

REPORT OF DEATH

(Par. 83½, A. R., 1913.)

Part of Registration, Hoboken, N. J.

January 13th, 1919

Anderson Andrew 362692

(Surname.) (Christian name) (Army serial number.)
Private Co. 11, 809th Infantry Regt

died Oct. 6, 1918, at U. S. S. Pres. Grant

(Grade.) (Organization.)
Nature of injury or disease

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.

N. L. Liberman

(Signature of medical officer.)

1st Ind.

Hoboken, N. J., April 9th, 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

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

Ellen Anderson (Mother)

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

Route #2, Box #43

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

Singor Okla.

(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 in France.

Remarks

John A. Tolson
John A. Tolson,

Inclosures:

- 1 Service Record. Major C. M. Corp.
- 1 Pay Card. Commanding.
- 1 Final Statement. Supply Officer, PUD

Form 415, A. G. O. Ed. July 10, 1918. Copy for C. M. U. under 807. *Stripped out as not applicable. M. E. L. 3-5118

LIST OF PAPERS

File under No. 293.3

D = 1782

ANDERSON, ANDREW. # 3682692

GOVERNMENT PRINTING OFFICE 3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
ARCHIVES AND CLAIMS BRANCH WASHINGTON Q. M. DEPOT FORT MYER, VA.		1-12-31	MR. BOWIE —	MISS VAIL, MEM. BR.

Anderson, Andrew

3,682,692 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. Co H, 809th Pioneer, Inf.

(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
desire 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:

Mrs Ellen Anderson

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

W. C. Anderson Biggs

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Oklahoma

Read carefully the letter accompanying this card.

Burned at Sea.
July 4th 57.

5 x 8 Stakes
Burned at sea

Binger

President Grant

13
10/6/18
M. J. ...

DISPOSITION OF REMAINS

10/6/18

23

Anderson, Andrew (3682692)
Pot. Co. H. 809th P. Inf

10000 A

PWS, R

and
Jrd. A. G.

12/27/18

R

ANDERSON ANDREW 3682692
 (Surname) (Christian Name) (Number)
 Route # 2 Box - 43
 (Home Street Address)
 Binger Okla.
 (City) (State)
 Ellen Anderson mother
 (Notify in Emergency) (Relationship)
 Route # 2 Box # 43 Binger Okla
 (Street Address) (City) (State)
 (Date of Commission) July 16th 1918
 Newton Kas (Date of Enlistment)
 (Place of Enlistment) (Date of Birth)
 Occupation: farmer.

R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
N. A.	Prvt.	Pioneer Inf		809	H.
N. G.					
O. R. C.					
U. S. M. C.					

No. of Card

STATION Camp Dodge Iowa DATE Sept 10th 1918

*RECORD OF TRANSFERS AND CHANGES

Trans. from Co. G. 804 Inf. to 2nd New Bns 163rd
 D. B. 7/31/18.
 Trans. from New Bns. # 2. to Co. H. 809 Pioneer
 Inf. 9/9/18.

Photograph, Diagram, or Description of Place of Burial

* To include transfers, changes, promotions, captured, missing, leave, furlough, and A. W. O. L., together with date of change.

ANDERSON **ANDREW** *3682692*
 (Surname) (Christian Name) (Number)
Route #2 Box #3
 (Home Street Address)
Binger *Okla*
 (City) (State)
Ellen Anderson *mother*
 (Notify in Emergency) (Relationship)
Route #2 Box #3 Binger *Okla*
 (Street Address) (City) (State)
 (Date of Commission)
Newton Kas.
 (Place of Enlistment)
farmer
 Occupation: (Date of Birth) *July 16th 1918*

R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
N. A.	<i>Priv</i>	<i>Pioneer Inf</i>		<i>809</i>	<i>H.</i>
N. G.					
O. R. C.					
U. S. M. C.					

No. of Card

STATION *Camp Dodge* *Yonca* DATE *Sept. 18th* 191*8*

*RECORD OF TRANSFERS AND CHANGES

Trans from Co. E, 804 Pioneer Inf to Dew Bn.
#2 163 D.B. 7/31/18.
Trans from 2nd Dew. Bn to Co. H. 809 Pioneer
Inf. 9/9/18.

Photograph, Diagram, or Description
of Place of Burial

*To include transfers, changes, promotions, captured, missing, leave, furlough, and A. W. O. L., together with date of change.

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

23

Anderson, Andrew

3682692

CONSOLIDATED INDEX CARD.

~~23~~ This card must not be taken from the Record Room.

CONSOLIDATED ENTRIES:

~~W.P.~~
~~P.P.~~
~~W.P.~~
~~W.P.~~
~~W.P.~~

Anderson, Andrew S. No. 3682692

Priv.

Co. H 809 Pioneer Inf.

(8)

Anderson, Andrew S No. 3682692

Pvt.

Co. H 809 Pioneer Inf.

⑧

* Regular Army.
* National Guard.

80

* National Army.
* Enlisted Reserve Corps.

INDIVIDUAL EQUIPMENT RECORD

CLOTHING ACCOUNT

ARTICLES.	SIZE.	ISSUED.				TURNED IN.	
		8/4	8/18	8/17	8/19	8/18	8/19
DATE LINE							
Bags, barrack		1		1	1	1	
Belts, waist		1		1	1		
Blankets		2		1	2	1	
Brassards							
Breeches, cotton	25	2				2	
Breeches, woolen			1		1		1
Caps, service							
Chevrons							
Coats, denim							
Coats, cotton	7 1/2	1				1	
Coats, woolen							
Cords, hat							
Drawers, cotton	10	2		2	2		
Drawers, woolen							2
Gauntlets, winter							
Gloves							
Hats, denim							
Hats, service	7	1		1	1		
Laces							
Laces, shoe		1	2	3	3		
Leggins	3	1			1		
Neckties							
Ornaments, cap							
Ornaments, collar		1		1	1		
Overcoat, O. D.			2	0			1
Overshoes, arctic							
Ponchos		1					
Shirts, flannel	3	2		2	2		
Shoes, gymnasium	11 1/2	1					2
Shoes							1
Slicker			1	0			1
Stockings, cotton	11	2				2	4
Stockings, woolen			4	4	1		3
Suspenders							
Trousers, denim							
Undershirts, cotton	4	2		2			
Undershirts, woolen							2
2 INVT. TAGS + TAPE							
OFFICER'S INITIALS		R.S.	R.S.	R.S.	MB	MB	MB

* Strike out words not applicable.

Anderson
(Surname.)

Andrew
(Christian name.)

3682692
(Army serial number.)

† Pvt. Co. G, 804th Inf.
(Grade.) (Company and regiment or arm or corps or department.)

† Write grade and organization with pencil and correct as changes occur.
(1) 63-5357

QUARTERMASTER PROPERTY ACCOUNT

ARTICLES.	ISSUED.				TURNED IN.			
DATE LINE.....	7/4/19				7/8			
Bar, mosquito.....	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> [Handwritten signature/initials] </div>				<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> [Handwritten signature/initials] </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.....								
Ropes, shelter tent.....								
Sack, bed.....								
Sack, pillow.....								
Sheets, bed.....								
Sling, bugle.....								
Tent, shelter, half.....								
Whistle and chain.....								
SOLDIER'S INITIALS.....								
OFFICER'S INITIALS.....	RS				RS			

ORDNANCE PROPERTY ACCOUNT

ARTICLES.	ISSUED.				TURNED IN.	
	4/4	8/8	8/19		5/18	8/19
DATE LINE						
Mess Equipment.						
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. 115628	/				/	/
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						
SOLDIER'S INITIALS	X	X			X	
OFFICER'S INITIALS	R.S.	R.S.	MB		B.S.	MB

Pres Grant

Lim. "244

Case Prof. Andrew Anderson

3682692
Memo. for Disposition of

Effects Section.

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

Memo. to Disposition of
Remains Section.

The above effects were
received by this office on:

RECEIVED O. B. O. W., HONOLULU

DEC 19 1918

jtl.

53
REPORT OF DEATH

(Par. 83j, A. R., 1913.)

Port of Debarkation, Hoboken, N.J.

January 13th, 1919

Anderson Andrew 3682692

(Surname.) (Christian name.) (Army serial number.)
Private Co. H, 809th Infantry Pion

died Oct. 6 (Grade.) 8 (Organization.) U.S.S. Pres. Grant, 1919, at

Nature of injury or disease

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.

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

1st Ind.
Hoboken, N.J., April 9th, 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 ~~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:

Ellen Anderson (mother)

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

Route #2, Box #43

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

Binger Okla. (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 in France.

Remarks

John A. Tolson

Signature:

Service Record.

Major O.H. Corps.

REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Fort of Imbarcation, Hoboken, N. J.
December 16th, 1918

Anderson, Andrew # 3022492
(Surname.) (Christian name.) (Army serial number.)
Private Co. H, 309th Pioneer Inf.
(Grade.) (Organization.)
died Oct. 6, 1918 at US Army Hospital
Nature of injury or disease

Direct cause of death Influenza

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

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

1st Ind.

Hoboken, N. J. Dec. 16th, 1918, 1918

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

- *The report of the surgeon is approved.
~~*Adapted of office has been examined and approved~~
- 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:
(Mother) Ellen Anderson,
(Name and degree of relationship; if friend, so state.)
Route # 2, Box 49,
(No. and street or rural route; if none, so state.)
Binger, Oklahoma.
(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 in France.

Remarks Effects held pending disposition in accordance with 112th Article of War.

John A. Nelson,

Inclosures:

- 1 Service Record. ✓ Major J. M. Corry
- 1 Pay Card. ✓ Commanding.
- 1 Final Statement. ✓ Effects & H.

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

*Strike out words not applicable.

41057
PERSON,

ANDREW.

3682692

Pvt. Co. H. 809th Pioneer Inf.

DIED: Oct. 4th 1918.

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

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

B 184

WAR DEPARTMENT,

OFFICE OF THE GENERAL SUPERINTENDENT U. S. ARMY TRANSPORT SERVICE
NEW YORK

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

TO: Adjutant General U.S. Army, Washington, D.C.

Report of Death:

SUBJECT:

November, 8th., 1918.

Report is made of the following death:

Name of Deceased: **Anderson, Andrew**
Rank: **Private** Organization: **Co. H. 809th, Pion. Inf.**
Serial number: **3682692**
Place of Death: **U.S.S. PRESIDENT GRANT**
Date of Death: **October 6th., 1918.**
Cause of Death: **Influenza**
Origin: **In line of duty ; not result of own misconduct.**
Next of Kin: **(Mother) Ellen Anderson,**
Address: **Route #2 Box #43, Binger, Okla.**
Remarks: **Buried in France.**

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

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

Eff. Q.M.
Form 62.

1st. Lieut. C.H.C.

Port of Embarkation, Hoboken, N.J.

Oct. 27th,

1918

Mrs. Ellen Anderson,

Route 1 B, Box 48

Danger, Ohio

Regret to advise the death of 1st. Lieut. Andrew Anderson at sea
on October 6th, 1918 from Influenza period

Owing to existing conditions, it was impossible to bring remains
back to the United States and deceased was turned over to Army
Authorities, Overseas period It is the present intention of
Authorities to bring remains back after the War.

Judson

Brigadier General.

2-M.T.O.

1-P.A.

1-File ✓

jtl

mm

1st Lieut. G. H. Corps,
Port of Embarkation,
Hoboken, N. J. Oct. 25th, 1919.

Adjutant General

Washington, D. C.

Report death of 1st Lieut. Anderson Anderson

Co. H Reg. 808th B. Inf.

Serial No. 3682028 Death in line

of duty not result of own misconduct. Conf. G-10 USG "Pres. Grant"
Influenza; Body delivered to Army Authorities-Port of Embarkation

Emergency address: (Mother) Ellen Anderson Franklin

Route 1 E, Box 148

Binger, Ohio.

daw-jtl

Judson

2-11-20
1-11-19
1-11-19 V
EP

CEMETERIAL DIVISION
REGISTRATION SECTION

May 27

1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. H 809th Pioneer Inf.

ORGANIZATION (Old)

ANDERSON: ANDREW 3682692- Pvt.

(Name)

FILED

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

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

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

BY: E. Kensett Vail Investigator

Inv. & Adj.

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By mgj

S/1105/LML

AH-WCS-1-209

201 (Anderson, Andrew) WW

February 12, 1920.

Andrew Anderson, #3682692, Company H,
809th Pioneer Infantry.

he died October 6, 1918, of influenza

July 16, 1918

Okla. Mrs. Ellen Anderson, mother, Route #2, Box 43, Binger,

P. C. Harris. Per
P. C. Harris,

81 501

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

AH-WCS-1-209

IN REPLY
REFER TO 201 (Anderson, Andrew) WW

February 12, 1920.

FILE

41057

293.3-
Anderson, Andrew

7711

From: The Adjutant General of the Army
To: The Quartermaster General of the Army
Washington, D. C.
Subject: Date of death of Andrew Anderson, #3682692, Company H,
809th Pioneer Infantry.

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that he died October 6, 1918, of influenza

2. For purpose of identification, you are advised that the records show that the deceased was enlisted July 16, 1918 and the name of the person to be notified in case of emergency was given as: Mrs. Ellen Anderson, mother, Route #2, Box 43, Binger, Okla.

By order of the Secretary of War:

P. C. Harris,

The Adjutant General,
per. *WEN*

Filed at Per

201 (Anderson, Andrew)

1st Ind.

23
S.4-18-19
JV/sh

Hq. Port of Embarkation, Hoboken, N. J., April 4, 1919. To Chief,
Effects Bureau, Port of Embarkation, for necessary action.

By command of Major General SHANKS:

3 incls.

JOHN VERON,
Captain, A. G.,
Assistant Port Adjutant.

220.86 (Anderson, Andrew)

2nd Ind.

S-PUC-H
mp/rao

Office, Chief, Effects Bureau, Port of Embarkation, Hoboken, N. J., April 9, 1919.
To The Commanding General, Port of Embarkation, Hoboken, N. J.

1. Returned, with date of death corrected on Final Statement, as re-
quested in Paragraph 3: b.

3 Encls. (1 in dup. 1 in trip.)

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

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, D.C.

April 1, 1919.

FROM: The Adjutant General of the Army.
TO: The Commanding General,
Port of Embarkation, Hoboken, N.J.
SUBJECT: Deceased soldier.

1. In the case of **Andrew Anderson, Private, Co. H, 809th Pioneer Infantry** who died **October 6, 1918 at sea aboard the U.S.S. Pres. Grant.** the following described reports checked in red ink, required by and prepared in the manner indicated in paragraph 83 $\frac{1}{2}$, Army Regulations, which have not been received, will be forwarded to this office without delay:

- (a) Report of death in triplicate (Form No. 415, A.G.O.)
- (b) Report of board of officers.
- (c) Final statement (Form No. 370, War Department).
- (d) Inventory of effects in duplicate (Form No. 34, A.G.O.)

2. Proper signature will be affixed to the final statement; Form 415; inventory of effects.

3. The paper or papers herewith returned for correction, incorrectly state or fail to state:

- (a) Whether or not the death of the soldier occurred in line of duty, and was or was not the result of his own wilful misconduct.
- (b) Date and ~~place~~ of death of soldier.

4. The original report of the board of officers will be forwarded to replace the carbon copy which has been received.

5. The accompanying proceedings of the board of officers are returned herewith for the action of the convening authority.

By order of the Secretary of War:

P. C. HARRIS,
The Adjutant General.

Per.....

3 incls.
1 Final Statement
2 Inv. of effects
3 Reports of Death.

201. (Anderson, Andrew)

1st Ind.

S-1-12-19.
JRG/won
rac

Hq. Port of Embarkation, Hoboken, N. J., January 2, 1919. To Chief, Effects Bureau, Port of Embarkation, for necessary action. ✓

By command of Major General SHANKS,

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

220.871 (Anderson, Andrew)

2nd Ind.

S-PUD-H
mp/mbl

O. Chief, Effects Bureau, Port of Embarkation, Hoboken, N.J., Jan. 4, 1919.
To Commanding General, Port of Embarkation, Hoboken, N.J.

1. Papers called for in Paragraph 1: a and c were forwarded to the Adjutant General, Washington, December 27, 1918.
2. Inventory of Effects will be forwarded when effects have been disposed of in accordance with 112th Article of War.

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

By:

A. K. Wrenshall,
1st Lieut. C.M. Corps.

COPY

WAR DEPARTMENT
The Adjutant General's Office.

Washington

December 30th, 1918.

From: The Adjutant General of the Army.

To: The Commanding General,
Port of Embarkation, Hoboken, N.J.

Subject: Deceased Soldier (Case of Pvt. Andrew Anderson)

Report of death in triplicate (Form 415 A.G.O.)

Final Statement.

Inventory of Effects.

By order of the Secretary of War

P.C.Harris,
The Adjutant General

per M.E.L.

RAC

APPLICATION FOR INSURANCE

Duplicate

My Army serial number is 3682692
(Serial number)

My full name is Andrew none Anderson
(Given) (Middle) (Last name)

Home address R. F. D. 3 Bx. 43 Binger Okla.
(No. and street or rural route) (City, town, or post office) (State)

Date of birth January 16th 1890 Age 29
(Month) (Day) (Year) (Nearest birthday)

Date of last enlistment or entry into active service July 16th 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 (a) No. and street or rural route (b) City, town, or post office and State	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
Mother	<u>Ellen</u> <u>none</u> <u>Anderson</u>	(a) <u>R. F. D. 3 Bx. 43</u> (b) <u>Binger Okla.</u>	\$ <u>5,000</u>
Sister	<u>Lillie</u> <u>none</u> <u>Iokleberger</u>	(a) <u>R. F. D. 3 Bx. 43</u> (b) <u>Binger Okla.</u>	<u>2,500</u>
Sister	<u>Alberta</u> <u>none</u> <u>Anderson</u>	(a) <u>R. F. D. 3 Bx. 43</u> (b) <u>Binger Okla.</u>	<u>2,500</u>

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) Ellen Anderson

(Address) R. F. D. 3 Bx. 43 Binger Okla.

Signed at (on board) Camp Dodge, Iowa.

the First day of August, 1918

Witnessed by: William D. Back

Sign here andrew anderson

Rank 1st Lieut. Inf. R. C.

Commanding Co. G. 2nd Bn. 804th Inf. Regt

Pvt. Co. G. 2nd Bn. 804th Inf. Regt.

(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.

Samuel Dodge Dorva
AUG 1st 1918
_____, 19____
(Day.) (Month.)

Charge } of premium (\$ 6.90) will be made by me monthly, beginning with month in which application is dated.
Checkage }

First { charge } made AUG 1st 1918, 19____
{ checkage }
_____, 19____
(Day.) (Month.)

William F. Back

1st Lieut. Inf. R. C.

Commanding Co. G. 2nd Bn. 804th Inf. Regt.

APPLICATION FOR FAMILY ALLOWANCE
 AND
 INFORMATION FOR ALLOTMENT OF PAY

Duplicate

ENTERED ON PAY CARD

No. 3682692

(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 Andrew none Anderson Pvt. Co. G 2nd Bn. 804th Inf. Regt.
(First name) (Middle name) (Last name) (Rank and organization)

Home post office R.F.D. No 2 Bx 42 Binger, Okla. Age 29
(No. and street or rural route) (City, town, or post office) (Nearest birthday)

Birth January 16th 1890 unknown Kansas Service July 14th 1918. Pay, \$ 30.00
(Date) (Place) (Date of first 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.)

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										no	no
Child		none											Yes or No
Child		none											Yes or No
Child		none											Yes or No
Child		none											Yes or No
Divorced Wife		none									Monthly Payment Deceased 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
		none								Yes or No
		none								Yes or No
		none								Yes or No
		none								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
(Yes or No)

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

Signed at (on board) Camp Dodge, Iowa.

the First day of August, 1918.

Witnessed by: William G. Back
(Commissioned or warrant officer)

Rank 1st Lieut. Inf. R. C.

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.

andrew anderson
(Sign here distinctly) (First name) (Middle name) (Last name)

(1) The allowance as shown on this application will be for Class "A" \$ None
Class "B" \$ None
Total \$ None

(2) The monthly allotment which I shall charge against the applicant on the pay roll is for Class "A" \$ None
Class "B" \$ None
Total \$ None

(3) The applicant's rate of pay per month is \$ 90.00

(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) William J. Back

Rank 1st Lieut. Inf. R. C.

Entered on pay card by _____
(Initials Personnel Officer)

Entered on service record by _____
(Initials Company Commander)

(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 6 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 ANDERSON, Andrew Grade or rate Private USA
(In full, surname first)

Born: Place Kansas, (City unknown) Date January 16 1890 Age 28
(At time of death)

Eyes negro Hair negro Complexion negro Height 68" Weight 168
(Inches)

Marks of Identification: PM. cent. stomach: LS. 1" L. jaw bone: LS. 1" L. elbow:
(From Health Record)

LS. 1" R. forearm.

Enlisted: Place Newton, Kans. Date July 16 1918.

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

Time of day 5:20 pm. While attached to Co. H., 609th P. Inf. enroute to Euro
(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 his own misconduct the facts being as follows:
(From nomenclature.)
(In line of duty, or not in the line of duty.)

Admitted to sickbay September 30 1918, with temperature of 101.2°, pulse 103, resp. 28, complaining of pain in chest back and head. Patient did not respond to stimulation or any form of treatment. Condition grew rapidly worse. Died at 5:20 pm. October 6 1918.

Next of kin:

Ellen Anderson, (mother)

Route # 2 Box #43,

Binger Okla.

Approved:

(Signature of medical officer.)

C. E. COURTNEY

(Signature of commanding officer.)

Lieutenant, U. S. Navy. MO

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 6 1918.

To: BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT.

(Via official channels)

Subject: REPORT OF DEATH in the case of-

Name ANDERSON, Andrew Grade or rate Private USA

(In full, surname first)

Born: Place Vanessa, (City unknown) Date January 16 1890 Age 28

(At time of death)

Eyes: blue Hair: brown Complexion: ruddy Height: 68" Weight: 168

(Inches)

Marks of Identification: 21. cent. stomach; 13. 1/2" / jaw bone; 13. 1/2" L. elbow;

(From Health Record)

13. 1/2" forearm.

Enlisted: Place Newton, Kans. Date July 16 1918.

Died: Place USS PRESIDENT GRANT Date October 6 1918.

(Name of city and State, or latitude and longitude.)

(Date of death.)

Time of day 5:20 PM. While attached to Co. H., 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 Influenza.

(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 September 30 1918, with temperature of 101.2°, pulse 103, resp. 28, complaining of pain in chest back and head. Patient did not respond to stimulation or any form of treatment. Condition grew rapidly worse. Died at 5:20 pm. October 6 1918.

Next of kin:

Ellen Anderson, (mother)

Route # 2 Box #43,

Binger Okla.

Approved:

(Signature of medical officer.)

C. E. COURTNEY (Signature of commanding officer.)

Lieutenant MC, U. S. Navy.

(Grade.)

Captain, U. S. Navy.

(Grade.)