

Phillips, Oliver P. 612636
Sgt. Btry F 74th ArtyCAC

~~Keeney John L 3363810~~

~~Pvt Btry F 74th Arty (CAC)~~

2612

DISPOSITION OF REMAINS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300.

Phelps, Tom A.
Priv # 4234402
Co. "C" 344 Labor Bn.
Died in England 10/27/18
All papers sent to
Washington
Body not recd.

WAR DEPARTMENT.

OFFICIAL BUSINESS.

Ph: Hips, Oliver P

Phillips, Oliver P., 612636
Sgt. Btry F, 74th Arty CAC

~~Martin Charles D 613526~~

~~Pvt Btry F 74th Arty (CAC)~~

Phillips Oliver P 612636
Sgt Btry F 74th Arty (CAC)

REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Port of Emb. Hoboken, NJ

December 12, 1918. 191

Phillips, Oliver Perry # 612636
(Surname.) (Christian name.) (Army serial number.)

Sgt. Batt. P 74th Art. Coast
(Grade.) (Organization) Art. Corps

died Oct. 1, 1918, at USS Pres. Grant
Nature of injury or disease

Direct cause of death Lobar Pneumonia

Death ^{*was} ~~was not~~ in line of duty and ^{*was} ~~was not~~ the result
of the deceased's own willful misconduct.

J. R. Allison, Med. Corps.
(Signature of medical officer.)

* 1st Ind.

Hoboken, NJ Dec. 12-18, 191

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 ^{*married} ~~single~~ at time of death.
- Amount of Government insurance in effect at time of death, \$ 10,000
- Name and address of person who was to be notified in case of emergency:

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

317 N. 5th Street
(No. and street or rural route; if none, so state.)

Richmond, Ind.
(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 being held pending disposition in accordance with the 112th article of War.

Inlosures:

- 1 Service Record
 - 1 Pay Card
 - 1 Final Statement
 - *2 Inventories of Effects
- John A. Nelson, Major, M. Corps. Commanding.

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

DEATH REPORT

REPORT OF DEATH

1113

(Par. 83½a, A. R., 1913.)

Part of Department, Hoboken, N.J.

January 15th, 1918, 191

(Surname.)

(Christian name.)

(Army serial number.)

(Grade.)

(Organization.)

died Dec. 2, 1918, at Hoboken, N.J.

Nature of injury or disease

Direct cause of death - Lobar pneumonia

Death ~~was~~ ^{was not} in line of duty and ~~was~~ ^{was not} the result of the deceased's own willful misconduct.

(Signature of medical officer.)

1st Ind.

Hoboken, N. J., Aug. 27, 1919

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~~ ^{married} at time of death.

3. Amount of Government insurance in effect at time of death, \$ 10,000

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

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

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

(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.)

Remarks

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.

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

Phillips Oliver ¹¹¹³
#612636

CONSOLIDATED INDEX CARD.

 This card must not be taken from the Record Room.

~~MB~~ CONSOLIDATED ENTRIES:

~~MB~~
~~CC~~
~~MT~~

REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Port of Hoboken, NJ

December 12, 1918, 191

Phillips, Oliver Perry # 612656
(Surname.) (Christian name.) (Army serial number.)

Sgt. Batt. 74th Art. Const
(Grade.) (Organization.)

died Oct. 1, 1918, at Camp Free Grant
Nature of injury or disease

Direct cause of death Lobar Pneumonia

Death ^{*was} in line of duty and ^{*was} the result
~~*was not~~ of the deceased's own willful misconduct.

J. R. Allison, Med. Corps.
(Signature of medical officer.)

1st Ind.

Hoboken, NJ Dec. 12-18, 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} at time of death.
~~*single~~

3. Amount of Government insurance in effect at time of death, \$ 10,000

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

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

317 N. 5th Street,
(No. and street or rural route; if none, so state.)

Richmond, Ind.
(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 being held pending disposition in accordance with the 112th Article of War.

Inclosures:

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

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

John A. Holson,
Major, U. S. Army,
Commanding.

Pres Grant

Mim. #244

Case

Sgt. Oliver Phillips
612636

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.

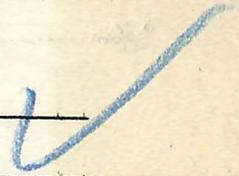
The above effects were received by this office on:

RECEIVED O. E. O. M., HOBOKEN

DEC 11 1918

jtl.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Phillips</i>	<i>Phi</i>	3	<i>989</i>
<i>Oliver P.</i>	CEMETERY <i>ASB</i>	1	
BURIED	GRAVE	2	
	ROW	2	
<i>C66418</i>	BLOCK	1	
STATE	<i>Ind</i>	2	<i>15</i>
RANK	<i>Sgt.</i>	1	<i>2</i>
DIVISION	<i>Co C</i>	2	<i>48</i>
ORGANIZATION	<i>74</i>	3	<i>074</i>
ARM	<i>Regt.</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Phillips</i>	<i>(Bro) Phi</i>	3	<i>989</i>
<i>Robert</i>	STATE <i>Ind</i>	2	<i>15</i>
RESIDENCE	COUNTY <i>Wayne</i>	2	<i>89</i>
<i>317 N 5th St.</i>	CITY <i>Richmond</i>	3	<i>072</i>
RELATION <i>Richmond</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>Ind</i>	<i>Bro</i>	1	<i>3</i>
ELIGIBILITY	<i>Dead</i>	1	<i>6-</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	<i>SEP 27 1982</i>
DATE OF	MO.	1	<i>RAM</i>
TRIP	YR.	1	
ACCEPTANCE <i>29/514/</i>		1	

AUDITED

PEP

82

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Phillips, Oliver P. U ASB B

January 3, 1931.

Mr. Robert Phillips,
317 N. 5th Street,
Richmond, Indiana.

Dear Sir:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Sergeant Oliver P. Phillips is survived by a widow, his mother, a stepmother, a mother thru adoption, or any woman who may have stood in loco parentis to him, and if so, furnish her name, address and relationship.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,



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

Enclosure:
Env.

Dear sir: Oliver P. Phillips is not survived by any
of the above mentioned
Yours Truly
Robert Phillips

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Phillips, Oliver P. - U-ASB Bro

July 12, 1930.

Mr. Robert Phillips,
317 N. 5th St.,
Richmond, Indiana.

Dear Sir:

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.

QM 293 A-M
Phillips, Oliver P. U ASB B

January 3, 1931.

Mr. Robert Phillips,
317 N. 8th Street,
Richmond, Indiana.

Dear Sir:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Sergeant Oliver P. Phillips is survived by a widow, his mother, a stepmother, a mother thru adoption, or any woman who may have stood in loco parentis to him, and if so, furnish her name, address and relationship.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

Enclosure
Env.

not

DISPATCHED
JAN 5 1931
MAIL ROOM

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

October 13, 1960.

Phillips, Oliver P. ASB B Sgt.

Mr. Robert Phillips,
317 N. 5th St.,
Richmond, Indiana.

Dear Sir:

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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Phillips, Oliver P. - U-ASB Bro

July 12, 1930.

Mr. Robert Phillips,
317 N. 5th St.,
Richmond, Indiana.

Dear Sir:

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.

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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.

PHILLIPS, OLIVER P. 612630

Sgt. Battery F. 74th Artillery (CAC)

DIED: OCT. 1ST. 1918.

Buried 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)

38317

B183

THE SCHOOL FOR BAKERS AND COOKS
INSTRUCTOR'S BULLETIN

ORGANIZATIONS	INSTRUCTIONS	SIGNATURES

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, 5th., 1918.

2933

Report is made of the following death:

Name of Deceased: Phillips, Oliver P.
Rank: Sargeant Organization: Batt. F. 74th Art. C.A.C.
Serial number: 612656
Place of Death: U.S.S. PRESIDENT GRANT
Date of Death: October 1st, 1918.
Cause of Death: Pneumonia-lobar
Origin: In line of duty ; not result of own misconduct.
Next of Kin: (Father) Perry Phillips,
Address: 317 N. 5th St., Richmond, Ind.
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.

APPLICATION FOR INSURANCE

My full name is Oliver Perry Phillips.
 (Given) (Middle) (Last name)
 Home address 317 North 5th St. Richmond Indiana.
 (No. and street or rural route) (City, town, or post office) (State)
 Date of birth August 8th. 1891 Age 26
 (Month) (Day) (Year) (Nearest birthday)
 Date of last enlistment or entry into active service April 24th. 1917.
 (Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000.00 payable as provided in the Act of Congress approved October 6, 1917, to myself during permanent total 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)	POST OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State	AMOUNT OF INSURANCE FOR EACH BENEFICIARY (In multiples of \$500 only)
Father	<u>Perry Phillips.</u>	(a) <u>317 North 5th., St.</u> (b) <u>Richmond, Indiana.</u>	<u>\$10,000.00</u>
		(a) _____ (b) _____	

In case any beneficiary die or become disqualified after becoming entitled to an installment but before receiving all installments, the remaining installments are to be paid to such person or persons within the permitted class of beneficiaries as may be designated in my last will and testament, or in the absence of such will, as would under the laws of my place of residence be entitled to my personal property in case of intestacy.

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.

If this application is for more than \$4,000 insurance, I offer it and it is to be deemed made as of the date of signature.

If this application is for less than \$4,500 insurance and in favor of wife, child, or widowed mother, I offer it and it is to be deemed made as of February 12, 1918.

If this application is for less than \$4,500 and in favor of some person or persons other than wife, child, or widowed mother, I offer it and it is to be deemed made as of { February 12, 1918, } ~~Date of signature~~ Strike out whichever is not wanted.

NOTE.—If in the last paragraph you strike out "Date of signature" leaving "February 12, 1918," the law gives you \$25 a month for life in case of permanent total disablement occurring prior to such date and the same monthly amount to your widow, child, or widowed mother for not to exceed 240 months less payments made to you while living, but nothing to anyone else in case of your death before such date, and the insurance for the designated beneficiary other than wife, child, or widowed mother is effective only if you die on or after February 12, 1918.

If you strike out "February 12, 1918," leaving "Date of signature," a smaller insurance both against death and disability takes effect at once, but is payable in case of death to the designated beneficiary.

To whom do you wish policy sent? (Name) Perry Phillips
 (Address) 317 North 5th., St. Richmond, Indiana.

Signed at (on board) Port Monroe, Va.
 the 31st day of February, 1918
 Witnessed by: [Signature]
 Rank 2nd., Lieut., C.A.C.
 Commanding 5th. Co. C.B.

Sign here Oliver P. Phillips
Lieut. C.B. 5th Co. C.B.
 (Rank or rating.) (Organization.)

Prem. \$6-70 per mo

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

Insurance may be applied for in favor of one or more of the following persons with sum of \$500 or a multiple thereof for each beneficiary, the aggregate not exceeding the limit of \$10,000 and not less than \$1,000 upon any one life:

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

INFORMATION FOR ALLOTMENT OF PAY
AND

APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN TRIPPLICATE.

My full name is Oliver Perry Phillips, Private CAC 5th Co CB.
(Given) (Middle) (Last name) (Rank and organization)
 Home address 317 N. 5th Street, Richmond, Ind.
(No. and street or rural route) (City, town, or post office) (State)
 Place and date of birth Grayson, County, Texas, 8, Aug. 1891. Age 26
(City or town) (State) (Day) (Month) (Year) (Nearest birthday)
 Date of last enlistment or entry into active service April 24, 1917. Pay in United States \$ 30.00

I hereby certify that the following-named persons and no other come within the class of my wife, former wife divorced, or child as defined in the Act and entitled thereunder to compulsory allotment, and that the information stated opposite their respective names is correct. (If as to any of these there is no person so related to you, write "None" in the name column.)

Relationship to Me	Age	NAME			POST-OFFICE ADDRESS			DATE OF BIRTH			MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
		(Given)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State	Month	Day	Year		
Wife		None										
Child		None										
Child												
Child												
Child												
Child												
Child												
Divorced wife	**	None							**	**	**	Remarried? "Yes" or "No" Amount payable monthly by order of court

I hereby make voluntary allotments in addition to compulsory allotment, if any, as follows:

Relationship to Me	NAME	POST-OFFICE ADDRESS			Amount of My Average Monthly Habitual Contribution Because of Dependency	AMOUNT OF ALLOTMENT
		No. and Street or Rural Route	City, Town, or Post Office	State		
	None				\$	

Upon the basis of the foregoing information, which I hereby certify to be correct, I hereby apply for allowances for the following-named persons whose relationship and dependency are fully described above:

none		

Signed at (on board) Fort Monroe, Va.

The 14th day of December, 1917

Witnessed by: S. A. Hamilton
 Rank Captain, CAC.
 Commanding 5th Co CB?

(Sign here) Oliver Perry Phillips
Private, CAC 5th Co CB.
(Rank or rating) (Organization)

1st. Lieut. G.M.C.

Port of Detachment, Hoboken, N.J.

Oct. 27th, 18.

Mr. Perry Phillips,

317 N. 5th St., Richmond, Ind.

Regret to advise the death of _____

AT SEA ON _____ from ~~1st. Lieut. G.M.C.~~

Owing to existing conditions it was impossible to bring remains

back to the United States and at sunrise _____

_____ was buried at sea with

full military honors.

Judson,

Brigadier General.

2-M.T.O.

1-P.A. ✓

1-File ✓

AD.

Mim. 233

1st Lieut. C.M.C.

Adjutant General / Fort of Newark, Hoboken, NJ Oct. 25, 1918
Washington, D. C.

Report death of Oliver P. Phillips

Co. Batt. F. Re 74th Art. C.A.C.

Serial No. 612633 Death in line

of duty not result of own misconduct. Oct. 1, 1918.
U.S.S. President Grant. Pneumonia, lobar. Buried at sea.
Emergency address: Perry Phillips,

317 N. 5th St., Richmond, Ind.

daw-jtl

Judson

2-M.C.C.
1-P.A.
1-File
msl

War Department

From: U.S.S. PRESIDENT GRANT Date Oct. 1-1918
(Name of ship or station)

To General Supt., A. T. S., Hoboken, N. J.

REPORT OF DEATH

Name PHILLIPS, Oliver P. Grade or rating Sgt. - USA.

Born: Place Grayson County, Texas. Date Aug. 24 Year 1891 Age 27 Color W

Eyes blue Hair dk-brn. Complexion fair Height 5 ft. 10 in. Weight 150

Married or single Single Marks of identification s. 1/2" d. over r. eye;
(From health record)
s. 2" r. shoulder; s. 1/4" r. knee.

Name of Father Perry Phillips Father's birth place - - - - -

Name of Mother - - - - - Mother's birth place - - - - -

Enlisted: Place Jefferson Barracks, Mo. Date April 24, 1917.

Died: Place U.S.S. PRESIDENT GRANT Date October 1, 1918.
(Name of city and state, latitude and longitude)

Time of day 4:30 a.m. While attached to Batt. F. 74th Art CAC - enroute to Europe
(Organization)

Burial Place - - - - - Date - - - - -

Cause of death Pneumonia, lobar
(From nomenclature)

Origin in line of duty Death (not) result of soldier's own misconduct
(In line of duty, or not in line of duty)

The facts being as follows: Admitted September 28, 1918 complaining of chills
and aches over body. Had temperature upon admission of 102.8°, pulse
118, resp. 20. Some cough with slight expectoration. Given routine
treatment. Died at 4:30 a.m., September, 1918.

Next of kin Father: Perry Phillips Address 317 N. 5th St., Richmond, Ind.

Approved:

J.P. Quinn Lieut. Com. U. S. NR-MC
(Signature of medical officer)
C. E. COURTNEY Captain U. S. Navy.
(Signature of commanding officer)

This form to be signed in triplicate and forwarded immediately together with all official records of deceased, service records, inventory of effects, etc., to the Effects Quartermaster, Hoboken, N. J., on arrival of vessel in port.

War Department

From: U.S.S. PRESIDENT GRANT Date Oct. 1, 1918.
(Name of ship or station)

To General Supt., A. T. S., Hoboken, N. J.

REPORT OF DEATH

Name PHILLIPS, Oliver P. Grade or rating Sgt. - USA.

Born: Place Grayson County, Texas. Date Aug. 24 Year 1891 Age 27 Color W

Eyes blue Hair dk-brn. Complexion fair Height 5 ft. 10 in. Weight 150

Married or single Single Marks of identification s. 1/2" d. over r. eye;
(From health record)

s. 2" r. shoulder; s. 1/4" r. knee.

Name of Father Perry Phillips Father's birth place -----

Name of Mother ----- Mother's birth place -----

Enlisted: Place Jefferson Barracks, Mo. Date April 24, 1918.

Died: Place U.S.S. PRESIDENT GRANT Date October 1, 1918.
(Name of city and state, latitude and longitude)

Time of day 4:30 a.m. While attached to Batt. P. 74thart CAC- enroute to Europe
(Organization)

Burial Place ----- Date -----

Cause of death Pneumonia, lobar
(From nomenclature)

Origin in line of duty Death (not) result of soldier's own misconduct
(in line of duty, or not in line of duty)

The facts being as follows: Admitted September 28, 1918 complaining of chills
and aches over body. Had temperature upon admission of 102.8°, pulse
118, resp. 20. Some cough with slight expectoration. Given routine
treatment. Died at 4:30 a.m., September 2, 1918.

Next of kin Father: Perry Phillips Address 317 E. 5th St., Richmond, Ind.

Approved:

J. P. Allison Lieut. Gen. U. S. INF-MC.
(Signature of medical officer)
C. E. COURTNEY Captain U. S. Navy.
(Signature of commanding officer)

This form to be signed in triplicate and forwarded immediately together with all official records of deceased, service records, inventory of effects, etc., to the Effects Quartermaster, Hoboken, N. J., on arrival of vessel in port.