

REPORT OF DEATH

(Par. 834, 1913.)

Port of Debarkation, Hoboken, NJ

January 13th, 1919.

Allen Floyd # 3772585
(Surname.) (Christian name.) (Army serial number.)

Private 9th Co. Sept. Aut. Repl.
(Grade.) (Organization)

died Oct. 4, 1918, a USS Pres. Grant
Nature of injury or disease

Direct cause of death Influenza

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

R. L. Liberman
(Signature of medical officer.)

H. J. M. E. U.S. N.R. 7
1st Ind.

Hoboken, N.J., April 15th, 1919

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:

Earl C. Allen (Brother)
(Name and degree of relationship; if friend, so state.)

R.R. #4,
(No. and street or rural route; if none, so state.)

Scranton Iowa.
(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

John A. Nelson
John A. Nelson,

Inclosures:

- 1 Service Record
 - 1 Pay Card
 - 1 Final Statement
 - ~~2 Inventories of Effects~~
- JUN 5 1919*
Major J. M. Corps, Commanding.
Supply Officer, PUO
Ed. 834 A. R.

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

rbc *Strike out words not applicable.

Pres. Grant

Mim. #244

Case Lloyd Allen (3772585)

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:

DEC 9 1978

REIVED G. E. Q. M., HOBOKEN

jtl.

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

Allen Floyd 15
Crt # 3772/585

CONSOLIDATED INDEX CARD.

Ⓢ This card must not be taken from the Record Room.

CONSOLIDATED ENTRIES:

~~Hurst~~
~~Ra~~

INFANTRY REPLACEMENT & TRAINING CAMP

Camp MacArthur, Waco, Texas

SCORE CARD

Name Allen, Floyd.

Organization "A" Co. 1st. Bn. Inf. Repl. Camp.

Date SEP 4 1918.

Slow Fire 100 yds. Total

3	4	4	5	4	5	3	4	3	4	39
---	---	---	---	---	---	---	---	---	---	----

Slow Fire 200 yds. Total

Practice	0	0	0	5	4	5	3	5	5	4	31
----------	---	---	---	---	---	---	---	---	---	---	----

Record

Slow Fire 300 yds. Total

Practice	4	3	3	5	4	3	3	3	5	5	38
----------	---	---	---	---	---	---	---	---	---	---	----

Record

Rapid Fire 200 yds. Total

Practice	5	5	0	10							
----------	---	---	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	----

Record

Rapid Fire 300 yds. Total

Practice	5	5	0	10							
----------	---	---	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	----

Record

Certified by

Edgar W. Jones

* Regular Army.
* National Guard. 3772500

* National Army.
* Enlisted Reserve Corps.

INDIVIDUAL EQUIPMENT RECORD

Allen		CLOTHING ACCOUNT				Floyd	
ARTICLES.	SIZE.	ISSUED.				TURNED IN.	
DATE LINE		9/16/18	9/21/18		9/16/18	9/21/18	
Bags, barrack	1	1			1		
Belts, waist	1	1				1	
Blankets	2	1	2		1	1	
Bressards	1	1			1	1	
Breeches, cotton			1			1	
Breeches, woolen			1			1	
Caps, service			1			1	
Chevrans			1			1	
Coats, denim	5 1/2	1				1	
Coats, cotton			1			1	
Coats, woolen			1			1	
Cords, hat			2			1	
Drawers, cotton			2			1	
Drawers, woolen			2			1	
Gauntlets, winter			2			1	
Gloves			2			1	
Hats, denim	7	1	1			1	
Hats, service		1	1			1	
Laces		3	3			1	
Laces, shoe		3	3			1	
Leggins	2	1	1			1	
Neckties			1			1	
Ornaments, cap			1			1	
Ornaments, collar			1			1	
Overcoat, O. D.			1			1	
Overshoes, arctic			1			1	
Ponchos			1			1	
Shirts, flannel			1			1	
Shoes, gymnasium			1	2		1	
Shoes			1	2		1	
Slicker			1			1	
Stockings, cotton		3	2	4		2	
Stockings, woolen			2			2	
Suspenders			2			1	
Trousers, denim			2			1	
Undershirts, cotton			2			1	
Undershirts, woolen			2			1	
IDENTIFICATION TAGS		2	2			1	
PRISON SUITS COTTON		3	2			1	
PRISON SUITS WOOLEN							
ST. AID KIT							
TOILET KIT							

OFFICER'S INITIALS: *PSB* *PSB*

Allen *Floyd* 3772585
 (Surname.) (Christian name.) (Army serial number.)

Private *Co. 1st Bn.*
 (Grade.) (Company and regiment or arm or corps or department.)

† Write grade and organization with pencil and correct as changes occur.
 (1) c 3-5357

ORDNANCE PROPERTY ACCOUNT

ARTICLES.	ISSUED.					RETURNED IN.		
	DATE	LINE	8/18/18	9/11/18	11/14/18	8/18/18	9/11/18	11/14/18
Mess Equipment								
Meat can	1		1			1		
Cup	1		1			1		
Knife	1		1			1		
Fork	1		1			1		
Spoon	1		1			1		
Bandoleer, Cavalry								
Bayonet and scabbard								
Blanket roll straps								
Bolo and scabbard								
Brush and thong								
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. 74077								
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								
Stock cover								
Trench knife and scabbard								
Wire cutter and carrier								
Horse equipment, complete, horse								
Horse equipment, complete, mule								
SOLDIER'S INITIALS	F. J. G.		F. J. G.		F. J. G.			
OFFICER'S INITIALS	R. S. B.		R. S. B.		R. S. B.			

Cancelled

Cancelled

Cancelled

Allen Ford 3,772,585
(Surname.) (Christian name in full.) (Army serial number.)

Pvt Co 9 Sept Auto Repl Draft
(Rank and organization.)

State your relationship to the deceased Brother

Do you desire the remains brought to the United States? yes.
(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? } no
(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

Mr. Earl C. Allen, Jeffersonrd, Scranton Ia,
(Name of person to receive remain's.) (Express office.) (Telegraph office.)

Scranton, Iowa.
(Number and street.) (City or town.) (State.)

(Sign here) Mr. Earl C. Allen

R. F. 4th Scranton Iowa
(Number and street or rural route.) (City, town, or post office.) (State.)

ALLEN - 3 Lloyd

~~Floyd, Allen~~

(Surname.)

~~Thos Allen~~
(Christian name in full.)

3,772,585

(Army serial number.)

Pvt. 9th Co. Sept. Repl Dft. Co.

(Rank and organization.)

State your relationship to the deceased Full Brother

Do you desire the remains brought to the United States? yes

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? no

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

Earl C. Allen

(Name of person to receive remains.)

Scranton

(Express office.)

Scranton

(Telegraph office.)

Scranton

(Number and street.)

Scranton

(City or town.)

Iowa

(State.)

(Sign here) Earl C. Allen

R. F. D. 4th

(Number and street or rural route.)

Scranton

(City, town, or post office.)

Iowa

(State.)

Read carefully the letter accompanying this card.

Carl C. Allen - Pro.

- File 39713

Allen (Surname)	Floyd (Chairman Name)	3772585 (Number)	R. A. Pvt	RANK Pvt	ARMY OR STAFF CORPS Inf	DIVISION 1-997-D A R D	REGIMENT	COMPANY No. 9
R.R.#4 (Home Street Address)	Scranton	Iowa (State)	N. A.					
Earl C. Allen (Notify in Emergency)	Scranton	Iowa (State)	N. G.					
R.R.#4 (Street Address)	Scranton	Iowa (State)	D. R. C.					
Aug. 6th 1918 (Date of Commission)	Jefferson, Iowa	Nov. 1st 1893 (Date of Enlistment)	U. S. M. C.					
Farmer Occupation:								No. of Card

STATION Camp MacArthur, Texas DATE Sept. 5th 1918

*RECORD OF TRANSFERS AND CHANGES

Photograph, Diagram, or Description
of Place of Burial

APPLICATION FOR INSURANCE

My Army serial number is 3 7 7 2 5 8 5
(Serial number)

My full name is Floyd Allen
(Given) (Middle) (Last name)

Home address R. F. D. No. 4, Scranton Iowa.
(No. and street or rural route) (City, town, or post office) (State)

Date of birth November 1st 1893 Age 25
(Month) (Day) (Year) (Nearest birthday)

Date of last enlistment or entry into active service August 8th 1918.
(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 total permanent disability and from and after my death to the following persons in the following amounts:

RELATIONSHIP TO ME	NAME OF BENEFICIARY <small>(Given) (Middle) (Last name) (If married woman her own Christian name must be stated)</small>	POST-OFFICE ADDRESS <small>(a) No. and street or rural route (b) City, town, or post office and State.</small>	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
<u>Sister</u>	<u>Florence Emley Allen</u>	(a) _____ (b) <u>Jefferson, Iowa.</u>	<u>\$10,000.00</u>
		(a) _____ (b) _____	
		(a) _____ (b) _____	
		(a) _____ (b) _____	

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

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

I wish Insurance Certificate sent to: (Name) Miss Florence Emley Allen,

(Address) Jefferson, Iowa.

JEFFERSON BARRACKS, MO.

Signed at (on board) _____

the _____ day of AUG 8 1918

Witnessed by _____

Rank 1ST LIEUT. INF. R. C.

Commanding _____

Sign here Floyd Allen

1st Lt. U.S. N.A. 15th Co.
(Rank or rating) (Organization)

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

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE

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

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

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

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

Husband or wife.

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

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

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

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

_____, 19____
(Day.) (Month.)

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

First (charge } made _____, 19____
(checkage) } (Day.) (Month.)

Unable to determine as majority of recruits leave depot within a short period after enlistment while some are held at depot for various reasons. It is therefore not considered practicable to hold applications until the final status of each recruit is known.

Commanding

APPLICATION FOR FAMILY ALLOWANCE
AND
INFORMATION FOR ALLOTMENT OF PAY

No. 3772585
(My serial number)

For the Army: A duplicate of this form must be retained with the service record

(Answer ALL questions; give ALL information requested; if not typewritten, use clear legible handwriting, preferably print-hand writing.)

My name is Floyd Allen Rot. QMS. U.S.A. 15th Co.
(First name) (Middle name) (Last name) (Rank and organization)
Home post office R. F. D. 44 Scranton Iowa Age 25
(No. and street or rural route) (City, town, or post office) (Nearest birthday)
Birth Nov. 1st. 1893 Green Co. Ia. Service Aug. 8th 1918 Pay, \$ 30.00
(Date) (Place) (Date of last entrance into active service) (Present pay in U. S.)
Changes _____
(Changes in rank or pay, if any, since Nov. 1, 1917)

CLASS A—ALLOTMENTS COMPULSORY

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

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

If you wish to make an allotment to your wife or children in addition to the compulsory allotment, state amount of additional allotment, \$ _____
In the Navy, such additional allotment should be made on S. and A. Form No. 6.

CLASS B—ALLOTMENTS NOT COMPULSORY

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

I hereby make voluntary allotments for Class B, to begin on the 8th day of Aug., 1918

Relationship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			My Habitual Monthly Contribution to Class B Dependents Before Entering Service.	Amount of Allotment	Do You Apply for a Gov't Family Allowance?
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State			
Sister	15	Florence		Wiley Allen	Gen. Del.	Jefferson	Iowa	\$ 35.00	\$ 15.00	Yes
										Yes or No
										Yes or No
										Yes or No
										Yes or No

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

Mr Frank Perkins (Gen. Del.) Jefferson Iowa.

This form should be used for the allotment of pay only to relatives specified above in Class A and Class B.

For all other allotments use Q. M. Form No. 38 in the Army, and S. and A. Form No. 6 in the Navy.

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

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

Signed at (on board) JEFFERSON BARRACKS, MO.
the 8th day of AUG 8, 1918

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

Witnessed by: _____
(Commissioned or warrant officer)

(Sign here distinctly) Floyd Allen
(First name) (Middle name) (Last name)

Rank 1st LIEUT INF. R. C.

(1) The allowance as shown on this application will be for Class "A" \$_____

Class "B" \$_____

Total \$ 10.00
10.00

(2) The monthly allotment which I shall charge against the applicant on the pay roll is for Class "A" \$_____

Class "B" \$_____

Total \$_____

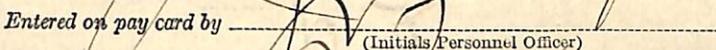
(3) The applicant's rate of pay per month is \$ 30.00

(4) The charge on the pay roll of the above-mentioned allotments commenced

{ Class A. _____, _____, 19____
(Day) (Month)
Class B. _____, _____, 19____
(Day) (Month)

Paragraphs 2 and 4 cannot be completed as recruits are not held here a sufficient length of time to enable this office to furnish such information.

(Signed by) 
1st LIEUT. INF. R. C.
Rank

Entered on pay card by 
(Initials/Personnel Officer)

Entered on service record by 
(Initials Company Commander)

1st Monte Q.M.C.

Adjutant General Dept of War, Hoboken, N. J.

Oct. 26, 1918

19.

Washington, D. C.

Report death of Floyd Allen

Co. 9th REG. 2nd R.D.

Serial No. 677235 Death in line

of duty not result of own misconduct.

U.S.G. President Grant Influence. Corp. 4, 1916. Buried at sea.

Emergency address: Mr. Fred C. Allen,

1st Lt. Co. THEASTON BATT.

daw-jtl

Judson

- 2 M.E.O.
- 1 P.A.
- 1 File ✓
- 08

~~XXXXXXXXXX~~ Hoboken, N.J., April 18, 1919.

220.86

Property Officer, P.U.O., Pier 4, Hoboken, N.J.

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

Records of Pvt. Floyd Allen, 9th Co. Sept. Aut. Repl. Draft.
#3772585

1. In compliance with Paragraph 83, Army Regulations, as amended by changes No. 77, there are enclosed herewith papers as listed below to complete the case of Pvt. Floyd Allen, 9th Co. September Automatic Replacement Draft, Serial No. 3772585, who died on October 4th, 1918, aboard the U.S.S. President Grant:

Report of Death in triplicate (Form 415)
Final Statement (Form 370)
Service Record
Pay Card.

2. Inventory of Effects will be forwarded when effects are disposed of in accordance with 112th Article of War.

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

S-PUC-II
mp/mc
4 Encls. (1 in trip.)

WAR DEPARTMENT,

Min. ~~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 9th, 1918.

Report is made of the following death:

Name of Deceased: Allen, Floyd
Rank: Private Organization 9th Co. S.A.R.D.
Serial Number: 3772585
Place of Death: U.S.S. PRESIDENT GRANT
Date of Death: October 4th, 1918.
Cause of Death: Influenza
Origin: In line of duty; not result of own misconduct.
Next of Kin: (Brother) Earl C. Allen,
Address: R.D. #4, Scranton, Iowa.
Remarks: Buried at sea.

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

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

Eff, Q.M.
Form 62.
jtl.

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

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

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

Subject: **REPORT OF DEATH** in the case of—

Name ALLEN, Floyd 3772585 Grade or rate Private USA
(In full, surname first)
Born: Place Green Co. IOWA Date November 1 1893 Age 24
(At time of death)
Eyes brown Hair brown Complexion ruddy Height 69 1/2 Weight 158
(Inches)
Marks of Identification: S. 1/2" R. knee; S. 1/2" R. shoulder; S. 1/4" L. hand.
(From Health Record)

Enlisted: Place Jefferson Mo. Date August 6 1918

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

Time of day 8:15 am. While attached to Co. 9th, SARD, enroute to Europe
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place _____ Date _____

Cause of death Influenza.

Origin In line of duty and not due to own misconduct, the facts being as follows:
(From nomenclature.)
(In line of duty, or not in the line of duty.)

Admitted to sickbay September 28 1918, with temperature of 103.4°, pulse 109, resp. 26, complaining of pain in chest, back and head, slight cough, apparently suffering from great toxæmia. Patient did not respond to stimulation or any form of treatment. Condition grew rapidly worse. Died at 8:15 am. this date, October 4 1918.

Next of kin:

Earl C. Allen, (brother)

R. D. #4,

Scranton, Iowa.

Approved:

(Signature of medical officer.)

(Signature of commanding officer.)

J. P. [Signature], Lieutenant, MC U. S. Navy.
(Grade.)

[Signature], Captain, U. S. Navy.
(Grade.)

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

From: U. S. S. PRESIDENT GRANT
(Name of ship or station)

Date October 4 1918

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

Subject: **REPORT OF DEATH** in the case of—

Name ALLEN, Floyd Grade or rate Private USA
(In full, surname first)

Born: Place Green Co., Iowa Date November 1 1893 Age 24
(At time of death)

Eyes brown Hair brown Complexion ruddy Height 69 1/2 Weight 150
(Inches)

Marks of Identification: S. 1/2" R. knee; S. 1/2" R. shoulder; S. 1/4" L. hand.
(From Health Record)

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Time of day 8:15 am. While attached to Co. 9th, SARD, enroute to Europe
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place Date

Cause of death Influenza.

Origin In line of duty and not due to own misconduct, the facts being as follows:
(From nomenclature.)
(In line of duty, or not in the line of duty.)

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Next of kin:

Earl C. Allen, (brother)

R. D. A.,

Scranton, Iowa.

Approved:

(Signature of medical officer.)

C. E. COURTNEY

(Signature of commanding officer.)

Lieutenant
(Grade.)

MO, U. S. Navy.

Captain
(Grade.)

, U. S. Navy.

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

From: U. S. S. PROVIDENT
(Name of ship or station)

Date October 6 1918

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

Subject: REPORT OF DEATH in the case of—

Name Allen, Floyd Grade or rate Private USA
(In full, surname first)

Born: Place Green Co., Iowa Date November 1 1888 Age 30
(At time of death)

Eyes brown Hair brown Complexion ruddy Height 69 1/2" Weight 100
(Inches)

Marks of Identification: 1.2/8" l. knee; 2.1/8" l. shoulder; 3.1/4" l. hand.
(From Health Record)

Enlisted: Place Jefferson Mo. Date August 6 1910

Died: Place USS PROVIDENT ON DE Date October 6 1918.
(Name of city and State, or latitude and longitude.) (Date of death.)

Time of day 8:15 am. While attached to Co. 9th, 54th, enroute to Europe
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place Date

Cause of death Influenza.

Origin In line of duty and not due to an accident, the facts being as follows:
(From nomenclature.)
(In line of duty, or not in the line of duty.)

Admitted to sickbay September 20 1918 with temperature of
103.6°, pulse 100, resp. 26, complaining of pain in chest, back and
head, slight cough, apparently suffering from great toxemia. Patient
did not respond to stimulation or any form of treatment. Condition
grew rapidly worse. Died at 8:15 am. this date, October 6 1918.

Next of kin:

Earl A. Allen, (brother)

R. D. H.

Scranton, Iowa.

Approved:

(Signature of medical officer.)

C. E. COURTNEY

(Signature of commanding officer.)

Lieutenant

(Grade.)

U. S. Navy.

Captain

(Grade.)

U. S. Navy.

1st. Lieut. Call. Co.

Port of embarkation, Boston, E.S.

Oct. 27,

1918

Mr. Carl G. Allen,

~~257 4-0, Canton, Mass.~~

Regret to advise the death of 1st. Lieut. Call. Co.

AT SEA ON October 24, 1918 from influenza

Owing to existing conditions it was impossible to bring remains

back to the United States and at sunrise Private

Edward Allen was buried at sea with

full military honors.

Judson,

Brigadier General.

2-M.T.O.

1-P.A.

1-File ✓

111

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Allen</i>	<i>All</i>	3	<i>1 02 02</i>
BURIED <i>Floyd</i> <i>C 76324</i>	CEMETERY <i>ASB</i>	1	
	GRAVE	2	
	POW	2	
	BLOCK	1	
STATE	<i>Iowa</i>	2	<i>16</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>Inf</i>	2	<i>5-1</i>
ORGANIZATION		3	<i>x x x</i>
ARM		1	<i>x</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Collins (Sister)</i>		3	
<i>Mrs Florence E</i> RESIDENCE <i>417 1/2 N. Stocker St.</i> <i>Glendale, Calif</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE <i>29/514/</i>		1	<i>03</i>

AUDITED
1952
Rm

pes

Glendale Calif
5/19/31

Mr A. C. Hughes
War Dept
Washington
D. C.

In reply to your letter May 2.
Floyd Allen has no mother or Step Mother.
He was never married. I am his
sister and only one whom was really
close to him. As I was dependent
on him at the time he entered the
Army. If I may be of any further
assistance please advise me.

Sincerely,

Mrs Florence E Collins
417 West Stocker St.
Glendale,
Calif.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Allen, Floyd, Pvt. (ASB) O

May 2, 1931.

Mrs. Florence E. Collins,
Box 504,
Glendale, California.

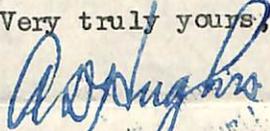
Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Floyd Allen is survived by a stepmother or any woman who stood in loco parentis to him, and if so, the name, address and relationship of each. If he was married and is survived by a widow, also please furnish her name and address.

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

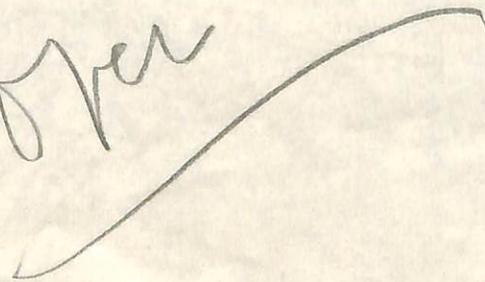
For The Quartermaster General.

Very truly yours,


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

Encl :
Envelope

Open



U
QM 293 A-M
Allen, Floyd ASB S

October 9, 1930.

Mrs. Florence E. Collins,
417 West Stocker St.,
Glendale, Calif.

Dear Madam:

Receipt is acknowledged of your letter of October 3, 1930, relative to the pilgrimage authorized by Congress in the Act approved March 2, 1929, and amended May 15, 1930.

It has been held that in order for a woman to qualify for the pilgrimage under the loco parentis clause of the Act, she must show proof that she actually provided food, clothing and shelter for a deceased service man for a period of at least five years prior to his having reached the age of eighteen. Inasmuch as you state that you did not provide for your brother, but that he provided for you instead, your case is not covered by the Act, and under the circumstances the War Department can make no arrangements for you to make the above pilgrimage at the expense of the Government.

For The Quartermaster General.

Very truly yours,

R. E. SHANNON,
Captain, C. M. Corps,
Assistant.

D
ETX

Glendale Calif.
1930

The Quartermaster General
Washington
D. C.

Dear Sir:-

In Receipt of your letter on September Eleventh, regarding the forms you inclosed. I can furnish proof that the deceased Floyd Allen Em-293-am had provided for me for years, as I had no father after I was eight years of age and no mother after Ten years of age. I was dependant on him at the time he passed away. He was never dependant on me as I was much younger then he, being at the age of fifteen years at the time he entered the army.

Thanking you very kindly

Respectfully

Mrs Florence E Collins

417 West Stocker St

Glendale Calif.

September 11, 1930

QM 293 AM
Allen, Floyd ASB S

Mrs. Florence E. Collins,
Box 504,
Glendale, Cal.

Dear Madam:

Receipt is acknowledged of form letter completed by you relative to the pilgrimages to the cemeteries of Europe, authorized by the Act of March 2, 1929 as amended May 15, 1930.

The only provision of the above mentioned Act under which anyone other than a mother or widow could be considered for the privilege of making the pilgrimage, is contained in Section 4 (a) of the Act which has been amended to read in part as follows: "--or any woman who stood in loco parentis to the deceased member of the military or naval forces for a period of not less than five years at any time prior to the soldier, sailor or marine becoming 18 years of age."

In order to satisfy legal requirements it will be necessary for you to furnish as proof of your relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you consider yourself eligible, under the law, to make the pilgrimage, it is requested that the inclosed form be completed and returned to this office in order that your eligibility may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

Inc:
Form
Env.

ETK

MDT

✓

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allen, Floyd - U-ASB Sis
PVT

July 8, 1930.

*Possible R.F.
letter*

Mrs. Florence E. Collins,
Box 504,
Glendale, Calif.

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?

no

If so, give her name and address:

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

no

If so, give her name and address:

Deceased was single man.

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



Deceased is not survived by any parents. I am sister to Floyd Allen.

If so, give her name and address:

For The Quartermaster General

Very truly yours,

A. D. Hughes

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

Enclosures:
Envelope
Act
Amendment

QM 293 A-M
Allen, Floyd, Pvt. (ASB) O

May 2, 1931.

Mrs. Florence E. Collins,
Box 504,
Glendale, California.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Floyd Allen is survived by a stepmother or any woman who stood in loco parentis to him, and if so, the name, address and relationship of each. If he was married and is survived by a widow, also please furnish her name and address.

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

For The Quartermaster General.

Very truly yours,

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

Encl:
Envelope

aph

1931 MAY - 4 - AM
10:23

U
QM 293 A-M
Allen, Floyd/ASB S

October 9, 1930.

Mrs. Florence E. Collins,
417 West Stocker St.,
Glendale, Calif.

Dear Madam:

Receipt is acknowledged of your letter of October 3, 1930, relative to the pilgrimage authorized by Congress in the Act approved March 2, 1929, and amended May 15, 1930.

It has been held that in order for a woman to qualify for the pilgrimage under the loco parentis clause of the Act, she must show proof that she actually provided food, clothing and shelter for a deceased service man for a period of at least five years prior to his having reached the age of eighteen. Inasmuch as you state that you did not provide for your brother, but that he provided for you instead, your case is not covered by the Act, and under the circumstances the War Department can make no arrangements for you to make the above pilgrimage at the expense of the Government.

For The Quartermaster General.

Very truly yours,

R. E. SHANNON,
Captain, C. M. Corps,
Assistant.

U. S. M. G. M. & R. DIV.

1930 OCT 10 AM 10 34

DISPATCHED

September 11, 1930

CM 293 AM
Allen, Floyd ASB S

Mrs. Florence E. Collins,
Box 504,
Glendale, Cal.

Dear Madam:

Receipt is acknowledged of form letter completed by you relative to the pilgrimages to the cemeteries of Europe, authorized by the Act of March 2, 1929 as amended May 16, 1930.

The only provision of the above mentioned Act under which anyone other than a mother or widow could be considered for the privilege of making the pilgrimage, is contained in Section 4 (a) of the Act which has been amended to read in part as follows: "--or any woman who stood in loco parentis to the deceased member of the military or naval forces for a period of not less than five years at any time prior to the soldier, sailor or marine becoming 18 years of age."

In order to satisfy legal requirements it will be necessary for you to furnish as proof of your relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you consider yourself eligible, under the law, to make the pilgrimage, it is requested that the inclosed form be completed and returned to this office in order that your eligibility may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

Inc:
Form
Env.

1930 SEP 2 AM 10 55

MDT

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allen, Floyd - U-ASB Sis

July 8, 1930.

Mrs. Florence E. Collins,
Box 504,
Glendale, Calif.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

39773

concentrated
from

79053

ALLEN,

FLOYD.

3772585

Pvt. 9th Co. September Automatic
Replacement Draft.

DIED: Oct. 4th 1918.

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

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

39773 / ~~79053~~

B185

FROM: ~~U. S.~~ C. M. C.
CEMETERIAL DIVISION
Munitions Building
Room 1131

39723

PLEASE
EXPEDITE

79053

Address Reply To

QUARTERMASTER GENERAL

DIRECTOR OF PURCHASE & STORAGE

Munitions Building

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

Information requested of A.G.O.

Overseas

Investigation and Adjustment Department
WAR DEPARTMENT Investigation Unit

OFFICE OF THE QUARTERMASTER GENERAL

DIRECTOR OF PURCHASE AND STORAGE

WASHINGTON

391143

Date June 18, 1920

File No. Registration.

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

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

Subject: Information required for G.R.S.

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

- ✓ a. Surname Allen *OK*
- ✓ b. Christian name Floyd *OK*
- ✓ c. Serial number 3772585 *OK*
- ✓ d. Organization 9th Co. Sept. Aut Repl Dr. *OK*
- ✓ e. Rank Private *OK*
- ✓ f. Date of death *Oct. 4/18.*
- ✓ g. Cause of death *On bd. U.S.S. Pres. Grant, Influenza.*
- ✓ h. Authority (C.C.#)
- ✓ i. Emergency address *no record found*
- ✓ j. Relationship *Carl E Allen RFD 4 Seanton Ia brother*

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age at Enlistment *24 yr - 9 mon*
- b. Color of Eyes *Bro. 4*
- c. Color of Hair *D. Bro.*
- d. Height *5 ft. 9 1/2 in.*
- e. Weight *137 lbs*
- f. Permanent marks and physical defects at enlistment. (Old fractures or breaks) *8 1/2" R. knee, 8 1/2" R. shoulder, 8 1/4" L. hand*

DENTAL CHART

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing *no missing teeth*
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
- upper right upper left
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
- lower right lower left

H. L. ROGERS,
Quartermaster General, U.S.A.,
Director of Purchase & Storage.

By:

H J Conner

H. J. CONNER,
Captain, Q.M.C.

Rec'd World War Div.

Date... *6* 18 1920

K
Donnelly, C.A. E.P.S. 6-19-20. wg

18

Classification

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 6/23/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name	✓		Date of Reburial		
Serial Number			Burial Information		✓
Rank			Nearest Relative		✓
Organization			Notified Nearest Relative		
Cause of Death			Blue Card thrown out	✓	✗
Date of Death			^{3/5} White Card set up	✓	✗
Casualty Cablegram Number			<i>Cross Reference</i>		

O.K. Alphabetical Files A. E. S. 6-25-20

~~O.K. Organization Files~~ _____

~~O.K. State Files.~~ _____

Cemetery Audit Department
Investigation & Adjustment Dept.

By J. A. DEE (ECC)

3 Cards attached.