

gr.

375
2/2

G.R.S. Form #114-B

To The A. G. O.

4737

OLIVE AUTHORITY VETERANS BUREAU

APR 27 1926

DATE Dec. 23rd 1921.

SIGNATURE 3/28/27

1. NAME DeLUCA, Olive

SERIAL No. 1908331

RANK Pvt.

ORGANIZATION Co. M, 327th Inf.

GRAVE LOCATION Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon (Meuse)

DIVISION 82
1232 Sec. 29
CTY. NAME NUMBER

179

Sec. 29

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

9

Cornay (Meuse).

GRAVE

COMMUNE

DEPT.

COORDINATES

35NW

281.3 N

297.3E.

CONCENTRATED TO

4.6.19.

179

29

4.

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232.

CEMETERY

CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Tag on body.

DATE OF DEATH

Oct 10, 1918

STATE FROM WHICH HE CAME

Ill.

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Dec. 23rd 1921.

DATE

17
GRAVE

27
ROW

C
Block

Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY



Robert S. Davis,
Major General,
The Adjutant General

AUDITED BY

W.W. 3-26-23

MAY 5 1926

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



Co M 327th Inf.
82nd Division

DELUCA, Olive - Pvt.
HOME : 305 Barker Ave.
Clifton, N. J.

Unable to give detail of this man's death.

INFORMANT : none.

SIGNED : M. L. Geisenberger,
1st Lieut. 327th Inf.
Command. Co M.

EMERGENCY ADDRESS :
Angela De Luca (mother)
Borcha, Italy.

A/A/



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>De Luca</i>	<i>De L</i>	3	<i>45-2</i>
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>17</i>	2	<i>17</i>
	ROW <i>27</i>	2	<i>27</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>N.J.</i>	2	<i>35</i>
RANK	<i>Priv.</i>	1	<i>2</i>
DIVISION	<i>82</i>	2	<i>82</i>
ORGANIZATION	<i>327</i>	3	<i>327</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
Mrs <i>Angella De Luca</i> NAME <i>vedora De Luca</i>	<i>De L</i>	3	<i>45-2</i>
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Sister</i>	1	<i>2</i>
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>	<i>Italy</i>	1	
<i>SAB Country</i>		2	<i>01</i>

AUDITED
FEB 27 1948
Am

Am

QM 293 A-M
De Luca, Olivo (MA)

February 20, 1933.

Mrs. Marina DaGiani,
36 Durant Avenue,
Clifton, N.J.

Dear Madam:

This office is making an earnest endeavor to communicate with all women who may be eligible under the provisions of the Act of Congress of March 2, 1929, as amended May 15, 1930, to make a pilgrimage to the cemeteries of Europe.

It will therefore be appreciated if you will advise whether or not your brother, the late Private Olivo De Luca, is survived by any woman residing in the United States or its possessions who stood in loco parentis to him for a period of not less than five years at any time prior to his reaching the age of eighteen, and if so, her name and address.

A self-addressed envelope which requires no postage is enclosed for your convenience in replying.

For The Quartermaster General,

Very truly yours,

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

Encl.
Env.

mf

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8-25-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
 De Luca, Olivo Pvt. 1908331 Co. M, 327th Inf. 10-10-18

Row 1516

STATE CTY. NO. 1232 GRAVE 17 ROW 27 BLOCK C

	Check relationship	Living - Deceased	
NAME	MOTHER <i>Living</i>	: <input checked="" type="checkbox"/> : <i>no</i>	<i>to m + s.</i>
AND	STEMOTHER (For the year prior to commencement of service)	: <input type="checkbox"/> : <i>8 Nov 1888</i>	<i>Margherita Na Siano</i>
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: <input type="checkbox"/> : <i>36</i>	<i>Dumont Ave Clifton N. J.</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: <input type="checkbox"/> : <i>no and</i>	<i>Angela DeLuca</i>
	WIDOW (Who has not remarried)	: <input type="checkbox"/> : <i>no and</i>	<i>Redora DeLuca</i>
		: <input type="checkbox"/> :	<i>Boreadi Cadore</i>
		: <input type="checkbox"/> :	<i>Pr. di Belluno</i>
		: <input type="checkbox"/> :	<i>Italy</i>

Veterans Bureau Claim Number XC 128765 *V9/20/31*
 29/156

5-13-33

36 Durant Avenue,
Clifton, New Jersey.
July 12, 1929.

Foreign

Dear Sirs:

I take this opportunity
to inform you that my
brother, the deceased Oliver
De Luca, Co. M. 327th Inf.,
is survived by a mother
Angela De Luca who is
seventy-six years old and
alone. Her home is in Borca
di Cadore, Belluno, Italy.

Sincerely,
Marina De Gian



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DeLuca, Olive

June 29 1929.

Mrs. Marina DeLuca DeGian,
305 Parker Ave.,
Clifton, N. J.

Foreign

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the sister of the late Private Olive DeLuca, Co. M, 327th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

QM 293 A-M
De Luca, Olivo (MA)

February 20, 1933.

Mrs. Marina DaGiau,
36 Durant Avenue,
Clifton, N.J.

Dear Madam:

This office is making an earnest endeavor to communicate with all women who may be eligible under the provisions of the Act of Congress of March 2, 1929, as amended May 15, 1930, to make a pilgrimage to the cemeteries of Europe.

It will therefore be appreciated if you will advise whether or not your brother, the late Private Olivo De Luca, is survived by any woman residing in the United States or its possessions who stood in loco parentis to him for a period of not less than five years at any time prior to his reaching the age of eighteen, and if so, her name and address.

A self-addressed envelope which requires no postage is enclosed for your convenience in replying.

For The Quartermaster General,

Very truly yours,

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

Encl.
Env.

mf

0310

1933 FEB -20- PM 6:30
B
CCMG M

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DeLuca, Olive

June 29 1929.

Mrs. Marina DeLuca DeGian,
305 Parker Ave.,
Clifton, N. J.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

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For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

OLIVE- Casualty List

OLIVE- AGO

OLIVER- Letter from sister but
it may not be in her writing

OLIVO - S-W-A

OLIVA- Veteran

*Bureau signature
of soldiers*

Which should we take?

3/28/27

3-4756

Memorandum for

Oliva Signature
De Luca

Claim
128765-

take

In reply refer to:
293 C-R

June 30, 1923.

Mrs. Marina Dolusa Dagian,
305 Parker Ave.,
Clifton, N.J.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of ~~Private Olive Dolusa, Company I, 327th Infantry,~~ is Grave 17, Row 27, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

23/236/ARK

Date 7th, May, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: DELUCA, O

Number: 1908331

Rank: Unkn

Organization: Unkn.

Disinterment and Reburial made by Group _____

Unit _____

Disinterred (Date)

From: (Give complete location)

8th, April, 1919

Amer. B/A Cty. Grave #9-

CORNAY ARDENNES.

35 NW E 297.3 N 281.3

Reburied (Date)

in: (Give complete location)

8th, April, 1919

Grave #179-Sec. 29-Plot 4-Amer. B/A Cty. #1232.

ROMAGNE MEUSE.

35 NE E 308.16 N 284.87

Report as to nature of original burial and condition of body upon disinterment:

Burial good. Buried in uniform. Body badly decomposed.

Was one identification tag found upon the body? Yes.

What other means of identification were found on the body? None.

CONFIRMED No. D

10703

10702

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Gordon.

R. H. ROSENTHAL
2nd Lieut. O.M.C.U.S.A.
G.O. Group _____ Unit _____

10070

REVERSE

Date: 7th, Apr, 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: DELUCA, O

Rank: Unknown

Organization: Unknown

Number: 1908331

Disinterment and Reburial made by Group

Unit

Disinterred (Date)
8th, April, 1919

From: (Give complete location)
Amar. B. A. C. V. Grave #9-

CORREY ALDENES.

38 NW E 297.3 N 281.3

Reburied (Date)
8th, April, 1919

To: (Give complete location)
Grave #179-2ec. 29-1104-A-Amar. B. A. C. V. #1232.

HOMAGE MUSE.

38 NW E 297.3 N 281.3

Report as to nature of original burial and condition of body upon disinterment:
Burial good. Buried in uniform. Body badly decomposed.

Yes.

Was one identification tag found upon the body?

What other means of identification were found on the body? None.



Note:

If upon disinterment, effects are found upon the body, they will be promptly sent to the Effects Dept direct as is required by G. R. S. Form No. 16, 1918. After being carefully examined for clues to identity in doubtful cases, notation thereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Gordon.

R. H. ROSENTHAL

2nd Lieut. O. M. C. U. S. A.

C. O. Group

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #63070

(a) Name DELUCA, Olive ^{(4-28-21) H} Ser. No. 1908331
(b) Rank Pvt. Organization Co. M, 327th Infantry
(c) Date of death 10/10/18 (d) Cause of death K/A

TYP. DMA

CKR. 30

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 179 Row - Plot 4 Sec. 29 TYP. DMA
^{OK A.S.R. (4-28-21) H}
(b) Emerg. Address Mrs. Angela DeLuca (mother) Borchia, Italy

III. Files of soldiers/dying from contagious diseases

CKR. 30

IV. A. G. O. DISPOSITION CARD:

No card in file. MB 4-15-21
Date of receipt _____

(a) Name _____ (b) Relationship _____
(c) Address _____
(d) Remains to be brought to U. S.? _____
(e) To be interred in National Cemetery in U. S. at _____
(f) Shipping instructions upon arrival of body in U. S. _____
(g) Disposition instructions if not brought to U. S. _____

Examiner's Initials _____ Date _____, 1920.

V. A. G. O. CORRESPONDENCE shows communication from

_____, dated _____
confirming request in Par. IV., item _____, above, or requesting that _____

Examiner's Initials _____ Date _____, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

(sister) Marina DeLuca DeGians, 305 Parker Ave., Clifton, N.J. 2/26/19 requests grave location.

(a) Cancellation memos referred to? _____

Examiner's Initials MB Date 4-15-21, 1920.

COUNTRY FRANCE

CEMETERY No. 1232-SEC. 29

SHEET No. 37

JUN 1 1921

H-5

*Checked by H
4-28-21*

gr.

G.R.S. FORM #114-A.

STATION Romagne 1232.

To be prepared in triplicate.

DATE Dec 23, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DeLUCA, Olive
 2. No. 1908331
 3. Rank Pvt.
 4. Org. Co.M, 327th Inf.
 5. D.D. Oct.10th. 18
 6. C.D. KIA

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. none.

Discrepancy found upon disinterment

7. Grave No. 179 Sec. 29
 8. Plot 4 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. none.

18. Cemetery Meuse-Argonne Amer.

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 1232 Sec.29

23. Disinterred (Date) Dec 23, 1921

By H.E.Strong.

24. Inscription on grave marker:

Name Olive Deluca.
 Rank Pvt.

Serial No. 1908331.
 Organization Co.M. 327th Inf. . 327

25. Was identification disc found on grave marker? yes. On body? no

W.H. Woodward
 Signature Junior Technical Assistant

W.H. Woodward.

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Stake tag reads: O. Deluca, 1908331. ^{3 (478)} Plaque on body reads, Daluca---- Killed in action.

27. Condition of body body decomposed, unrecognizable.

28. Nature of burial wooden box and burlap and uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none.

30. Body prepared and placed in casket: Date Dec 23, 1921

By H.E.Strong.

31. Casket sealed by _____

Signature of Embalmer, (Supervisor *H.E. Strong*)

AUDITED BY



SHIPMENT. (Show actual marking of box.) Box No. C-21192

32. Designation of body:

Name Olive DeLUCA Serial No. 1908331

Rank Pvt. Organization Co.M, 327th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer.Cty.#1232,
Romagne-sous-Montfaucon (Meuse).

34. Casket boxed and marked (Date) Dec 23, 1921 By H.H. Strong.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

G.F. Spann
G.F. Spann, Capt. Q.M.C.

36. Remarks

none.

Dec 23, 1921.

37. Shipped from point of Operation: (Date)

To point of Concentration Romagne Morgue.

(Name)

Convoyer W.J. Royed. Signature Shipping Officer *G.F. Spann*

G.F. Spann, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name)

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery 1232, Dec. 23, 1921

(Date)

42. Grave No. 17 Section

43. ~~Block~~ C Row 27

G.R.S. Representative

James W. Younger
James W. Younger
Captain QMC.

psb

REPORT OF DISINTERMENT AND REBURIAL

Place magne (meuse)

Date Dec. 23, 1921

1. REMAINS OF DELUCA, Olive SERIAL NUMBER 1908331

RANK Pvt. ORGANIZATION Co.M, 327th. Inf.

2. Disinterred (date): Dec. 23, 1921 From (give complete location):

Gr. 179, Sec. 29, Pl. 4, Cem. 1232

By: Group 5 Unit PS#1

3. Reburied (date): Dec. 23, 1921 In (give complete location):

grave 17, block C, row 27, Cem. 1232

By: Group Reburial Sec. Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment:

Body badly decomposed, features unrecognizable.

Burlap, uniform and box.

5. (a) Identification tags: Buried with body? no On grave marker? yes (peg)

(b) Other means of identification found upon disinterment, and general remarks:

Stake tag reads "O. Deluca, 1908331" Plaque on body reads "Deluca --- killed in action." part; y corroded.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Imp. to determine.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

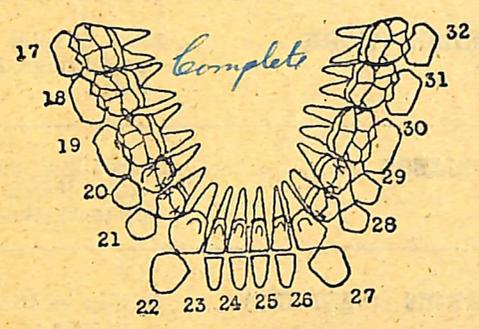
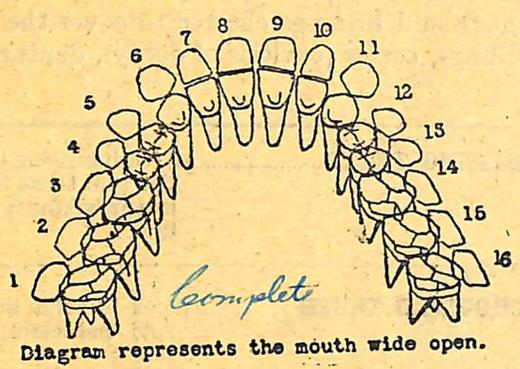
Quantity do

(e) Permanent marks on body (old scars, peculiarities, or

missing parts) do

(f) Wounds or missing parts (received at time of casualty)

none visible.



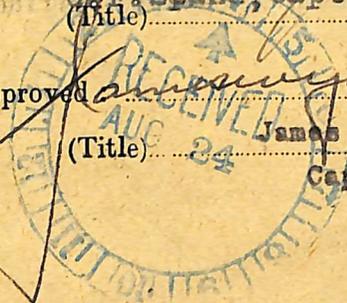
7. Disinterment supervised by H.E. Strong

Approved: G.F. Spann
(Title) Capt. QMC

8. Reburial supervised by A.U. Dufault

Approved: James W. Younger
(Title) Captain QMC

pfb



INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



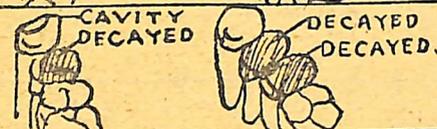
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #63070

I. LOCATION INDEX CARD:

(a) Name DELUCA, Olive ^{(4-28-21)H} Ser. No. 1908331
 (b) Rank Pvt. Organization Co.M, 327th Infantry } TYP. IMA
 (c) Date of death 10/10/18 (d) Cause of death K/A } Go

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 179 Row - Plot 4 Sec. 29 TYP. IMA
 (b) Emerg. Address Mrs. Angela DeLuca (mother) Borcha, Italy
OK A.H.O. (4-28-21)H

III. Files of soldiers dying from contagious diseases _____ CKR. Go

IV. Information on which advice to Europe in letter of transmittal was based:

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on 5/23/21, 192

Section # 29
pas # 2 - Not to be returned - ASD
DeLuca Olive

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.

VIII. Form 115 received from G. R. S., Hoboken, N. J. _____, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

63070

1908331

No

Sketch No

DELUCO

O.

Name

Rank

X

Co

X

(Corp)

(Regt)

X

Date of Death,

Oct. 14th. 1918

Place.

CORNAY

ARDENNES

Cause

Killed in action

Date of Burial,

Oct. 18th. 1918

Grave No, 9

Plot 1

Cemetery

Identified By, Clothing

Map Ref, 20yds. S. of road, 300yds. S. of

Cornay.

N.W. Verdun 35,297.3 E x 281.3 N.

Field record made by,

Carl E. Scott
Q.M. Sgt. Sr. Gr.

Group

3

Unit

305

G.R.S

For additional data use reverse side.

824

RECEIVED
MAY 2 06 18
O.C.P.M.
C.N.S.

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

PLEASE
EXPEDITE

Adjustment Made

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

Date

File No. *63070* Requisition

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

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

Subject: Information required for G.R.S.

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

- a. Surname **DELUCA** *DeLuca*
- b. Christian name **Olive** *Olivo*
- c. Serial Number **1908331**
- d. Organization **Co. M, 327th Inf.**
- e. Rank **Pvt.**
- f. Date of death **10-10-18**
- g. Cause of death **K/A**
- h. Authority (C.O.#) **337**
- i. Emergency address *Angela DeLuca*
- j. Relationship *Mother* **Borcha, Italy**

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 | | | | | | | |

NOTED FORM 115
DATE 4-28-21-H

RECEIVED

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

BY: *H. J. Conner*

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

CW

CEMETERY NO: **1232-sec.29**

SHEET NO: **37**

TYPED BY:

VH.

S/713/LML

APR 19 1921

*Donnelly B. 78
Ent. Div. Sec. 709 4/19/21*

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made

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

Date 4-18-21

Information requested of A.G.O.

File No. Requisition

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

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

Subject: Information required for G.R.S.

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

- a. Surname **DELUCA** *DeLuca*
- b. Christian name **Olive** *Olivo*
- c. Serial Number **1908331**
- d. Organization **Co. M, 327th Inf.**
- e. Rank **Pvt.**
- f. Date of death **10-10-18**
- g. Cause of death **K/A**
- h. Authority (C.O.#) **337**
- i. Emergency address *Angela DeLuca, Borcha, Italy*
- j. Relationship *(Mother)*

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

NOTED FORM 115
DATE 4-28-21-H

CW

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

BY: *H. J. Conner*

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

CEMETERY NO: 1232-^Sec.29

SHEET NO: 37
TYPED BY:

VH.

S/713/LML

APR 19 1921

*Dannely B. 78
Ent. Div. Sec. 709 4/19/21*

TABLED BY: _____
SHEET NO: 2A
CERTIFY NO: 1335-Geo.23

H. J. CROSER,
1st Lt. Major, D.M.C.

RECEIVED

APR 20 1921

NOTED FORM 118
DATE _____

PHYSICAL DESCRIPTION
(See page 48 of the Service Record)

a. Rank: Pvt.
b. Organization: Co. M, 325th Inf.
c. Serial Number: 1908321
d. Christian name: Olive
e. Surname: DENNEY

f. Relationship: _____
g. Emergency address: _____
h. Authority (C.O.#): _____
i. Grade at death: M/A
j. Date of death: 10-10-18

1. If it is requested that the items checked below be completed, address information of all information shown.

To: The Adjutant General of the Army, 4th & 5th Sts., W. Washington, D.C.

From: The Quartermaster General, U. S. Army, Quartermaster Division (Service) (see Form 118)
File No. _____
Regulation: _____

Information Form 8-7-A-11
Assignment Made

Date: 4-18-21

Office of the Quartermaster General of the Army
WASHINGTON
ARMY DEPARTMENT

FILE
CENTRAL DIVISION
REGISTRATION SECTION

September 13, 1921

MEMO FOR: Cards Department.

1. CASE OF:

Company "M" 327th Infantry

ORGANIZATION (Old)

DELUCA # 1908331 Olive - Private

(Name)

FILE

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

FIRST NAME AND INITIALS **Olive**

RANK

DATE OF DEATH

CAUSE OF DEATH

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

(Note: In the above spaces below double line fill in ONLY the new data 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 MB

LML

4-16-21.
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 29

FORM 115 Sheet No. 37

68
(Initials)

OSP-SS
Form No. 1011.

S/2053/LML

TO:- REGISTRATION BRANCH, G.R.S.

FILE NUMBER

FROM:-

A.R.O.

DATE

3/28/19

Please furnish information as indicated below regarding the following soldier:

NAME

DELUCA, OLIVER

NUMBER

RANK

ORGANIZATION

C. M. 327 INF.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	
7.	Who reported burial.	
8.	Has report been confirmed by G.R.S.	
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags.	
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.		

63070

/mbm
October 18, 1919.

293.3 (DeLuca - Olive Pvt.)

Graves Registration Service, Washington, D. C.,

Marina DeLuca DaGian, 305 Parker Avenue, Clifton, New Jersey,

Location of Grave.

1. Replying to your letter of February 26, 1919, which has been forwarded from France to this office and only recently received, I beg to state that our records show that Private Olive DeLuca, Co. M., 327th Infantry has been reburied in our large concentration cemetery known as the Argonne American Cemetery, Romagne-Sous-Montfaucon, Department of the Meuse: Grave 179, Section 29, Plot 4.

By authority of the Quartermaster General, Director of Purchase and Storage.

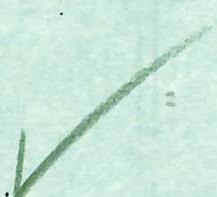
CHARLES C. PIERCE,
Colonel, Q.M.C.,
Chief, Graves Registration Service,

BY:

CHARLES J. WYNNE,
Captain, Q.M.C.,
Graves Registration Service,

G. R. S. MAILED

OCT 18 1919



305 Parker Ave
Clifton N. J.
Feb. 26, 1919

To the American Grange
Registration Service P. O.
117, Tours, France.

Dear Sirs: -

The sister of the late
Chief De Luca, 327 Inf. Co. M.
A. C. I. would like to have
information where the resting
place is of our brother. ✓

She would be very grateful to
you if you would let us know.

Yours truly
Marina De Luca
Da Sean.



RECEIVED

JAN 18 1915

O. C. Q. M.

G. P. S.

TO: - REGISTRATION BRANCH, G.R.S.
 FROM: - INQUIRY BRANCH.

Date 10/10/19

Please furnish information as checked (✓) below regarding the following soldier:

NAME *De Luca, Oliver*

Serial Number

RANK ORGANIZATION *327th Inf., Co. M.*

NO.	QUESTION	REPLY
1.	Do particulars of soldier: given above agree with Records?	<i>Yes. ^{Pot.} Olive - 1908331</i>
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location.	<i>Reb'd. —</i>
	(a) Complete record required.	<i>Gr. 179, Sec. 27, Plot 4,</i>
	(b) Name of Cemetery or Commune only required.	<i>Amer. Cty. # 1232 ✓</i>
	(c) Note reinterments.	<i>Romagne sous Montfaucon,</i>
7.	Who reported burial?	<i>Muse.</i>
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	<i>Mrs. Angela De Luca (Mo)</i>
10.	Identification Tags:	<i>Borcha, Italy.</i>
	(a) Buried with body?	
	(b) Attached to grave marker?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
15.	Inquiry made by?	

Released by Information Control
 Dept. Directory
 Cards 5 x 8
 Cards 4 x 6

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

OCT 18 1919