM 293 A-M

Davis, Joseph ASBX M

April 15, 1931

Mrs. Collie Davis,  
RFD #3, Box 7,  
Cermantown, Tenn.

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the **mother** of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?	
2. Do you desire to make the pilgrimage in the calendar year 1931?	
3. Please give your age and state your health.	Age Condition of health
4. Do you speak English?	
5. What other language do you speak?	

For The Quartermaster General:

Very truly yours,

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

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Encls:  
Act  
Amendment  
Envelope

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DISPATCHED  
APR 15 1931  
U.S. Q.M. CORPS  
DIV.  
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WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Joseph Pvt ASB M

August 12, 1930

Mrs. Collie Davis  
R F D #3, Box 7  
Germantown, Tenn.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

The records of this office show that you are the \_\_\_\_\_ of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

4. Do you speak English?

5. What other language do you speak?

Age  
Condition of Health

For The Quartermaster General,

Very truly yours,

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

Enclosures:  
Envelope  
Act  
Amendment

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Joseph - U-ASB M

July 9, 1930.

Mrs. Collie Davis,  
RFD #3, Box 7,  
Germantown, Tenn.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.