

# LIST OF PAPERS

File under No. 293

Dr. 1226

*Allen, Ira O.*

U. S. GOVERNMENT PRINTING OFFICE 3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
<i>6-28-38</i>	ARCHIVES AND CLAIMS BRANCH WASHINGTON & M. DEPOT FT. MYER, VA.	<i>6-24-38</i>	<i>Miss O'Reilly</i>	<i>for Memorial.</i>

2116  
QM 293 A-M

Allen, Ira O.

June 24, 1938

Mr. Watson D. Miller, National Director,  
M The American Legion,  
1608 K St., N. W.,  
Washington, D. C.

Dear Sir:

With reference to your letter of June 22, 1938, the records of this office show that the remains of the late Ira O. Allen were buried at sea from the USS President Grant, and that this decedents name is inscribed in the Chapel now erected in the Suresnes American Cemetery, Seine, France.

For The Quartermaster General.

Very truly yours,

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

JUN 25 8 20 AM '38

DDMG M&R BR

X

THE AMERICAN LEGION

NATIONAL REHABILITATION COMMITTEE

1608 K ST., N.W.

WASHINGTON, D. C.

June 22, 1938

Quartermaster General  
Cemeterial Division  
War Department  
Washington, D. C.

*Buried at sea.  
from USS President Grant  
Name inscribed  
293 in Suresnes Chapel  
France*

✓ RE: ALLEN, Ira O.

✓ Serial No. 3 965 168

✓ Pvt. Company B, 809th Pioneer Infantry

Dear Sir:

The parents of the above named veteran, Benneter and Clyde Allen, Triplett, Missouri, have requested information as to the place of death of the veteran and place of burial. The veteran died in the service October 4, 1918. May we please have a report at your earliest convenience.

Sincerely,

E-10

*W B Miller*  
WATSON B. MILLER,  
National Director  
*Seine, France*



Allen

Ira O.

3,965,168

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Co. E, 809th. Inf Pioneer

(Rank and organization.)

State your relationship to the deceased.

*mother*

Do you desire the remains brought to the United States?

*no*  
(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:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

*Bennetta Allen*

*(Bennetta Allen)*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

*Triplet*

*Mo.*

Read carefully the letter accompanying this card.

DUPLICATE

Buried at sea. File 38870

Buried at sea  
mtt.

6-9-21

# REPORT OF DEATH

(Par. 834, R., 1913.)

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

Allen, Ira O. # 3965168  
(Surname.) (Christian name.) (Army serial number.)  
Private Co. E, 809th Pion. Inf.  
(Grade.) (Organization.)  
died Oct. 4, 1918, at USS Pres. Grant  
Nature of injury or disease

Direct cause of death **Bronchial Pneumonia**

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

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

1st Inf.

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

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

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

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

2. The deceased was \*single 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:

**Barneter Allen (Mother)**

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

**R.F.D. #2**

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

**Triplitt**

**Missouri**

(City, town, or post office.)

(State or country.)

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

**Buried at Sea.**

Remarks

*John A. Nelson*  
**John A. Nelson**

Inclosures:

1 Service Record.

1 Pay Card.

1 Final Statement.

**Major Q. H. Corpe**

**Supply Officer** Commanding

U. S. A. R.

A. G. O. Form 415, A. G. O. 1918

Ed. July 18, 1918.

Copy for C. M. G., under 881 A. R. not applicable.

11/2/19 J. G. 2

38870  
ALLEN,

IRA O.

3965168

Pvt. Co. E. 809th. Pioneer Inf.

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)

B184

16  
REPORT OF DEATH

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

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

Allen, Ira O. # 3965162  
(Surname.) (Christian name.) (Army serial number.)

Private Co. H, 809th Pion. Inf.  
(Grade.) (Organization.)

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

29313

Direct cause of death Bronchial Pneumonia

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

(Signature of medical officer.)

1st Ind.  
Hoboken, N.J., April 15th, 1919

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

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

2. The deceased was ~~single~~ <sup>married</sup> 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:

Domestic Allen (Mother)

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

H.P.D. #2

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

Nearby

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

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

Remarks

John A. Nelson, Commanding

Inclosures:

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

Major G.M. Corps, Supply Officer

Commanding.



Pres. Grant

Mim. #244

Case Isa O. Allen (3965168)

Memo. for Disposition of  
Effects Section.

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

Memo. to Disposition of  
Remains Section.

The above effects were  
received by this office on:

*not rec'd*

jtl.

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

Allen, Jr. 6

3965168

**CONSOLIDATED INDEX CARD.**

~~Do not~~ This card must not be taken from the Record Room.

**CONSOLIDATED ENTRIES:**

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

\* Regular Army.  
\* National Guard.

\* National Army.  
\* Enlisted Reserve Corps.

# INDIVIDUAL EQUIPMENT RECORD

## CLOTHING ACCOUNT

ARTICLES.	SIZE.	ISSUED.							TURNED IN.	
		8/6/18	8/13/18	9/1/18	9/10/18	9/13/18	9/29/18	10/11/18		
DATE LINE										
Bags, barrack		1	1	1	1	1	1	1		
Belts, waist		1	1	1	1	1	1	1		
Blankets		2	2	2	2	2	2	2		
Brassards										
Breeches, cotton		2	2	2	2	2	2	2		
Breeches, woolen					1	1	1	1		
Caps, service						1	1	1		
Chevrons										
Coats, denim										
Coats, cotton		1	1	1	1	1	1	1		
Coats, woolen					1	1	1	1		
Cords, hat					1	1	1	1		
Drawers, cotton		2	2	2	2	2	2	2		
Drawers, woolen						2	2	2		
Gauntlets, winter										
Gloves							1	1		
Hats, denim										
Hats, service								1		
Laces										
Laces, shoe										
Leggins <i>wrap</i>				1			1	1		
Neckties										
Ornaments, cap										
Ornaments, collar										
Overcoat, O. D.						1	1	1		
Overshoes, arctic										
Ponchos										
Shirts, flannel		1	1	1	1	1	1	1		
Shoes, gymnasium										
Shoes <i>Field</i>		1	1	1	1	1	1	1		
Slicker						1	1	1		
Stockings, cotton		3	3	3	3	3	3	3		
Stockings, woolen						3	3	3		
Suspenders										
Trousers, denim										
Undershirts, cotton		2	2	2	2	2	2	2		
Undershirts, woolen						2	2	2		
OFFICER'S INITIALS		AWO	AWO		AWO	AWO	AWO	AWO		

\* Strike out words not applicable.

Allen Ira O. 3965768  
 (Surname.) (Christian name.) (Army serial number.)  
 † Pvt. Co. E. 809 Pioneer Engr.  
 (Grade.) (Company and regiment or arm or corps or department.)  
 † Write grade and organization with pencil and correct as changes occur.  
 (1)



**ORDNANCE PROPERTY ACCOUNT**

ARTICLES.		ISSUED.				TURNED IN.		
DATE	LINE							
<i>Mess Equipment.</i>								
	Meat can	/	/	/				
	Cup	/	/	/				
	Knife	/	/	/				
	Fork	/	/	/				
	Spoon	/	/	/				
	Bandoleer, Cavalry							
	Bayonet and scabbard			/				
	Blanket rollstraps							
	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. <i>368837</i>			/				
	Rifle cover			/				
	Rifle scabbard			/				
	Rule, 2-foot, folding			/				
	Saber and scabbard			/				
	Saber knot			/				
	Saber straps, 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			/				
	<i>Branch C</i>			/				
SOLDIER'S INITIALS		<i>ina</i>	<i>28</i>	<i>120</i>				
OFFICER'S INITIALS		<i>SPAN</i>	<i>CSH</i>					

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

## INSTRUCTIONS.

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

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

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

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

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

(Surname.)

(Christian name.)

(4)

3-5357

WAR DEPARTMENT,

Mim. <sup>111274</sup> 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, Ira O.		
Rank:	Private	Organization	Co. E. 809th, P. Inf.
Serial Number:	3965168		
Place of Death:	U.S.S. PRESIDENT GRANT		
Date of Death:	October 4th, 1918.		
Cause of Death:	Pneumonia-broncho		
Origin:	In line of duty; not result of own misconduct.		
Next of Kin:	(Mother) Mrs. Bonnoter Allen,		
Address:	RFD #1, Triplette, Mo.		
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.

Mim. #233

1st Lieut., C.H. Corps.

Port of Embarkation, Hoboken, N.J. Oct. 26th, 1918.

Adjutant General

Washington, D. C.

Report death of ~~Private Lee Elmer Allen~~ -----

Co. ~~D~~ ----- Reg. ~~899th P. Inf.~~ -----

Serial No. ~~3865168~~ ----- Death ----- in line

of duty not result of own misconduct. Oct. 4, 1918. "U.S.S. PROS. CRANE"  
Pneumonia. Buried at Sea.

Emergency address: ~~(Mother) - Mrs. Bonnet Allen -~~

----- ~~12041, Triplett, Mo.~~

daw-jtl

Judson

2-11.3.0.  
1-P.A.  
1-File ✓

RC

~~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. Ira O. Allen, Co. E, 809th Pion. Inf.  
#3965168

1. In compliance with Paragraph 83, Army Regulations, as amended to complete the case of Pvt. Ira O. Allen, Co. E, 809th Pioneer Infantry, Serial No. 3965168, who died October 4th, 1918, aboard U.S.S. President Grant:

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

2. No effects were received at this office to date.

8-PU-B

mp/rac

4 Encls. (1 in trip.)

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

APPLICATION FOR FAMILY ALLOWANCE  
AND  
INFORMATION FOR ALLOTMENT OF PAY

No. 3965168  
(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 Ira Oleta Allen Ret 75 Co 163rd  
(First name) (Middle name) (Last name) (Rank and organization)  
Home post office 76 2 Trinidad Mo Age 25  
(No. and street or rural route) (City, town, or post office) (Nearest birthday)  
Birth Nov 3/93 Trinidad Mo Service Aug 4 1918 Pay, \$ 22  
(Date) (Place) (Date of last entrance into active service) (Present pay in U. S.)  
Changes none  
(Changes in rank or pay, if any, since Nov. 1, 1917)

CLASS A—ALLOTMENTS COMPULSORY

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

Relation-ship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			DATE OF BIRTH			If Married, Give Date; If Not, Enter "No"	Do you Apply for a Gov't Family Allowance?	
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State	Month	Day	Year			
Wife		None											
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 \_\_\_\_\_ day of \_\_\_\_\_, 191

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

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

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

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

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

Signed at (on board) CAMP DODGE, IOWA 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.

the \_\_\_\_\_ day of \_\_\_\_\_ 191  
Witnessed by: [Signature]  
(Commissioned or warrant officer)

(Sign here distinctly) Ira Oleta Allen  
(First name) (Middle name) (Last name)

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

Class "B" \$.....

Total ..... \$.....

(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 \$.....

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

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

(Signed by) *Wm J. Saunders*

Rank *1st Lt*

Entered on pay card by ..... (Initials Personnel Officer) *PO*

Entered on service record by ..... (Initials Company Commander) *W.J.S.*

201 (Allen, Ira O.)

1st Ind.

S.1/10/19  
JRG/wrg

Hq. Port of Embarkation, Hoboken, N.J. December 26, 1918. To the Chief, Effects Bureau, Port of Embarkation, for investigation and reply to these headquarters.

By command of Major General SHANKS

(sgd) J.R. Goodale,  
Captain, Retired,  
Assistant Port Adjutant.

220.871 (Allen, Ira O.)

2nd Ind.

S-110-H  
mp/ml

O. Chief, Effects Bureau, Port of Embarkation, Hoboken, N.J., Dec. 26, 1918.  
To Commanding General, Port of Embarkation, Hoboken, N.J.

1. Report of Death states that Ira Clothe Allen died and was buried at sea on October 4th, 1918; Cause: pneumonia, bronchial; in line of duty and not due to his own misconduct. Admitted to sickbay October 2, 1918, with temperature of 104°, pulse 109, resp. 26. Complained of chills and aching pains. Patient died at 8:00 A.M. October 4th.

John T. Nelson  
Major U.S. Corps.  
Chief, Effects Bureau

By: E. C. Sherman,  
1st Lieut. U.S. Army.

American Life and Accident Insurance Co.

Kansas City, Missouri

Deposited with Missouri Insurance Department  
for Protection of Policy Holders  
\$100,000.00

AGENCY AT  
Richmond, Mo.

12/21/18

Jadison, Brigade Genl.

Hoboken, N.J.

Dear Sir:-

Please advise me if the wire of Oct the 27th, stating that Private Ira O. Allen of Triplett, Mo. died at sea, is official. We hold a life Insurance Policy on his life for \$500.00 and will appreciate a statement from you regarding his death.  
Thanking you for a prompt reply.

I am truly yours,

(sgd) Jas. A. Echols, SUPT.

APPLICATION FOR INSURANCE

1918

My service number is 3965168  
(Service number)

My full name is Ira Orlith Allen  
(Given) (Middle) (Last name)

Home address R. 2 Triplett, Mo.  
(No. and street or rural route) (City, town, or post office) (State)

Date of birth November 30 1893 Age 25  
(Month) (Day) (Year) (Nearest birthday)

Date of last enlistment or entry into active service August 4 - 1918  
(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 total permanent disability and from and after my death to the following persons in the following amounts:

RELATIONSHIP TO ME	NAME OF BENEFICIARY (Given) (Middle) (Last name) (If married woman her own Christian name must be stated)	POST-OFFICE ADDRESS		AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
		(a) No. and street or rural route	(b) City, town, or post office and State.	
Mother	Benneter (now) Allen	R. 2 Triplett, Mo.		10,000.

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) Benneter (now) Allen  
(Address) Route 2, Triplett, Mo.

Signed at (on board) AUG 08 1918  
the AUG 8, 1918 day of 1918

Witnessed by: William H. Williams  
Rank 1st Lt Inf H.A.  
Commanding C 75-163 D/B

Sign here Ira Orlith Allen  
C 75-163 D/B  
(Rank or rating) (Organization)

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

ENTERED ON PAY CARD

*[Handwritten signature]*

## 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.

AUG 8 1918

(Day.) \_\_\_\_\_ (Month.) \_\_\_\_\_, 19\_\_\_\_

Charge } of premium (\$ 6.60 ) will be made by me monthly, beginning with month in which application is dated.  
 Checkage }

First } made \_\_\_\_\_, 19\_\_\_\_  
 charge }  
 (checkage) }  
2-8225 (Day.) AUG 8 1918 (Month.)

*William H. Williams*  
 1st Lt. Inf. U.S.A.  
 Commanding Co. 75-163.518

1st. Lieut. C. H. C.

Post of Robertson, Robinson, D.C.

Oct. 27th.

10.

Mrs. Sumner Allen,

R.F.D. #1, Tripetto, Mo.

Regret to advise the death of Private Eric O. Allen  
 AT SEA ON October, 4th, 1919 from Arizona  
 Owing to existing conditions it was impossible to bring remains  
 back to the United States and at sunrise Private  
Eric O. Allen was buried at sea with  
 full military honors.

Judson,

Brigadier General.

2-M.T.O.  
 1-P.A.  
 1-File ✓

24.

FORM N.

(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, Ira Cletha 3965168 Grade or rate Private USA  
(In full, surname first.)

Born: Place Keytesville Mo. Date November 30 1893 Age 24  
(At time of death.)

Eyes negro Hair negro Complexion negro Height 68" Weight 158  
(Inches.)

Marks of identification: LS. 1/2" on chest; PM. L. back; Vac S. L. arm; LS. 1" L. knee;  
(From Health Record.)

PL. L. shoulder.

Enlisted: Place Keytesville, MO. Date August 4 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 8:00 am. While attached to Co. E, 809th P. Inf. enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

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

Cause of death Pneumonia, bronchial  
(From nomenclature.)

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

Admitted to sickbay, October 2 1918, with temperature of  
104°, pulse 109, resp. 26, Complained of chills and aching pains  
Patient died at 8:00am. October 4 1918.

Next of kin,

Mrs. Benneter Allen. (mother)

R. F. D. #1.

Tripletta Mo.

Approved:

[Signature] MC  
(Signature of medical officer.) Lieutenant U. S. Navy.  
(Grade.)  
[Signature] Captain U. S. Navy.  
(Signature of commanding officer.) (Grade.)

FORM N.

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



From: U. S. S. USS 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, Iva Olotha Grade or rate Private USA  
(In full, surname first.)

Born: Place Keytesville Mo. Date November 30 1894 Age 24  
(At time of death.)

Eyes negro Hair negro Complexion negro Height 60" Weight 160  
(Inches.)

Marks of identification: LS. 1/2" on chest; RM. L. back; Vacs. L. arm; LS. 1" L. knee;  
(From Health Record.)  
RM. L. shoulder.

Enlisted: Place Keytesville, Mo. Date August 4 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 8:00 am. While attached to Co. E., P. Inf. enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place \*\*\*\*\* Date \*\*\*\*\*

Cause of death Pneumonia, bronchial

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

Admitted to sickbay, October 2 1918, with temperature of  
104°, pulse 100, resp. 26. Complained of chills and aching pains  
Patient died at 8:00am, October 4 1918.

Next of kin,  
Mrs. Bennetor Allen, (mother)  
R.P.D.#1,  
Tripletta Mo.

Approved:

C. F. COURTNEY Lt. Jonathan B MO  
(Signature of commanding officer.) (Grade.) U. S. Navy.  
Captain  
(Grade.) U. S. Navy.

FORM N.

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



From: U. S. ~~FRIGATE DE 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, Eva Detha Grade or rate Private USA  
(In full, surname first.)

Born: Place Kaytesville MO. Date November 30 1899 Age 24  
(At time of death.)

Eyes HAZEL Hair BROWN Complexion BROWN Height 69" Weight 150  
(Inches.)

Marks of identification: 18.1/2" on chest; M.L. back; Vasc. L. arm; 1.5.1" L. knee;  
(From Health Record.)  
M.L. shoulder.

Enlisted: Place Kaytesville, Mo. Date August 4 1918

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

Time of day 6:00 am. While attached to Co. 2, 807<sup>th</sup> Inf. enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place \*\*\*\*\* Date \*\*\*\*\*

Cause of death Pneumonia, bronchial

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

Admitted to sickbay, October 2 1918, with temperature of  
106°, pulse 100, resp. 26. Complained of chills and aching pains  
Patient died at 8:00am, October 4 1918.

Next of kin,  
Mrs. Dorothea Allen, (mother)  
H.P.D.#1,  
Triplette Mo.

Approved:

[Signature] Lieutenant U. S. Navy.  
(Signature of medical officer.) (Grade.)  
C. E. COURTNEY Captain U. S. Navy.  
(Signature of commanding officer.) (Grade.)

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Allen Ira O (ASB) x

July 13 1932

Mrs Bonnetter Allen  
117D #2

Triplott No

Dear Madam:

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

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

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

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

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

For The Quartermaster General,

Very truly yours,

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

2 Encls.

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

\_\_\_\_\_  
(Write answer here)

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM-293-AM

June 26, 1931

Allen, Ira O. Pvt. (ASB) Mx

Mrs. Benneter Allen,  
RFD #2,  
Tripllett, Missouri.

Dear Madam:

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

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

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

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

For The Quartermaster General,

Very truly yours,

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

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

Write answer here

\_\_\_\_\_  
Sign here

December 15, 1930.

QM 293 A-M  
Allen, Ira O. Pvt. ASB M

Mrs. Benneter Allen,  
R. F. D. #2,  
Triplett, Missouri.

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 Ira O. Allen is survived by a widow, and if so, furnish her name and address.

The enclosed Government envelope which requires no postage is for your convenience in replying.

For The Quartermaster General.

Very truly yours,

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

Enclosure:  
Envelope

mf

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allen Ira O. Pvt ASB O

August 27, 1930

Mrs. Benneter Allen R F D #2,  
Dear Madam, Missouri

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

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

Mother

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

For The Quartermaster General,

Very truly yours,

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

Enclosures:  
Envelope  
Act  
Amendment

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Allen, Ira O. - U-ASB M

July 8, 1930.

Mrs. Benneter Allen,  
R F D # 2,  
Triplott, Missouri.

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.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Allen	3	1 0 2 0 2
BURIED	CEMETERY	1	
	GRAVE	2	
	ROW	2	
	BLOCK	1	
STATE	Mo	2	29
RANK	Priv	1	2
DIVISION	Inf	2	51
ORGANIZATION	809	3	809
ARM	Pioneers	1	1
MARITAL	no	1	2
NAME	Allen	3	1 0 2 0 2
RESIDENCE	STATE	2	29
	COUNTY	2	21
	CITY	3	x x x
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	yes	1	
NATIVITY		1	
RACE	De gro	1	
ENGLISH	yes	1	1
ATTENDANT		1	
HEALTH	bad	1	2
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE	no	1	2 1
29/514/			52 03

C 75740

Mrs Benneter

RFD # 2

**AUDITED**

MAR 10 1932

BRAND

89A

Age

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Allen Ira O (ASB) x

July 13 1932

Mrs Benneter Allen  
RFD #2  
Triplet Mo

Dear Madam:

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

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

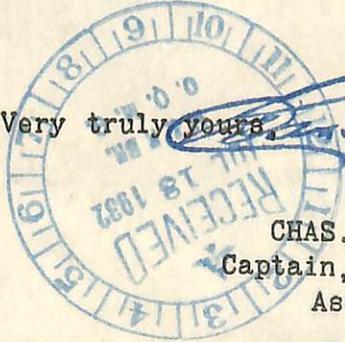
IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

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

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

For The Quartermaster General,

Very truly yours,

  
*Chas. W. Dietz*  
CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

2 Encls.

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

No.  
(Write answer here)

(Sign here)

Benneter Allen

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM-293-AM  
Allen, Ira O. Pvt.(ASB) Mx

June 26, 1931

Mrs. Benneter Allen,  
RFD #2,  
Triplett, Missouri.

Dear Madam:

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

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

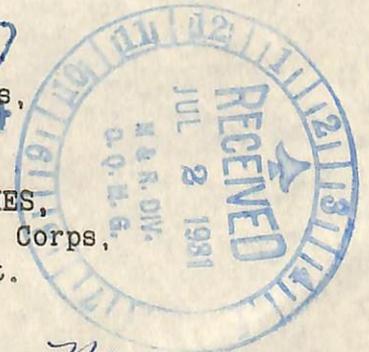
As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

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

For The Quartermaster General,

Very truly yours,

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



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

No.

Write answer here

*Mrs. Benneter Allen.*

Sign here

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

December 15, 1930.

IN REPLY REFER TO QM 293 A-M  
Allen, Ira O. Pvt. ASB M

Mrs. Benneter Allen,  
R. F. D. #2,  
Triplett, Missouri.

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 Ira O. Allen is survived by a widow, and if so, furnish her name and address.

The enclosed Government envelope which requires no postage is for your convenience in replying.

For The Quartermaster General.

Very truly yours,

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

Triplett, Mo., Dec. 18, 1930.

Enclosure:

Envelope

Dear Sir:

Answering the above query, I will say that my son, Private Ira O. Allen, is not survived by a widow; he was never married.

Yours very truly,

*Benneter Allen*

Benneter Allen.



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

*Ans  
Sellers*

IN REPLY REFER TO QM 293 A-C

Allen Ira O. Pvt ASB 0 *dm*

August 27, 1930

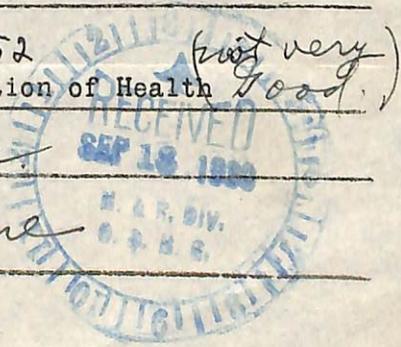
Mrs. Benneter Allen R F D #2,  
Triplett, Missouri

Dear Madam:

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

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

1. Do you desire to make this pilgrimage?	<i>Not at present.</i>
2. Do you desire to make the pilgrimage in the calendar year 1931?	<i>No.</i>
3. Please give your age and state your health.	Age 52 Condition of Health <i>(not very good.)</i>
4. Do you speak English?	<i>Yes.</i>
5. What other language do you speak?	<i>None</i>



For The Quartermaster General,

Very truly yours,

*A. D. Hughes*

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

Enclosures:  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Allen, Ira O. - U-ASB M

July 8, 1930.

Mrs. Benneter Allen,  
R F D # 2,  
Triplett, Missouri.

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.