

CODE SLIP



| HEADING | SUB-HEADING | NO. OF COLS | CODE |
|-----------------|-------------------|-------------|----------|
| NAME | Agnew | 3 | 17 94 |
| BURIED | CIMETERY | 1 | |
| | GRAVE | 2 | |
| | ROW | 2 | |
| | BLOCK | 1 | |
| STATE | Ind. | 2 | 15 |
| RANK | Sgt. | 1 | 2 |
| DIVISION | 38 | 2 | 38 |
| ORGANIZATION | 151 | 3 | 151 |
| ARM | Inf | 1 | 1 |
| MARITAL | no | 1 | 2 |
| NAME | Russell (Sister) | 3 | 08 15 09 |
| Mrs Nellie | STATE | 2 | 15 |
| RESIDENCE | COUNTY | 2 | 12 |
| 705 E Walnut St | CITY | 3 | 026 |
| RELATION | Frankfort, Mother | 1 | 1 |
| OTHER | Ind. | 1 | 2 |
| ELIGIBILITY | Dead (1926) | 1 | 6 |
| NATIVITY | Ind. (1892) | 1 | |
| RACE | | 1 | |
| ENGLISH | | 1 | |
| ATTENDANT | | 1 | |
| HEALTH | | 1 | |
| NO. OF SONS | | 1 | |
| DATE OF | MO. | 1 | |
| TRIP | YR. | 1 | |
| ACCEPTANCE | | 1 | |
| 29/514/ | | | |

AUDITED
SEP 24 1932

823

13

QM 293 A-M
Agnew, John M. (ASB)

November 8, 1932.

Mrs. Nellie Russell,
705 E. Walnut Street,
Frankfort, Indiana.

Dear Madam:

The information contained in your letter of October 17th indicates that you may be eligible to make a pilgrimage to the cemeteries of Europe in honor of your brother, the late Sergeant John M. Agnew, under the loco parentis clause of the Act of March 2, 1929, as amended May 15, 1930.

However, in order to satisfy the legal requirements, it is necessary that you furnish, as proof of your relationship in loco parentis, the affidavits of two persons not related to you. It is therefore requested that you have the enclosed forms completed and return them to this office, furnishing in addition the following information:

1. How old was your brother at the time he came to live with you?
2. Did your mother reside with you and your brother?
3. Did you contribute toward her support? If so, to what extent?
4. In what manner did your mother provide for her son during this period?

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.

Enclosure:
Envelope.
MS

1090

1932 NOV - 8 - PH 4:21
OQMG M & R BR

Frankfort Ind

Oct 17-32

To the Asst. Quartermaster General G. W. Dietz,
War Department, Washington, D.C.

Dear Sir:

Forms

In reply to the inquiry concerning
D.M. 293 A-M Agnew John M. (A S B)
your letter of Oct. 7, 1932 received
and as an older sister to Sergeant John
M Agnew, who financed years of his care
and education I may be considered as
one of those eligible to make a pilgrimage
to the cemeteries of Europe ^{really?}

Our Father died Jan 29-1892

Our Mother died Feb 1-1926

Bn Sept-92

enl 6-23-16
23 yrs

Respectfully

Mrs Nellie Ressel
705 E Walnut St
Frankfort Ind.



QM 293 A-M
Agnew, John M. (ASB)

October 7, 1932

Mrs. Nellie Russell,
705 E. Walnut Street,
Frankfort, Indiana.

Dear Madam:

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

It is therefore requested that you advise whether or not your brother, the late Sergeant John M. Agnew, is survived by a stepmother or any woman who stood in loco parentis to him for a period of five years at any time prior to his reaching eighteen years of age, and if so, her name and address. It will be appreciated if you will also furnish the dates of death of your parents.

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.

Enclosure:
Envelope
KK

1932 OCT - 7 - PM

0127
P:55
OQMG M & R BR

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Agnew, John M. - U-ASB Sis

July 8, 1930.

Mrs. Nellie Russell,
705 E. Walnut St.,
Frankfort, Indiana.

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:

No

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

If so, give her name and address:

No

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:

Not that can make the trip.

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

PENALTY FOR PRIVATE USE, \$300.

U.S.S. "Delta" Died

DISPOSITION OF REMAINS

1558 10/17/18

Agnew, John M.

(1565537)

Sergt. Co. L. 151st Inf.
38th Div.

TA Buried
TK at Sea

SRP }
PC } Find
7S } ag - 3rd.
2/24/19

WAR DEPARTMENT
HEADQUARTERS PORT OF EMBARKATION,
HOBOKEN, N. J.
OFFICIAL BUSINESS.

SCHOOLING: Grade reached in school 8

Years in High School 3 Did you graduate? Yes 51

Years in College Yes " " " Yes

Name of College, and Subjects of Specialization Yes

Years in Technical School Yes Did you graduate? Yes

Name of School, and Course Pursued Yes

Years in Trade or Business School Yes

Name of School, and Course Pursued Yes

Do you speak French well? Yes 52 German? Yes 53

Any other languages? Yes

Describe any talent you have in furnishing public entertainment.

Yes

Outline any previous military experience you have had, giving organization, years of service, and rank attained: 54

.....
.....
.....

Height 5 ft 8 1/2 inches. Weight 170 lbs.

Unmarried (Yes) Married (Yes) Number of Children (Yes)

| Original Assignment | Transferred To | | | |
|-----------------------------|----------------|--|--|--|
| Company or Battery <u>7</u> | | | | |
| Regiment <u>17</u> | | | | |
| Arm <u>Infantry</u> | | | | |

Signature of Soldier John M. [unclear]

Name of Interviewing Officer Pt S [unclear]

Date Nov 15, 1917

Remarks Intelligent, appearance good

Form No. CCP-1-r1-500M-10-20-17
1565537
QUALIFICATION RECORD
 To be sent at once to the Division Personnel Officer

Name Agnew John Milton
(Last name) (First name) (Middle name)
 Occupation Crafter
(For example: machinist, salesman, laborer, etc.)

How many years have you worked at it? 12

Just what did you do? Journeguan Crafter
(For example: ran an automatic drill-press, sold shoes, drove a tractor, etc.)

Name of last employer Ralph M. Jones

Business " Newspaper & Job

Address " Wichita Falls, Tex

Your weekly wage in this position \$ 20.00 Age 25

Describe the jobs or enterprises in which you exercised the greatest authority or leadership; such as foreman, manager, captain, etc. Foreman of shop

In the columns to the right draw one line under those occupations at which you have worked; draw two lines under those at which you are expert. After each underlined occupation write also the number of years (i. e., 2, 9, 5) of experience you have had in that occupation.

| Years | | Years |
|----------------------------|---------------------------------|-----------------------------|
| 1. Factory worker | 21. Engineer graduate | 37. Accountant |
| 2. Farmer | 22. Auto driver | 38. Bookkeeper |
| 3. Laborer | 23. Motor-truck driver | 38. Clerical worker |
| 4. Lawyer | 24. Auto-repairman | 38. Shipper |
| 4. Teacher | 24. Gas engine repair man | 38. Stock-keeper |
| 5. Business Man | 25. Horseshoer | 39. Stenographer |
| 5. Salesman | 26. Mule-packer | 39. Typewriter |
| 6. Machinist | 27. Care and handling of horses | 40. Baker |
| 7. Blacksmith | 28. Veterinary | 40. Cook |
| 7. Wheelwright | 28. Farrier | 41. Butcher |
| 8. Carpenter | 29. Draftsman | 42. Grocer |
| 9. Concrete foreman | 30. Surveyor | 43. Chiropodist |
| 10. Electrician | 31. Telegrapher | 43. Dentist |
| 10. Dynamo expert | 31. Wireless operator | 43. Druggist |
| 11. Gunsmith | 32. Lineman | 43. Medical student |
| 11. Locksmith | 32. Phone repairman | 43. Nurse |
| 12. Miner | 33. Phone operator | 43. Physician |
| 13. Painter | 34. Photographer | 44. Brass wind instrument |
| 14. Pipe-fitter | 35. Moving picture expert | 44. Other band instrument |
| 15. Railroad-operating man | 36. Navigator | 45. Barber |
| 16. Section-hand | 36. Seafaring man | 46. Canvas worker |
| 17. Railroad fireman | | 47. Harness maker |
| 17. Steam engineer | | 47. Shoemaker |
| 18. Rigger | | 48. Tailor |
| 19. Sheet metal worker | | 49. Watch-maker |
| 20. Foundryman | | 50. Foreman of construction |

If you are an expert in any occupation not mentioned in these columns, write it here. Crafter 12 yrs

QUALIFICATION RECORD

Duplicate to be retained by Company Commander

1565, 537

S 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23-24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54

Name Crow John Milton
 (Last name) (First name) (Middle name)

Occupation Printer
 (For example: machinist, salesman, laborer, etc.)

How many years have you worked at it? 12

Just what did you do? Journalist Printer
 (For example: ran an automatic drill-press, sold shoes, drove a tractor, etc.)

Name of last employer Ralph M. Dumas

Business Printer & Job

Address Maryville, Tenn.

Your weekly wage in this position \$ 20.00 Age 25

Describe the jobs or enterprises in which you exercised the greatest authority or leadership; such as foreman, manager, captain, etc. Foreman of Shop

4 Employers

In the columns to the right draw one line under those occupations at which you have worked; draw two lines under those at which you are expert. After each underlined occupation, write also the number of years (i. e., 2, 9, 5) of experience you have had in that occupation.

| | Years | Years | Years |
|----------------------------|-------|---------------------------------|-----------------------------|
| 1. Factory worker | | 21. Engineer graduate | 37. Accountant |
| 2. Farmer | | 22. Auto driver | 38. Bookkeeper |
| 3. Laborer | | 23. Motor-truck driver | 38. Clerical worker |
| 4. Lawyer | | 24. Auto-repairman | 38. Shipper |
| 4. Teacher | | 24. Gas engine repair man | 38. Stock-keeper |
| 5. Business Man | | 25. Horseshoer | 39. Stenographer |
| 5. Salesman | | 26. Mule-packer | 39. Typewriter |
| 6. Machinist | | 27. Care and handling of horses | 40. Baker |
| 7. Blacksmith | | 28. Veterinary | 40. Cook |
| 7. Wheelwright | | 28. Farrier | 41. Butcher |
| 8. Carpenter | | 29. Draftsman | 42. Grocer |
| 9. Concrete foreman | | 30. Surveyor | 43. Chiropodist |
| 10. Electrician | | 31. Telegrapher | 43. Dentist |
| 10. Dynamo expert | | 31. Wireless operator | 43. Druggist |
| 11. Gunsmith | | 32. Lineman | 43. Medical student |
| 11. Locksmith | | 32. Phone repairman | 43. Nurse |
| 12. Miner | | 33. Phone operator | 43. Physician |
| 13. Painter | | 34. Photographer | 44. Brass wind instrument |
| 14. Pipe-fitter | | 35. Moving picture expert | 44. Other band instrument |
| 15. Railroad-operating man | | 36. Navigator | 45. Barber |
| 16. Section-hand | | 36. Seafaring man | 46. Canvas worker |
| 17. Railroad fireman | | | 47. Harness maker |
| 17. Steam engineer | | | 47. Shoemaker |
| 18. Rigger | | | 48. Tailor |
| 19. Sheet metal worker | | | 49. Watch-maker |
| 20. Foundryman | | | 50. Foreman of construction |

If you are an expert in any occupation not mentioned in these columns, write it here. Printer 12 yrs

1,565,537

QUALIFICATION RECORD

Duplicate to be retained by Company Commander

Name Cognow John Milton
 (Last name) (First name) (Middle name)
 Occupation Printer
 (For example: machinist, salesman, laborer, etc.)

How many years have you worked at it? 19

Just what did you do? Commercial Printer
 (For example: ran an automatic drill-press, sold shoes, drove a tractor, etc.)

Name of last employer Ralph M. Quinn

Business " Shoe repair + Job

Address " McHenryville, Md.

Your weekly wage in this position \$ 20.00 Age 25

Describe the jobs or enterprises in which you exercised the greatest authority or leadership; such as foreman, manager, captain, etc. Foreman of Shop
4 Employers

In the columns to the right draw one line under those occupations at which you have worked; draw two lines under those at which you are expert. After each underlined occupation write also the number of years (i. e., 2, 9, 5) of experience you have had in that occupation.

| Years | Years | Years |
|----------------------------|---------------------------------|-----------------------------|
| 1. Factory worker | 21. Engineer graduate | 37. Accountant |
| 2. Farmer | 22. Auto driver | 38. Bookkeeper |
| 3. Laborer | 23. Motor-truck driver | 38. Clerical worker |
| 4. Lawyer | 24. Auto-repairman | 38. Shipper |
| 4. Teacher | 24. Gas engine repair man | 38. Stock-keeper |
| 5. Business Man | 25. Horseshoer | 39. Stenographer |
| 5. Salesman | 26. Mule-packer | 39. Typewriter |
| 6. Machinist | 27. Care and handling of horses | 40. Baker |
| 7. Blacksmith | 28. Veterinary | 40. Cook |
| 7. Wheelwright | 28. Farrier | 41. Butcher |
| 8. Carpenter | | 42. Grocer |
| 9. Concrete foreman | | 43. Chiropodist |
| 10. Electrician | 29. Draftsman | 43. Dentist |
| 10. Dynamo expert | 30. Surveyor | 43. Druggist |
| 11. Gunsmith | 31. Telegrapher | 43. Medical student |
| 11. Locksmith | 31. Wireless operator | 43. Nurse |
| 12. Miner | 32. Lineman | 43. Physician |
| 13. Painter | 32. Phone repairman | 44. Brass wind instrument |
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| 17. Steam engineer | | 47. Shoemaker |
| 18. Rigger | | 48. Tailor |
| 19. Sheet metal worker | 36. Navigator | 49. Watch-maker |
| 20. Foundryman | 36. Seafaring man | 50. Foreman of construction |

If you are an expert in any occupation not mentioned in these columns, write it here. Printer 14 yrs

SCHOOLING: Grade reached in school 8

Years in High School 3 Did you graduate? No⁵¹

Years in College No " " " No

Name of College, and Subjects of Specialization No

Years in Technical School No Did you graduate? No

Name of School, and Course Pursued No

Years in Trade or Business School No

Name of School, and Course Pursued No

Do you speak French well? No⁵² German? No⁵³

Any other languages? No

Describe any talent you have in furnishing public entertainment.

No

Outline any previous military experience you have had, giving organization, years of service, and rank attained: 54

Height 5 ft. 8 1/2 inches. Weight 140 lbs.

Unmarried (Yes) Married (No) Number of Children (2)

| Original Assignment | Transferred To | | | |
|-----------------------------|----------------|--|--|--|
| Company or Battery <u>L</u> | | | | |
| Regiment <u>107</u> | | | | |
| Arm <u>Infantry</u> | | | | |

Signature of Soldier John M. Agnew

Name of Interviewing Officer St. Charles a Hoy

Date June 16, 1917

Remarks Contingent Appearance 1909

Delta

Mem. 11244

Case

Sgt. John M. Agnew
1568537

Items for Disposition of

Effects Section.

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

**Items for Disposition of
Remains Section.**

The above effects were
received by this office on:

RECEIVED O. E. Q. M., HOBOKEN

DEC 11 1918

jtk.

Drafted Aug 5, 1918

* Regular Army.

* National Army.

* Regular Army Reserve.

* Enlisted Reserve Corps.

* National Guard, State of

1565537

SERVICE RECORD

Agnew, John M.

(Surname.)

(Christian name.)

Co. L. 1st Inf. Indiana Rail Guard

(Company and regiment or army or corps or department for which enlisted.)

* Strike out words not applicable.

INSTRUCTIONS.

1. *Opening of record.*—When a soldier is enlisted or reenlisted a service record on this form will be opened for him by the recruiting officer, who will fill out the Descriptive List, page 2, the Prior Service, and the first part of Current Enlistment, page 3. Other data called for by the printed headings or by these instructions will be supplied from time to time as occasion arises by the soldier's company or detachment commander, care being taken to make the record complete and to keep it up to date at all times.

2. *Forwarding to first station.*—When a soldier is sent from the recruit depot to a post, camp, or regiment, for assignment, the adjutant, or other designated officer, at the depot will fill out the first indorsement and turn the service record over to the officer or noncommissioned officer in command of detachment of departing recruits; or, if no officer or noncommissioned officer be placed in command, the service record will be forwarded by mail to the proper commanding officer.

3. *Transmission to company.*—Upon assignment of a soldier to a company, the post, camp, or regimental commander will transmit the service record to the commanding officer of the company to which he is assigned, detaching the report of assignment and forwarding same to The Adjutant General of the Army.

4. *Soldiers transferred or detached.*—When a soldier is transferred or detached from his company, the company commander will fill out the second indorsement and transmit the service record to the soldier's new commanding officer in the manner prescribed in paragraph 2, above, in the case of soldiers leaving recruit depots. Subsequent indorsements will be filled out as the soldier's change of station or status requires, the original service record thus following the soldier wherever he goes. Each commanding officer forwarding the service record will retain an official copy of his indorsement, to which will be added the name of the soldier for purpose of identification.

5. *Data to be included in indorsements.*—Each indorsement will give the reason for the soldier's change of station or status, and his character, and will contain a full statement of his accounts at the time. Under the heading "Due United States" will be noted all authorized stoppages for loss of or damage to Government property or supplies; amounts due on account of allotment, post exchange, post laundry, tailor, company fund, or transportation; and stoppages, including detained pay, under sentence of a court-martial and on account of absence from duty because of disease resulting from the soldier's own intemperate use of drugs or alcoholic liquor, or other misconduct. In short, all information required to be entered on muster roll and pay roll will be incorporated in the indorsement on the service record, the wording of the indorsement conforming to model remarks for such rolls prescribed by the War Department.

6. *Soldiers furloughed to reserve.*—When a soldier is furloughed to the reserve, his service record will be forwarded by indorsement to the officer charged with keeping his records as a reservist. If the soldier is detached from his company at the time he is furloughed to the reserve, a copy of the indorsement forwarding the service record will be furnished his former company commander without delay.

7. *Soldiers discharged, etc.*—When a soldier is discharged or otherwise separated from the service without being furloughed to the reserve, his service record will be closed and filed with records of his company. If he is absent from his company at the time, the officer under whom he is serving will promptly transmit the service record to the company commander for file. The service record of a soldier discharged or otherwise separated from the service while in the reserve, will be closed and filed by the officer charged with keeping the reservist's record.

8. *Record of court-martial.*—When the service record of a soldier shows a sentence by court-martial, it will be accompanied by an authenticated copy of the record of summary court-martial, or by an official copy of the order promulgating sentence in case of conviction by general or special court-martial.

9. *Procedure in case of lost record.*—In the event that a service record is lost a report of the fact will be made to The Adjutant General of the Army, who will start a new service record, transmitting same to the recruit depot or station at which the soldier was enlisted. The new record will then be forwarded in turn to the commanding officers of the companies in which the soldier has served during current enlistment, each commanding officer repeating the indorsement required by paragraph 4, and making appropriate entries in the body of the record. Pending receipt of the new service record the soldier's pay and duty status will be determined from the data shown on the last pay roll on which his name appears, and from other records of the company or detachment with which he last served.

10. *Changes in entries.*—Erasures of entries on a service record are prohibited. All changes in original entries must be made by drawing lines through the entries and each change will be duly authenticated by the signature of the officer making it, the reason for the change being stated.

11. *Additional space for entries.*—In case the space under any heading, except "Deposits" in the body of the record proves insufficient, the entry will be continued under "Remarks," page 5. If the space under "Remarks" or "Deposits" is insufficient, additional sheets will be securely pasted at the bottom of the page, as indicated by footnote. If the space for showing change of station or status in an indorsement is insufficient, the entry will be continued under "Due United States." One indorsement may, if necessary, occupy the space allotted to two. If there be more than 12 indorsements, an additional sheet will be securely pasted at the bottom of the last page of the form, as indicated by footnote. Under no circumstances will sheets or slips of paper be pasted or attached to a service record except as provided above.

12. *Initialing of entries.*—Each entry under "Military Record," pages 4 and 5, "Clothing Account," pages 6 and 7, and "Allotments," page 7, will be initialed by the recruiting officer or company commander, as the case may be. Where there are no data of record relating to a printed heading, the space under that heading will be left blank, except that in case of transfer to another organization or furlough to the reserve the company commander will insert his initials in such blank spaces to show that he has not overlooked the entries. Negative entries, such as "None," "Nothing," etc., will not be made in any part of the form except as required for street and house number and indorsements.

DESCRIPTIVE LIST.

Residence: None
(Street and house number; if none, so state.)

Madaryville Indiana
(Town or city.) (State.)

Name and address of person to be notified in case of emergency:

Mrs Elizabeth Agnew (Mother)
(Name and degree of relationship; if friend, so state.)

None
(Street and house number; if none, so state.)

Winamac Indiana
(Town or city.) (State.)

Born in Winamac Indiana
(Town or city.) (State or country.)

Age at enlistment, 23 yrs. and _____ mos.; occupation, printer

Eyes, blue; hair, dark

Complexion, fair; height, 5 feet 8 1/2 inches;

Married or single: single

Indelible or permanent marks and physical defects at enlistment:

Cut scar on left foot
Vac upper left arm

Size of uniform shoe: 7C

Vaccinated: June 29, 1916; result, unsuccessful

Vaccinated: 3/26/18, 191; result, unsuccessful

Typhoid immunization completed: July 27, 1916

Paratyphoid immunization completed: Aug 27, 1917

Examined for Tuberculosis: SP-1

PRIOR SERVICE.

REGULAR ARMY:*

None from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

_____ from _____, 191 , to _____, 191 .
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

*Insert headings below last discharge from the Regular Army to show service in Volunteer Army, Navy, Marine Corps, and National Guard or Organized Militia, in the order named.

CURRENT ENLISTMENT.

Serving in *First* enlistment period.

Accepted for enlistment at *Winamac, Indiana*

Enlisted *June 23, 1918*, at *Winamac, Indiana*

by *Lt. J. G. Capauch*

Assigned to *Co. L, 1st Ind. Infantry*
(Company and regiment or corps or department.)

at *Winamac, Indiana, June 23, 1918*
(Station.)

Transferred to *Comp. S. S. Delta, 10/4, 1918*
(Company and regiment or corps or department.)

Transferred to _____, 191 .
(Company and regiment or corps or department.)

Furloughed to reserve at _____, 191 . Character: _____

†Honorably discharged; †discharged and not recommended for reen-

listment; †dishonorably discharged at _____

_____, 191 . Character: _____

†Strike out words not applicable.

MILITARY RECORD.

Each entry on this page will be initialed. (See Instruction 12.)

Grade: Private, June 23, 1916
 Grade: Serjt. P.S.O 105, Sept 1, 1917 900
 Grade: Mejor Serjt. C.O #9, 10/1, 1917 900
 Grade: Serjt. C.O #12, Dec 1, 1917 900
 Grade: CHD, _____, 191 .

Marksmanship, gunner qualification, or rating: * CHD

Battles, etc.: _____

Wounds or other injuries received in action: _____

Medal of honor (action, with date thereof, for which granted): _____

Certificate of merit (nature of service, with date thereof, for which granted): _____

Furloughs: _____

Time lost to be made good under A. W. 107:

- (a) Absence without proper authority or in desertion.

- (b) Confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

- (c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

granted):

Furloughs:

Time lost to be made good under A. W. 107:

(a) Absence without proper authority or in desertion.

(b) Confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

* Give date of qualification or rating and number, date, and source of order announcing same.

3-375

Each entry on this page will be initialed. (See Instruction 12.)

Convictions by court-martial:

(See Instruction 8.)

- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War
- * court-martial; approved 191 , Articles of War

* Insert word "General," "Special," or "Summary," as the case may be.

Pay detained by court-martial collected on pay roll as follows:

| Month. | Amount. | | Month. | Amount. | |
|------------|---------|------|------------|---------|------|
| | Dols. | Cts. | | Dols. | Cts. |
|, 191 | | |, 191 | | |
|, 191 | | |, 191 | | |
|, 191 | | |, 191 | | |
|, 191 | | |, 191 | | |
|, 191 | | |, 191 | | |
|, 191 | | |, 191 | | |

REMARKS (See Instruction 11):

Joined Co. Rendes Winamac. Ind June 23, 1916. Left Co. Rendes with recruiting det. June 26, 1916. Arrived at State Molds Camp. Ft. Benj. Harrison, Ind June 26, 1916. Mustered into Fed. Ser. Ind. June 28, 1916. By Lt. Rush B. Lincoln, USA at Ft. Benj. Harrison and entrained for station on Mexican border per Co. O # 1 Feb. 1st. Ind. July 1, 1916. Arrived at Camp Slaus Grande, Texas July 1, 1916. Accepted 1st class private per Co. O # 1 Feb. 1st. 1917.

Drafted Aug 5, 1917 A.P. 7
 Reptd. for duty at 2nd Inf. Sept 11, 1917 A.P. 792
 assigned to the Co. per 1st Ind. 6/30/17 at Ind. 10/17/17
 to 1st Inf. per Co. O # 1 Feb. 1st. Ind. 1/1/17
 10/13/17 must. into Fed. Ser. 9/12/17. 205/17
 10/2/17, Mem 6681 Age 25, Dec 18, 1917

Additional sheets for "Remarks," if required, will be attached here.

A.W. read 3/19/18 A.P. (See Instruction 11.)

GRATUITOUS ISSUES OF CLOTHING.

| Date of Issue. | Value. | | Date of Issue. | Value. | |
|----------------------------------|--------|------|----------------|--------|------|
| | Dols. | Cts. | | Dols. | Cts. |
| | 1 | 54 | | | |
| | 2 | 38 | | | |
| | | 47 | | | |
| <i>all</i> | 2 | 81 | | | |
| <i>On pay. #460 A R. 1913</i> | | | | | |
| <i>One Sweater 000</i> | | | | | |
| <i>donated by 000</i> | | | | | |
| <i>Red Cross Shoe Brush 000</i> | | | | | |
| <i>Hair Brush 000 Comb 000</i> | | | | | |
| <i>Tooth brush 000 Towel 000</i> | | | | | |
| <i>Razor 000 Bed Market 000</i> | | | | | |

CLOTHING SETTLEMENTS.

(To be made semiannually and when soldier is separated from the active service.)

| Date of Settlement. | Allowance. | Money value of Clothing Drawn Since Last Settlement. | Balance Due United States. | Balance Due Soldier. |
|---------------------|---------------------|--|----------------------------|----------------------|
| <i>1917</i> | | | | |
| <i>3/14/17</i> | <i>\$62.07</i> | <i>37.20</i> | | <i>24.87</i> |
| <i>Class C</i> | <i>6.60 per Mo.</i> | | | <i>000</i> |

ALLOTMENTS

\$10.00 per month for *9* months beginning with the month of *October* *Second Liberty Loan* 1911 ; discontinued *9 57* 1911 ;

and 9.50 for 1 mo.

\$..... per month for..... months beginning with the month of..... 1911 ; discontinued..... 1911 ;

\$..... per month for..... months beginning with the month of..... 1911 ; discontinued..... 1911 .

C.O. Co. L 151 Infantry
Camp Shelby Miss about 1917

To Hosp. S Delta

This soldier* H.S. per G.O. 19, Hq. Prof E
Hoboken, N.J. 10/15/17.

He was last paid to include Sept 30, 1918

By J. Solomon Capt 2nd Reg

(Rank and name of quartermaster.)

Due United States (See Instruction 5); if nothing, so state:

Nothing

This soldier† has an allotment running.
(Has or has not.)

His character is† Excellent
I have personally verified all entries under "Due United States."

Claudet P. Green
1st Lieut. 151st Inf. Commanding.

2d IND.

Dec 17, 1918

To

This soldier* died about S Delta on
Oct 17/18 of Pneumonia

He was last paid to include _____, 191

By _____
(Rank and name of quartermaster.)

Due United States (See Instruction 5); if nothing, so state:

See Previous
endorsement

NO RECORD IN THIS OFFICE OF CHANGE
IN SOLDIERS ACCOUNT.

This soldier† _____ an allotment running.
(Has or has not.)

His character is† _____
I have personally verified all entries under "Due United States."

(cgs) John A. Nelson
MAJOR, Q. M. CORPS
EFFECTS QUARTERMASTER Commanding.

PORT OF EMBARKATION, HOBOKEN, N. J.

* Give change of station or status of soldier, with number, date, and source of order.
† To be filled out in handwriting of officer signing indorsement.

Passed thru gas Mar. - 1918.
School of Gas Defense 38" Div.
CHAD.

01207
01207
01207
Agnew

Surname

John

First name

Milton

Middle name in full

1100.
Sergt.

Rank

Organization

1,565,537

Army identification number

Agnew, John M. 1,565,537
Sergt. Co. L 151st Infantry
38th Division.

3231
Agnew
Surname

3231
John
First name

3231
Milton
Middle name in full

3231
Sergt.
Rank

Organization

1,565,537

Army identification number

Agnew, John M 1,565,537
Sergt. Co. L 151st. Infantry
38th. Division

Effects of

John M. Agnew
2946

Eff. Reed

in m m

2/19

SCORE CARD—KNOWN-DISTANCE RIFLE PRACTICE

Sergt

SPECIAL COURSE C

(APPENDIX II, C. S. A. F. M., No. 19, W. D., 1917)

Name Agnew, J M Company I Regiment 151

Place Range A Date 7/ /18

INSTRUCTION

| SLOW FIRE—BULL'S-EYE TARGETS | | | | | | | |
|------------------------------|---|---|---|---|---|-------|-------------|
| Range yards | | | | | | Total | Range Total |
| 100 | 4 | 5 | 5 | 5 | 5 | 24 | 48 |
| | 5 | 4 | 5 | 5 | 5 | 24 | |
| 200 | 4 | 4 | 4 | 4 | 4 | 20 | 31 |
| | 4 | 3 | 4 | 0 | 0 | 11 | |
| 300 | 4 | 3 | 4 | 4 | 4 | 19 | 38 |
| | 4 | 4 | 4 | 3 | 4 | 19 | |
| Aggregate, | | | | | | | 117 |

| SLOW FIRE—FIGURE TARGETS | | | | | | | |
|--------------------------|--|--|--|--|--|-------|--|
| Range yards | | | | | | Total | |
| 100 | | | | | | | |
| 200 | | | | | | | |
| 300 | | | | | | | |
| Aggregate, | | | | | | | |

| RAPID FIRE | | | |
|------------|-----------|-----------|-------|
| 100 yards | 200 yards | 300 yards | Total |
| 5 | 2 | 2 | 9 |

| RECORD | | | | |
|------------|-----------|-----------|-------|-------------------------|
| RAPID FIRE | | | | |
| 100 yards | 200 yards | 300 yards | Total | Initials Co. officer |
| | | | | |

| MID-RANGE PRACTICE | | | | | | | |
|--------------------|---|---|---|---|---|-------|-------------|
| SLOW FIRE | | | | | | | |
| Range yards | | | | | | Total | Range Total |
| 500 | 4 | 4 | 4 | 3 | 5 | 20 | |
| 600 | | | | | | | |
| Aggregate, | | | | | | | |

INSTRUCTIONS

The scoring of the record practice will be closely supervised and the record will be verified and initialed by a company officer in the column provided for that purpose.

Scores will be recorded with indelible pencil or ink.

There will be no classification, no badges, nor extra compensation for practice under this course.

This card is for use as a score card on the target range, and upon completion of the practice it will be filed with the soldier's service record and will accompany the service record when the soldier is transferred or detached for an extended period.

Co. D. 15/103
Regt. Inf.
Agnew John M. Sergt.
Agnew John M. Sergt.
June 23 1916

DUPLICATE.

To be retained as record.

Q. M. C. Form 38.

Camp Shelby Miss Ark 25, 1917
(Station.)

The undersigned hereby allots to

Federal Reserve Bank
(Name of allottee.)

at

New York N. Y.
(Give complete post-office address.)

\$10.00

per month, for

9 and \$95.00 per mo, 1st

months, commencing the

day

of

1917

and expiring the

31st day of

July

1918,

the amount to be deducted from his pay for each month of the stated period.

Claude W. Wresen
(Certifying officer.)

1ST LT. 151ST INF.

John M. Agnew
(Signature of allottee.)
1565,537

Allotment discontinued

Request sent to Quartermaster General

Reason for discontinuance

NOTE.—In no case should the soldier's allotment be made to commence with a date prior to his enlistment, or to extend beyond the date of expiration of his term of enlistment. State inclusive dates of allotment period.

Mrs. Elizabeth Agnew
(Mother)
Winnebec Indians

Assigned to *C.R. 151st Inf., Aug 5, 1917*
 Transferred to _____, _____, 191____
 Transferred to _____, _____, 191____
 Grade *Sgt.* _____ *Dec. 1, 1917*
 Grade _____, _____, 191____
 Grade _____, _____, 191____
 Grade _____, _____, 191____

ADDITIONAL PAY.

(Marksmanship, gunner qualification, rating, mess sergeant, extra duty, certificate of merit, foreign service, short payment, etc. Give dates.)

Signature of soldier *John M. Agnew*
 (To be signed and witnessed when card is started.)

Witnessed by *A. J. Bryman, Capt. 151st Inf.*
 (Signature, with rank and organization of witnessing officer.)

† Date _____, 191____ Last paid in full to include _____, 191____
 by _____

(Signature, with rank and organization of personnel officer.)

† Date _____, 191____ Last paid in full to include _____, 191____
 by _____

(Signature, with rank and organization of personnel officer.)

† Date _____, 191____ Last paid in full to include _____, 191____
 by _____

(Signature, with rank and organization of personnel officer.)

† Date _____, 191____ Last paid in full to include _____, 191____
 by _____

Certified a true copy
 (Signature, with rank and organization of personnel officer.)

† Date _____, 191____ Last paid in full to include _____, 191____
 by _____

1st. Lieut. R. M. C.
 (Signature, with rank and organization of personnel officer.)

† To be filled out only in case of transfer or detachment.

INSTRUCTIONS.

1. A pay account on this form will be opened for each soldier upon enlistment or reenlistment, or upon entry into active service in case of reservists.
2. When the soldier is transferred or detached this card will be transmitted to the new personnel officer in the manner prescribed in the special regulations governing the preparation of pay cards.
3. Each erasure or interlineation on this card will be initialed by the personnel officer.
4. In case the space provided for any part of the record proves insufficient, the entries will be extended on an extra sheet provided for the purpose, Form No. 644a, A. G. O.
5. When the soldier is furloughed to the reserve, discharged, or otherwise separated from the active service, his pay card will be filed with the service record.

* Regular Army.
* National Guard.

* National Army.
* Enlisted Reserve Corps.

INDIVIDUAL EQUIPMENT RECORD

CLOTHING ACCOUNT

| ARTICLES. | SIZE. | ISSUED. | | | | TURNED IN. | | | |
|---------------------------|-------|---------|------|----------|---------|------------|------|----------|---------|
| | | DATE | LINE | QUANTITY | REMARKS | DATE | LINE | QUANTITY | REMARKS |
| DATE LINE | | 11/6/3 | | | | 2/4 | | | |
| Bags, barrack | | 1 | | 1 | | 1 | | | |
| Belts, waist | | 1 | | 1 | | | | | |
| Blankets | | 3 | 2 | 3 | | 1 | 1 | | |
| Brassards | | 1 | | 1 | | | | | |
| Breeches, cotton | | 1 | | 1 | | | | | |
| Breeches, woolen | | 1 | | 1 | | | | | |
| Caps, service | | 1 | | 1 | | | | | |
| Chevrons <i>cot</i> | | 1 | | 4 | | | | | |
| Coats, denim | | 1 | | 1 | | | | | |
| Coats, cotton | | 1 | | 1 | | 1 | | | |
| Coats, woolen | | 1 | | 1 | | 1 | | | |
| Cords, hat | | 1 | | 1 | | 1 | | | |
| Drawers, cotton | | 3 | 2 | 2 | | 1 | 2 | | |
| Drawers, woolen | | 3 | 2 | 2 | | 1 | 2 | | |
| Gauntlets, winter | | 1 | | 1 | | | | | |
| Gloves <i>wool</i> | | 1 | | 1 | | 1 | | | |
| Hats, denim | | 1 | | 1 | | | | | |
| Hats, service | | 1 | | 1 | | | | | |
| Laces | | 1 | | 1 | | | | | |
| Laces, shoe | | 2 | | 2 | | | | | |
| Leggings | | 1 | | 1 | | | | | |
| Neckties | | 1 | | 1 | | | | | |
| Ornaments, cap | | 1 | | 1 | | | | | |
| Ornaments, collar | | 2 | | 3 | | | | | |
| Overcoat, O. D. | | 1 | | 1 | | | | | |
| Overshoes, arctic | | 1 | | 1 | | | | | |
| Ponchos | | 1 | | 1 | | | | | |
| Shirts, flannel <i>CD</i> | | 2 | | 2 | | 1 | | | |
| Shoes, <i>gym</i> | | 1 | | 1 | | | | | |
| Shoes <i>Russet</i> | | 2 | 1 | 1 | | 3 | 1 | | |
| Slicker | | 1 | | 1 | | | | | |
| Stockings, cotton | | 4 | | 4 | | 4 | | | |
| Stockings, woolen | | 5 | | 4 | | 4 | | | |
| Suspenders | | 1 | | 1 | | | | | |
| Trousers, denim | | 1 | | 1 | | | | | |
| Undershirts, cotton | | 3 | | 1 | | 1 | 2 | | |
| Undershirts, woolen | | 3 | 2 | 2 | | 1 | | | |
| <i>red + black</i> | | 1 | | 1 | | | | | |
| <i>lataid packet</i> | | 1 | | 1 | | 1 | | | |
| <i>cut tag</i> | | 2 | | 2 | | | | | |
| <i>shoes CD</i> | | 1 | | 1 | | 2 | | | |
| <i>mellins</i> | | 1 | | 1 | | | | | |
| OFFICER'S INITIALS | | CD | CD | CD | | CD | CD | | |

* Strike out words not applicable.

Agnew
(Surname.)

John
(Christian name.)

1565537
(Army serial number.)

Serjt
(Grade.)

CO L - 151 Infantry
(Company and regiment or arm or corps or department.)

QUARTERMASTER PROPERTY ACCOUNT

| ARTICLES. | ISSUED. | | | | | TURNED IN. | | |
|--------------------------|--|--|--|--|--|------------|--|--|
| DATE LINE | 4/17/18 | | | | | | | |
| Bar, mosquito | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p>1</p> <p>Cancelled</p> <p>1</p> </div> <div style="width: 45%; text-align: center;"> <p>1</p> <p>Cancelled</p> </div> </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 | | | | | | | | |
| Ropés, shelter tent | | | | | | | | |
| Sack, bed | | | | | | | | |
| Sack, pillow | | | | | | | | |
| Sheets, bed | | | | | | | | |
| Sling, bugle | | | | | | | | |
| Tent, shelter, half | | | | | | | | |
| Whistle and chain | | | | | | | | |
| SOLDIER'S INITIALS | Jms Jone | | | | | Jms Jone | | |
| OFFICER'S INITIALS | Jms Jone | | | | | Jms Jone | | |

ORDNANCE PROPERTY ACCOUNT

| ARTICLES. | | ISSUED. | | | | TURNED IN. | | | |
|----------------------------------|----------|----------|--|--|--|------------|--|--|--|
| DATE LINE | | 4/17/48 | | | | | | | |
| Mess Equipment | Meat can | 1 | | | | | | | |
| | Cup | 1 | | | | | | | |
| | Knife | 1 | | | | | | | |
| | Fork | 1 | | | | | | | |
| | Spoon | 1 | | | | | | | |
| Bandoleer, Cavalry | | 1 | | | | | | | |
| Bayonet and scabbard | | 1 | | | | | | | |
| Blanket roll straps | | | | | | | | | |
| Bolo and scabbard | | | | | | | | | |
| Brush and thong | | 1 | | | | | | | |
| Can, bacon | | | | | | | | | |
| Can, condiment | | | | | | | | | |
| Canteen and cover | | | | | | | | | |
| Canteen-haversack strap | | | | | | | | | |
| Canteen strap, 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. 169665 | | 1 | | | | | | | |
| 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 | | | | | | | | | |
| Platoon drill Reg | | 1 | | | | | | | |
| Basech cover | | 1 | | | | | | | |
| F. D. [unclear] | | 1 | | | | | | | |
| SOLDIER'S INITIALS | | unclear | | | | | | | |
| OFFICER'S INITIALS | | R.P. KNO | | | | | | | |

ENGINEER, SIGNAL, MEDICAL PROPERTY ACCOUNT.

| ARTICLES. | ISSUED. | | | | | TURNED IN. | | | | |
|---------------------------------------|------------|--|--|--|--|------------|--|--|--|--|
| DATE LINE ----- | | | | | | | | | | |
| Compass, watch..... | 1 | | | | | 1 | | | | |
| <i>Compass March</i> <i>30087</i> | 1 | | | | | | | | | |
| Field glasses, Type C..... | | | | | | | | | | |
| Field glasses, Type EE..... | | | | | | | | | | |
| Kits, flag, comb., Inf..... | 1 | | | | | 1 | | | | |
| Kits, flag, comb., stand- ard..... | | | | | | | | | | |
| Kits, flag, Artillery..... | | | | | | | | | | |
| Message Books..... | 1 | | | | | | | | | |
| SOLDIER'S INITIALS..... | <i>Jma</i> | | | | | <i>Jma</i> | | | | |
| OFFICER'S INITIALS..... | <i>CHD</i> | | | | | <i>CHD</i> | | | | |

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, or destroyed, they will be entered in one of the columns provided for the purpose, as in case of issues. The officer who receives the articles or records the charge on the pay roll for articles lost or destroyed (paragraphs 685, 686, A. R.) will initial the column, drawing lines through the blank spaces as indicated in paragraph 1.

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.

John M. Agnew
 (Surname.) (Christian name.)
 (4)

1558

Agnew, John M
156 5537

CONSOLIDATED INDEX CARD.

This card must not be taken from the Record Room.

CONSOLIDATED ENTRIES:

~~MS~~
~~MS~~
~~MS~~
~~MS~~
~~MS~~
~~MS~~
~~MS~~
~~MS~~
~~MS~~

1st Lieut., C.M. Corps,

Port of Embarkation, Hoboken, N.J.

ENTRUSTED

13

Mrs. Elizabeth Agnew,

Chicago, Ind.

Regret to advise the death of Sgt. John Milton Agnew
AT SEA ON October 17th, 1918 from influenza

Owing to existing conditions it was impossible to bring remains
back to the United States and at sunrise _____
Sgt. John Milton Agnew was buried at sea with
full military honors.

MC MANUS.

~~Captain,~~

Brigadier General.

2-M.T.O. ✓
1-P.A.
1-File

2-1-1-0-0
MCO

APPLICATION FOR INSURANCE

1565537

My full name is John Milton Agnew
(Given) (Middle) (Last name)
Home address Ypsilanti, Detroit Winamac, Indiana
(No. and street or rural route) (City, town, or post office) (State)
Date of birth Sept 3rd 1892 Age 25
(Month) (Day) (Year) (Nearest birthday)
Date of last enlistment or entry into active service Drafted into Fed Service Aug 5 1917
(Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000 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 | | AMOUNT OF INSURANCE FOR EACH BENEFICIARY (In multiples of \$500 only) |
|-------------------------|---|-----------------------------------|--|--|
| | | (a) No. and street or rural route | (b) City, town, or post office and State | |
| <u>Mother Elizabeth</u> | <u>Agnew</u> | (a) <u>None</u> | (b) <u>Winamac Ind</u> | <u>\$10,000</u> |
| | | (a) _____ | (b) _____ | |
| | | (a) _____ | (b) _____ | |
| | | (a) _____ | (b) _____ | |
| | | (a) _____ | (b) _____ | |
| | | (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 { Date of signature } ~~February 12, 1918,~~ **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) Mrs Elizabeth Agnew
(Address) Winamac, Indiana

Signed at (or by) Camp Shelby Miss
the 18th day of Dec, 1917

Witnessed by: Charles H. [unclear]
Rank/lat. Sergeant 1st Lt
Commanding Co L

Sign here: John M. Agnew
Sergeant Co L, 151st Inf.
(Rank or rating.) (Organization.)

1565537

APPLICATION FOR INSURANCE

My full name is John M. Agnew
(Given) (Middle) (Last name)
 Home address Pen. Delivery Winamac Indiana
(No. and street or rural route) (City, town, or post office) (State)
 Date of birth Sept. 3rd 1892 Age 25
(Month) (Day) (Year) (Nearest birthday)
 Date of last enlistment or entry into active service Drafted into Federal Service Aug 5 1917
(Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000 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 | | | POST OFFICE ADDRESS | | AMOUNT OF INSURANCE FOR EACH BENEFICIARY (In multiples of \$500 only) |
|--------------------|---------------------|----------|-------------|---|--|---|
| | (Given) | (Middle) | (Last name) | (a) No. and street or rural route (b) City, town, or post office and State | | |
| Mother | Elizabeth | | Agnew | (a) None (b) Winamac Ind. | | \$ 10,000 |
| | | | | (a) _____ (b) _____ | | |
| | | | | (a) _____ (b) _____ | | |
| | | | | (a) _____ (b) _____ | | |
| | | | | (a) _____ (b) _____ | | |
| | | | | (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 { Date of signature } **Strike out whichever** February 12, 1918, } **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) Mrs. Elizabeth Agnew
 (Address) Winamac Indiana

Signed at (on board) Camp Shelby Miss
 the 18th day of Dec, 1917

Witnessed by: Claudette [unclear]
 Rank 1st Lt 151st Inf
 Commanding Co. 2

Sign here John M. Agnew
 (Rank or rating.) Sergt. Col - 151st Inf (Organization.)

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

(Each \$1,000 of insurance yields \$5.75 per month for 240 months.)

| 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.

APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN TRIPPLICATE.

My full name is John Milton Agnew Sergt Co 2-151 Inf
(Given) (Middle) (Last name) (Rank and organization)
 Home address Gen. Del. Winamac Indiana
(No. and street or rural route) (City, town, or post office) (State)
 Place and date of birth Winamac Ind 3 Sept 1892 Age 25
(City or town) (State) (Day) (Month) (Year) (Nearest birthday)
 Date of last enlistment or entry into active service drafted into Ser. Nov 8/17 Pay in United States \$ 38.00

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 (Given) (Middle) (Last name) | POST-OFFICE ADDRESS | | | DATE OF BIRTH | | | MARRIED? Enter "Yes" or "No" | REMARKS (Follow instructions) |
|--------------------|-----|--------------------------------------|-------------------------------|----------------------------|-------|---------------|-----|------|---|----------------------------------|
| | | | 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:

| | | |
|--|--|--|
| | | |
| | | |

Signed at (on board) Camp Shelby Miss

The 23 day of Nov 1917

Witnessed by: A. P. Ferguson
 Rank Capt. 151 Inf
 Commanding Co 2

(Sign here) John M. Agnew
Sergt. Co 2 151 Inf
(Rank or rating) (Organization)

1st Ind.

RAC

War Dept., A.G.O., Feb. 13, 1919.--To the Commanding General,
Port of Embarkation, Hoboken, New Jersey.

1. It appears from the records of this office that Sergeant John M. Agnew was mustered out with Company "L", 1st Indiana Infantry on March 14th, 1917 and that he did not again enter the service until August 5, 1917, in view of which the soldier should not be credited with a balance for clothing, as subsequent to July 14, 1918 soldiers were not entitled to any clothing allowance.

2. The final statement, the inventory of effects and the report of death in triplicate will be prepared and forwarded without delay.

By order of the Secretary of War:

1 Incl.

A.W. Robertson (sgt)
Adjutant General.

201-Agnew, John M.

2nd Ind.

JRG/frs

Hq. Port of Embarkation, Hoboken, N. J., February 15, 1919. To Chief Effects Bureau, Port of Embarkation, for necessary action.

By command of Major General SHANKS:

1 incl.

J. R. GOODALE
Captain, Reg.,
Asst. Port Adjutant.

220.871 (Agnew, John M)

3rd Ind.

S-PUO-H
mp/mal

Chief, Effects Bureau, Port of Embarkation, Hoboken, NJ., Feb. 20, 1919. To Commanding General, Port of Embarkation, Hoboken.

1. Returned, enclosing Final Statement requested in Paragraph 2, 1st Indorsement. There are also enclosed Service Record and Pay Card. Attention is invited to the fact that it is impossible to forward Report of Death in triplicate as Medical Officer's signed Death Certificate was not received at this office from which Report of Death is prepared.

2. Inventory of effects will be forwarded when same have been disposed of under 112th Article of War.

3 Encls.

John A. Nelson,
Major Q.M. Corps,
Chief, Effects Bureau.

~~XXXXXXXXXXXXXXXXXXXX~~
220.871.

~~XXXXXXXX~~ Hoboken, N.J. Dec 24, 1918.

Chief, Effects Bureau, Port of Embarkation, Hoboken, N.J.

Adjutant General of the Army, Washington, D.C.

Service Record of John M. Agnew, Sgt., Co. L, 1st Inf. Ind.
Nat. Guard.

1. Enclosed find Service Record of Sergeant John M. Agnew, of Co. L, 1st Indiana Infantry. Attention is called to Clothing Account on pages 6 and 7. The amount of clothing drawn totals \$35.66. The extension under "Money value of clothing drawn since last Settlement" on page 7, is \$37.20 or a difference of \$1.54, which is the amount of the first item under "Gratuitous Issue of Clothing", and it would appear that this soldier had \$1.54 due him in addition to the \$24.87 shown under "Balance due Soldier".

2. Kindly return the Service Record, advising what action to take in this matter.

S-PUO-H
Est/mal
1 Encl.

John A. Nelson,
Major Q.M. Corps.

By: E. C. Thornton,
1st Lieut. Q.M. Corps.

1st Lieut., Q.M. Corps,
Port of Embarkation, Hoboken, N.J., Nov. 21st

18

Sergeant John Milton Agnew,

"I"

151st Infantry

156537

October 17th, 1918 on board U.S.S.

"Delta". Influenza

Mrs. Elizabeth Agnew (Mother)

Winamac, Ind.

MC MANUS.

2-M.T.O.
1-A.G.O.
1-P.A. ✓
1-File ✓
RAC

Law

Mim. #2266

1st Lieut., Q.M. Corps,

Port of Embarkation, Hoboken, N.J.

Nov. 21st

18

Mrs. Elizabeth Agnew,

Winamac, Ind.

Sgt. John Milton Agnew

Regret to advise the death of _____
October 17th, 1918 _____
AT SEA ON _____ from _____

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

Sgt. John Milton Agnew _____
_____ was buried at sea with
full military honors.

MC MANUS:

Judson,

Brigadier General.

2-M.T.O.
1-P.A.
1-File

A.C.O. ✓
BAC

7 Received A G O, NOV 22 1918

Mim. #233

1st Lieut., Q.M. Corps.

Port of Embarkation, Hoboken, N.J.,

Nov. 21st

18

Adjutant General

Washington, D. C.

Sergeant John Milton Agnew,

FO 11578

Report death of "IP" ----- 151st Infantry

Co. ----- Reg. -----

Serial No. 156537 ----- Death -----

"Deltas. Influenza" ----- in line
of duty not result of own misconduct. October 17th, 1918 on board U.S.S.

Mrs. Elizabeth Agnew (Mother)

Emergency address: -----
Winamac, Ind.

MC MANUS.

~~Fedson~~

daw-itt
2-1-1-0.
1-1-0-0.
1-1-1-0.
1-1-1-0.
RAC

7 Received A G O, NOV 22 1918

A.G. 293.8 (Agnew, John M.) DRD

1st Ind.

hms-1-215-6th&B Sts

War Dept. A. G. O., September 9, 1919. To the Commanding Officer, Port of Embarkation, Hoboken, N.J.

For information as to whether or not the body of Sergeant John M. Agnew, Company L, 151st Infantry was buried at sea.

By order of the Secretary of War.

J. ERWIN
Adjutant General

201(Agnew, John M.)

2d Ind.

S.10/2/19
ESP/all

HQ. PORT OF EMBARKATION, Hoboken, N.J., Sept. 13, 1919. To Property Officer, P.U.O., (Disposition of Remains Section), Port of Embarkation.

For necessary action.

By command of Major General FRANKS:

F. S. PLATT,
1st Lt., Inf.,
Asst. Port Adjutant.

201 (Agnew, John M)

3rd Ind.

S-PUC-H
ldr/mal

Office Property Officer (Disposition of Rem.) P.U.O., Port of Embarkation, Hoboken, N.J., Sept. 19, 1919. To the Commanding General, Port of Embarkation, Hoboken.

1. Records of this office show that the remains of Sgt. John M. Agnew, Co. L, 151st Infantry, were buried at sea with full Military honors.

John A. Nelson,
Major Q.M. Corps,
Property Officer.

The Adjutants Office

War Department

Washington

Dear Sir:

This the Second request I have recieved. but my son John M. Agnew died of Influenza Oct. 18th and was buried at sea. I thought they would know at the War Department and it was not necessary to write. I would be only to glad to have the body of my boy.

Yourstruly,

Mrs. Elizabeth Agnew.

#1565537

(THIS FOLD FOR THE QUARTERMASTER.)

Voucher No. _____

FINAL STATEMENT of John M Agnew, Sergeant, Co R. 157th Inf.
(Name of soldier.) (Rank.) (Company.) (Regiment.)

ACCEPTED for enlistment at Winamac, Indiana Enlisted on August 5th, 1917.
(See Instruction 5.)

Died at SS "Uletta" at sea on October 1st, 1918.
(Discharged, furloughed to reserve, retired, or died.)

Reason Influenza
(State reason and order, if any, for discharge, furlough, or retirement; and if discharged, whether honorable or otherwise.)

Serving in First enlistment period at date of Death.
(Discharge, furlough, retirement, or death.)

DUE SOLDIER for _____

For additional pay _____
(See Instruction 6.)

For clothing _____ and _____ dollars (\$ _____)
(Words.) 100

For deposits _____ and _____ dollars (\$ _____)
(As per itemized list on outer fold.) (Words.) 100

For pay detained by court-martial _____ and _____ dollars (\$ _____)
(See Instruction 15.) (Words.) 100

For _____
(Any other items, including com. of qrs., heat, and light, for which W. D. Form 369 must be attached hereto, see Instruction 16.)

Last paid to include September 30th, 1918, by Jos Goldman, Capt. 2nd M C.
(Name of quartermaster.)

DUE UNITED STATES for War Risk Insurance premium @ \$6.00
per month from date last paid to date of death.
(See Instructions 13 and 14.)

REMARKS: Final Statement compiled from service records and Pay Cash only data available. Soldier sailed from United States October 4, 1918.
(See Instructions, especially 10 and 14.)

I CERTIFY that the foregoing Final Statement, ~~given in duplicate~~, is correct.
(In case of deceased soldier, strike out "given in duplicate.")

Certified a true copy
A. K. Wrentham
1st Lieut. M C

John A Nelson (sgt)
MAJOR, U. S. ARMY
Supply Officer P. U. O.
Disposition of Remains Section
Commanding Organization.

WAR DEPARTMENT.
Form No. 370.
Approved by the Comptroller of the Treasury July 31, 1916.

02-2077

(Name of quartermaster.)
THE UNITED STATES
To _____
(Name of soldier.)
(Rank.) (Organization from which discharged.)

| DUE SOLDIER. | | | |
|--|--|--|--|
| Prior fiscal year: | | | |
| Pay of Army, 191 _____ | | | |
| Fiscal year in which discharged, furloughed, retired, or died: | | | |
| Pay _____ \$ | | | |
| Interest _____ \$ | | | |
| Com. qrs., heat, light _____ \$ | | | |
| Total Pay of Army, 191 _____ | | | |
| Clothing _____ \$ | | | |
| Travel pay _____ \$ | | | |
| Total S. S. and T., 191 _____ | | | |
| Deposits, Deposit Fund _____ | | | |
| Total amount due soldier _____ | | | |
| DUE UNITED STATES. | | | |
| For _____ \$ | | | |
| Total stoppages _____ | | | |
| Balance due soldier _____ | | | |

Paid by check No. _____ on Treasurer United States, dated _____, 191 _____, for \$ _____

Deposit with my new account _____ \$ _____

(Signature of soldier.)

Post Exchange paid by Check No. _____ on TREASURER UNITED STATES, dated _____, 191 _____, for \$ _____

(To be completely filled in before signature by payee without alteration or erasure thereafter.)

Received _____, 191 _____, of _____

Quartermaster Corps, U. S. A., _____ and _____ dollars in cash.
100

(Do not sign a duplicate.)
NOTE.—This fold will become the brief after payment by the quartermaster.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

AGNEW, 1565537, John M.
(Surname). (Number). (First Name and Initials).

Sgt., Co. L 151st., Infantry
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

See correspondence - Widdson, Eddie
1578991

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?
Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

(Signature and Rank of Reporting Officer).

This portion to be sent to Chief of Graves Registration Service.

434
333
42

Answered or seen 1/4/49

R

G.R.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O.Co. L 151st., Infantry

SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship: _____

Address: _____

19

#43433

Q. R. 2938 Agnew, John M.

201 - Agnew, John M.

HO. P. E. HODGKIN

War Department
The Adjutants Office Washington

Dear Sir

This is the second request I have received, but my son John M Agnew died of Influenza Oct 18th + was buried at sea. I thought - They would know it at the War department. + it was not necessary to write. I would be gully too glad to have the body of my Boy.

yours truly
Mrs Elizabeth Agnew.

card incl -
file R

10/20/19

FILE

A.G. 293.8 (Agnew, John M.) DRD

1st Ind.

hms-1-215-6th & B Sts

War Dep't., A. G. O., September 9, 1919. To the Commanding Officer, Port of Embarkation, Hoboken, N. J.

For information as to whether or not the body of Sergeant John M. Agnew, Company L, 151st Infantry was buried at sea.

By order of the Secretary of War.

J. E. Quinn
Adjutant General.

RECEIVED
HQ. PORT OF EMBARKATION
HOBOKEN, N. J.



SEP 12 1919 AM

(Synopsis prepared.)

201(Agnew, John M.)

2d Ind.

S.S. 2/19
RSP/all

HQ. PORT OF EMBARKATION, Hoboken, N.J., Sept. 13, 1919. To Property Officer, P.U.O., (Disposition of Remains Section), Port of Embarkation.

For necessary action.

By command of Major General SHANKS:

F. S. Platts

F. S. PLATTS,
1st Lt., Inf.,
Asst. Port Adjutant.

201 (Agnew, John M)

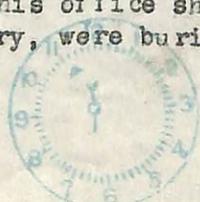
3rd Ind.

S-PUO-H
ldr/mal

Office Property Officer (Disposition of Rem.) P.U.O., Port of Embarkation, Hoboken, N.J., Sept. 19, 1919. To the Commanding General, Port of Embarkation, Hoboken.

1. Records of this office show that the remains of Sgt. John M. Agnew, Co. L, 151st Infantry, were buried at sea with full Military honors.

RECEIVED
HQ. PORT OF EMBARKATION
HOBOKEN, N. J.



SEP 29 1919 AM

John A. Nelson
John A. Nelson,
Major Q.M. Corps,
Property Officer.

R

201 (Agnew, John M.)

4th Ind.

2/10
FSP/fhr.

HQ. PORT OF EMBARKATION, Hoboken, N.J., September 30, 1919. To The Adjutant
General of the Army, Washington, D.C.

Attention is invited to preceding indorsement, page 2.

D. C. SHANKS,

Major General,

Commanding.

BY

E. A. ROBBINS,

MAJOR, U. S. A.,

ASST. PORT ADJUTANT,

110 REC'D BACK OCT 1 1919

293,8 (Agnew, John M) DR

m JH
PJ 2-201

October 16, 1919.

FROM: The Adjutant General of the Army.
TO: Mrs. Elisabeth Agnew, Winamac, Ind.
SUBJECT: In re John M. Agnew.

1. With further reference to the communication recently sent you by the War Department, I beg leave to state that, as indicated by that communication, the representatives of our soldiers who died overseas are being called upon for an expression of their desires regarding the final disposition of the bodies. It happened in a few instances that the names of relatives of a few soldiers who were buried at sea, were placed among the names of those who buried overseas, which fact accounts for your having received the communication.

2. In expressing regret for this occurrence the Department also desires to extend to you its deep sympathy and to commend you for the contribution made to the cause for which your son gave his life.

P.C. Harris. Pgf

Per: P.C. Harris. Per

file
Pf 2-201
10/15/19

R

THIS SPACE FOR OFFICE MEMORANDA.

Card Section

Kindly note on carbon
and cards that

Sergeant John M. Agnew
Co L, 151 Infantry
was buried at sea

HRC
2-201

Notes on carbon
oh

This sheet to be kept with papers while under action and returned to Mail and Record Division with the papers

Caid Section

*Please furnish
emergency address in
this case.*

*Pf 2 - 201
10/10/19*

E. a.

*Mrs. Elizabeth Agnew
Winemac, Indiana*

E.B.S.

REPORT OF DEATH

(Par. 83½, A. R., 1913.)

~~Port of Emb. Hoboken, N.J.~~

~~March 19th, 1919.~~ 191

~~Agnew, John Milton #1565537~~
(Surname.) (Christian name.) (Army serial number.)

~~Sergeant, Co. L, 151st Inf.~~
(Grade.) (Organization.)

died ~~Oct. 17~~, 1918, at ~~SS Delta~~

Nature of injury or disease ~~www~~

Direct cause of death ~~Influenza~~

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

~~Paul H. May, 1st Lieut.~~
(Signature of medical officer.)

~~August 22, 1919~~
1st Ind.

191

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

1. *The report of the surgeon is approved. ~~XXXXXXXXXX~~
*A board of officers has been convened to investigate the case. ~~XXXXXX~~

2. The deceased was ^{*married} ~~*single~~ 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: ~~Elizabeth Agnew, (Mother)~~

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

~~WINDANAG, INDIANA~~
(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.)
~~Buried at sea~~

Remarks

Enclosures:

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

~~John A. Nelson~~
Major, U.S.A.
P.U.C. Commanding.

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

*Strike out words not applicable.

Copy for Q. M. G., under 83½ A. R.

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