

Barbozcvricz

Anthony

3,113,369

(Surname.)

(Christian name in full.)

(Army serial number)

Pvt.

Co. A, 315th. Infantry

(Rank and organization.)

State your relationship to the deceased.....

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

(Yes or no.)

If remains are brought to the United States, do you }.....

(Yes or no.)

Give full informa-

telegraph office.)

(State.)

(State.)

3-6713

*Many spellings
in file
(Dear as listed)*

RECEIVED
MEDICAL
telegraph office.)
(State.)
(State.)
3-6713

name on 114 - B shows

Barbozcvricz

Anthony

3,113,369

(Surname.)

(Christian name in full.)

(Army serial number)

Pvt.

Co. A, 315th. Infantry

(Rank and organization.)

State your relationship to the deceased.

Do you desire the remains brought to the United States?

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(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)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

67

Listed as Barbozevricz - Many different spellings in file. To The A. G. O.

12994

G.R.S. Form #114 B
Soldier's Log, appears to be Barbozevricz cc

OCT 5 - 1926

DATE Oct. 20th 1921.

1. NAME BARBOZCIVICZ Anthony SERIAL No. 3113369

RANK Pvt ORGANIZATION Co A 315 Inf

GRAVE LOCATION Meuse Argonne American Cemetery Roanque-sous-Montfaucon (sec 64)

CTY. NAME Meuse NUMBER

109 Section 64 3

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Bac 207, Consenvoye Meuse.

GRAVE COMMUNE DEPT.

COORDINATES Verdun 35 NE 280.37 N 325.1 E

CONCENTRATED TO 5-19-19 109 64 3

DATE GRAVE ROW PLOT

Meuse Argonne 1232.

CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Tag on body

DATE OF DEATH Mar 7 1918

STATE FROM WHICH HE CAME Pa

Data form 1
SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *M. B. Birdseye* M. B. BIRDSEYE
1st Lt., Q. M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Oct. 20th 1921. 6 16 H

DATE GRAVE ROW PLOT

Block

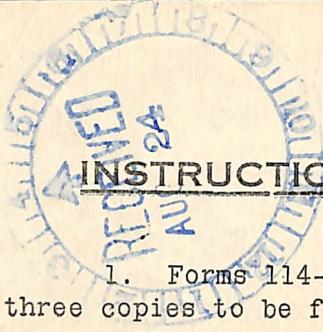
Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY

*897
83*

A. G. O.
OCT 5 1926
WORLD WAR DIV.

AUDITED
10/24/19 23



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



NR RLT 12/11

CC 332

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Barbozawicz

Anthony

Barbozawicz.....*5,118,569*.....*Anthony*
(Surname). (Number). (First Name and Initials).

Private Co. A.....*315th Infantry*
(Rank). (Organization).

PLACE OF DEATH:.....

CAUSE OF DEATH:.. *Killed in action*

DATE OF BURIAL:..... *November 8th, 1918*

PLACE OF BURIAL:..... *American Cemetery*

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

..... *Verdun A* *20.2 - 80.4*

GRAVE NUMBER: *226*

HOW MARKED: Name Peg?..... *yes* ..Cross?:.....

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?..... *yes*

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

..... *S. O. Wright, Chaplain 516th Infantry*

(Signature and Rank of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>BARBOZEVICZ</i>	<i>BAR</i>	3	<i>218</i>
BURIED <i>Anthony</i>	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>6</i>	2	<i>06</i>
	ROW <i>16</i>	2	<i>16</i>
	FLOCK <i>H</i>	1	<i>8</i>
STATE	<i>Pa</i>	2	<i>44</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>79</i>	2	<i>79</i>
ORGANIZATION	<i>315</i>	3	<i>315</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Barbozevicz</i>	<i>BAR</i>	3	<i>218</i>
<i>Mrs E Grady</i> RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
<i>Miss Deak</i> RELATION <i>Mo loco -</i>	<i>Step-Mother</i>	1	<i>3</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>	<i>Poland</i>	1	
		2	<i>10</i>

AUDITED
 FEB 27 1950
RDM

la

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-20-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
Barbozevriez, Anthony Pvt. 3113369 Co. A, 315th Inf. 11-7-18

came to U.S. 1913 age 18

STATE CTY. NO. 1232 GRAVE 6 ROW 16 BLOCK H

Check relationship Living - Deceased

MOTHER

dead - date not in file

*g-m-
Weronika Bartoszewicz
add. same as that of
father -*

✓ STERMOTHER (For the year prior to commencement of service)

MOTHER THRU ADOPTION (For the year prior to commencement of service)

MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)

WIDOW (Who has not remarried)

Single man

*7 inst + camp
Ignacy Bartoszewicz
mes Sowiety Kuch
poczta i pomiat
Oszmiana
woj. Wlenskie
Poland*

NAME
AND
ADDRESS

Veterans Bureau Claim Number 128929

29/156

2-13-33

In reply refer to:
QM 293 C-R

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

September 12, 1923.

Mr. Mike Barbozevrioz,
Post Office Box #320,
South River, N.J.

Dear Sir:

The Quartermaster General desires you be informed that the
is Grave of ~~Private~~ ^{Private} H. Mouse-Argonne American Cemetery, Romagne-sous-
Montfaucon (Mouse), France.

This is one of the permanent American military cemeteries
to be maintained by this Government in Europe. Each grave will be
marked by a headstone of white marble, of suitable design, with
name, rank, division, organization, date of soldier's death and State
from which he came. The headstones will be placed at all graves in
connection with the improvement work now in progress, as soon as
possible and without waiting for special action or request on the
part of relatives.

In effecting removal, the utmost care and reverence were
exacted and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

Very truly yours,
H.H. CHEAL

Assistant.



SEP 13 1923

RD

23/584/ARK

REPORT OF DISINTERMENT AND REBURIAL.

60531

Remains of:

Name: BARBOZCWICZ, Anthony

Number: 3113369

Rank: Unkn

Organization: Co. A. 315 Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

19, MAY 1919.

Grave# 207 B.A CTY. C ONSENVOYE, MEUSE.

Map N E 35 E 325.1 N 280.37

Reburied (Date)

in: (Give complete location)

19, MAY 1919

Grave# 109 Sec 64 Plot 3

1232

ARGONNE AMERICAN CEMETERY #1232

ROMAGNE, MEUSE.

Report as to nature of original burial and condition of body upon disinterment:

Body buried in uniform and badly decomposed. Burial good.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body? None

10652

Note:

CONFIRMED No. D

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Armitage.

EW

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A.
C.O. Group Unit

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 60531

(a) Name BARBOZCVRICZ, Anthony, Ser. No. 3113369
(b) Rank Pvt. Organization Co. A. 315th Inf.
(c) Date of death 11-7-18 (d) Cause of death k/a

TYP hmp
CKR. Zs

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 109 Row --- Plot 3 Sec. 64 TYP. hmp
(b) Emerg. Address Mike Barbozcvicz, (Brother), South River, N.J.

P.O. Box #320
CKR. EA

III. Files of soldiers dying from contagious diseases / / / / / / / / / /

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name (b) Relationship
(c) Address
(d) Remains to be brought to U. S.?
(e) To be interred in National Cemetery in U. S. at
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials Date, 192

V. A. G. O. CORRESPONDENCE shows communication from

, dated
confirming request in Par. IV., item, above, or requesting that

Examiner's Initials Date, 192

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition.
Corr. to add. in Para. II (b) returned "unclaimed".

(a) Cancellation memos referred to?

EM Examiner's Initials G.C. Date 5-10, 192

COUNTRY FRANCE CEMETERY No. 1232 -Sec. 64 SHEET No. 13

VII. G. R. S. Form No. 114 made _____, 192

Typed by _____, Checked by _____, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 192
letter on **MAY 31 1921**, 192

Doc # 64

Par. # 2 Not To Be Returned

[Signature]

IX.

REMARKS

To be prepared in triplicate.

DATE Oct. 19, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

cc

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BARBOZOVICZ Anthony

10. Name

2. No. 3113369

11. No.

3. Rank Pvt

12. Rank

4. Org. Co A 315 Inf

13. Org.

5. D.D. Nov 7. -18

14. (a) D.D.

6. C.D. KIA

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 109 Sec. 64

15. Grave No. Sec.

8. Plot 3 Row

16. Plot Row

9.

17. No desep.

18. Cemetery Meuse Argonne American

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No.

1232 (sec 64)

23. Disinterred (Date) 10-19-21

By G.S. Wright

24. Inscription on grave marker:

Name Anthony Barbozevicz

Serial No. - - - -

Rank Pvt.

Organization Co. A. 315th Inf.

25. Was identification disc found on grave marker? yes On body? yes

Clarence Hughes
Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail)

Tag on body partially corroded Tag on marker reads "Anthony Barbozewicz 3113369"

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial US Uniform, burlap and pine box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date 10-19-21 By G.S. Wright

31. Casket sealed by G.S. Wright

Signature of Embalmer, (Supervisor)

G.S. Wright

ADMITTED BY

SHIPMENT. (Show actual marking of box.) Box No. **C-12045**

32. Designation of body:

Name **BARBOZCUVICZ, Anthony** Serial No. **3113369**
Rank **Pvt** Organization **Co A 315 Inf**

33. Consigned to: **Meuse Argonne American Cemetery 1232**
Name of Permanent Cemetery **Romagne-sous-Montfaucon Meuse**

34. Casket boxed and marked (Date) **10-19-21** By **G.S. Wright**

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector *Geo. C. Bland*
Geo. C. Bland, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **10-19-21**

To point of Concentration **Meuse Argonne Cem. #1232**

Convoyer **W. J. Royed** Signature Shipping Officer *W. J. Royed* (Name) **W. J. Royed, Capt. QMC**

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer (Name) Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred **Meuse Argonne Cemetery # 1232** Oct (Date) **1921**

42. Grave No. **6** Section

43. Plot **block II** Row **16**

G.R.S. Representative *Tom Ward*

Tom Ward, Capt. QMC.



Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date..... Oct. 19, 1921.

1. REMAINS OF..... BARBOZEWICZ, Anthony..... SERIAL NUMBER..... 3113369

RANK..... 1st..... ORGANIZATION..... Co. A. 315th Inf.

2. Disinterred (date): Oct. 19, 1921 From (give complete location): gr 109, sec 64, plot 3.

By: Group..... 10 Unit..... sec 1

3. Reburied (date): Oct. 20th 1921 In (give complete location): Meuse Argonne Cemetery # 1232 Gr 6 block H row 16

By: Group..... re-burial S Unit..... Nature of reburial..... unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and uniform, badly decomposed, features not recognizable.

5. (a) Identification tags: Buried with body? yes On grave marker? yes.

(b) Other means of identification found upon disinterment, and general remarks:

Tag on body partially corroded, reads "—on—cv— 11336—" Tag on marker reads "Anthony Barbozewicz 3113369" no effects.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated)..... do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location..... do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts)..... do

(f) Wounds or missing parts (received at time of casualty).....

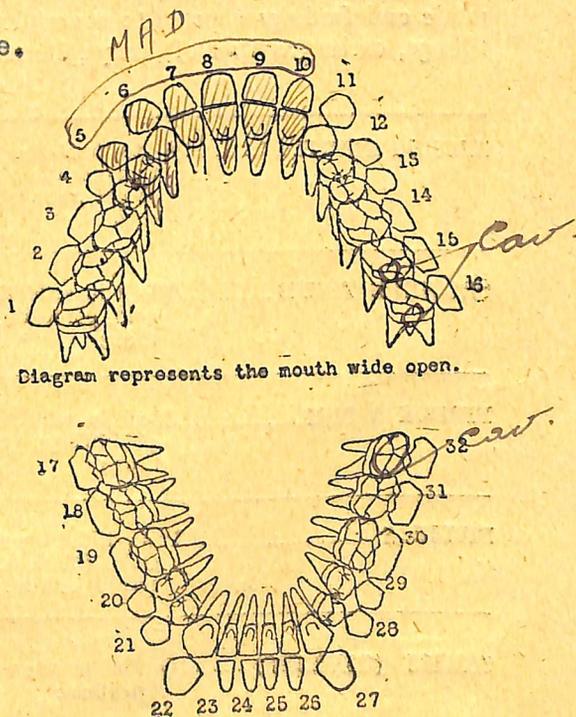
left femur shattered

7. Disinterment supervised by G.S. Wright

Approved: Geo. C. Bland 1st Lt. Q.M.C. (Title)

8. Reburial supervised by A. U. Dufault

Approved: Tom Ward, Capt QMC. (Title)



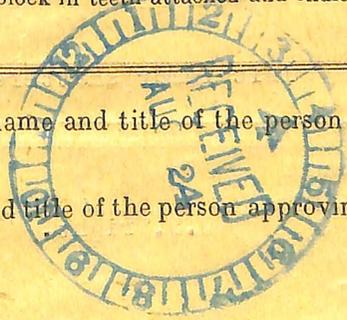
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.



COMPILATION OF DISPOSITION OF REMAINS DATA

File # 60531

I. LOCATION INDEX CARD: ^{2 (3-48 6-4-21 ESH)}

(a) Name BARBOZCVRIZ, Anthony, Ser. No. 3113369
 (b) Rank Pvt. Organization Co. A. 315th Inf. } TYP
 (c) Date of death 11-7-18 (d) Cause of death k/a } *g*

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 109 Row --- Plot 3 Sec. 64 TYP hmp

(b) Emerg. Address Mike Barbozcvriz, (Brother), South River, N.J.
^{2 (3-48 6-4-21 ESH)}

III. Files of soldiers dying from contagious diseases ////// P.O. Box #320
 CKR.

IV. Information on which advice to Europe in letter of transmittal was based:

.....

V. Following advice forwarded to Europe by { cable on _____, 192
Sec # 64 { letter of transmittal on MAY 31 1921, 192
Par. #2 Not To Be Returned - *AD*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
---------------------	------------------------	----------	---------------

.....

VIII. Form 115 received from G. R. S., Hoboken, N. J. _____, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

Barbozovics,

Barbozawicz

Anthony

Q 315

31133690

Kada

Barbozovics, cc 332

ok CD

1st Burial - Cem

Cume 239

(hc)

(unc)

Dannevone (Meuse)

Name appears on



60551

FILE

For further data see Casualty Files

60531

BARBOZCUCRZ 3113369 Anthony

Co A 315 Inf

Nov. 8, 1918 Battle Area

Consenvoye Meuse

Grave No. 207

Grave Marked with Cross

Tag on cross

Sketch No. 26

716

Philip Taliaferro

Group 3 Unit 311 G R S

P.B. 659

60531

From

95097

98097

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Barlozawicz 3,113,369 Anthony
(Surname). (Number). (First Name and Initials).

Private Co C 315th Infantry
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH: Killed in action

DATE OF BURIAL: November 6th, 1918

PLACE OF BURIAL: American Cemetery

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

Verdun A 20.2 - 80.4

GRAVE NUMBER: 226

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

IDENTIFICATION TAGS:

Was one buried with body? yes

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

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

CMME, Dannevoix (Muese)

NEAREST RELATIVE: (C-239) SPT. 35 NE. COORD (E. 320.2 N. 280.4)

ADDRESS:

RELATIONSHIP:

REPORTED BY:

S. O. Wright, Chaplain 316th Infantry
(Signature and Rank of Reporting Officer).

MEMORANDUM

1738



Daily Report No. _____

C239-1738

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room 9109

INVESTIGATION AND ADJUSTMENT DEPARTMENT.
ADJUSTMENT.

PLEASE
EXPEDITE

G. R. S. Form 8-W-A
Information requested of A. G. O.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON, D. C.

MAY 31 1921

Date May 20, 1921.

File No. 60531

Registration.

FILE 60531
70.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. Barbozcwicz
BARBOZCVRICZ

f. Date of death. 11/7/18 OK

b. Christian name. Anthony OK

g. Cause of death. K/A OK

c. Serial number. 3113369 OK

h. Authority (C. C. No.) 332 OK

d. Organization. Co. "A" 315 Reg.

i. Emergency address. Mike Barbozcwicz,
P.O. Box #320, OK

e. Rank. Pvt. OK

j. Relationship. (Brother) OK

BODY DESCRIPTION.

(See page 2 of the Service Record.)

DENTAL CHARTS.

(See physical report of examination prior to enlistment.)

a. Age at enlistment.

a. Strike out teeth missing:

b. Color of eyes.

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper right Upper left.

c. Color of hair.

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Lower right. Lower left.

d. Height.

e. Weight.

f. Permanent marks and physical defects at enlistment. (Old fractures or breaks.)

H. L. ROGERS,
Quartermaster General, U. S. A.,

Donnelly - ADC - 405-498
5-25-21

By

H. J. CONNER

H. J. CONNER,
1st Lieut. Captain Q. M. C.

mkm
Mr. Wilson

World War I
MAY 25 1921

MAY 24 1921

CENTRAL DIVISION
REGISTRATION SECTION

May 27, 1921.

FILE

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. C, 315th Inf.

ORGANIZATION (Old)

BARLOZAWICZ, 3113369, Anthony

(Name)

Pvt.

FILE

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.			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)

5 X 8 Blue Card File #98097 cancelled in favor of White Card File #60531
BARBOZEVICZ, Anthony.

BY: Margaret K. McCarthy

Investigation and Adjustment
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By MKG

S/1105/LML

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,

August 9, 1919.

Dear Sir:

This is the second request for information concerning this matter that has been sent to you. Inasmuch as no reply has been received to the first request it is presumed you did not receive it, and as the information indicated on the inclosed card is necessary to complete the records it will be appreciated if you will fill in and return the card at the earliest practicable date.

P. C. HARRIS,
The Adjutant General.

AGO HARD
RETURNED
UNCLAIMED

Barbozcuricz, Anthony,

3, 113 369

Plt. Co. A, 315th Inf

follow up letter sent to
Mr. Mike Barbozcuricz,

Postoffice Box 320,

South River, N. J.

Returned unclaimed

no other address
available

AGO MAR
RETURNED
UNCLAIMED

605-31

WAR DEPARTMENT.

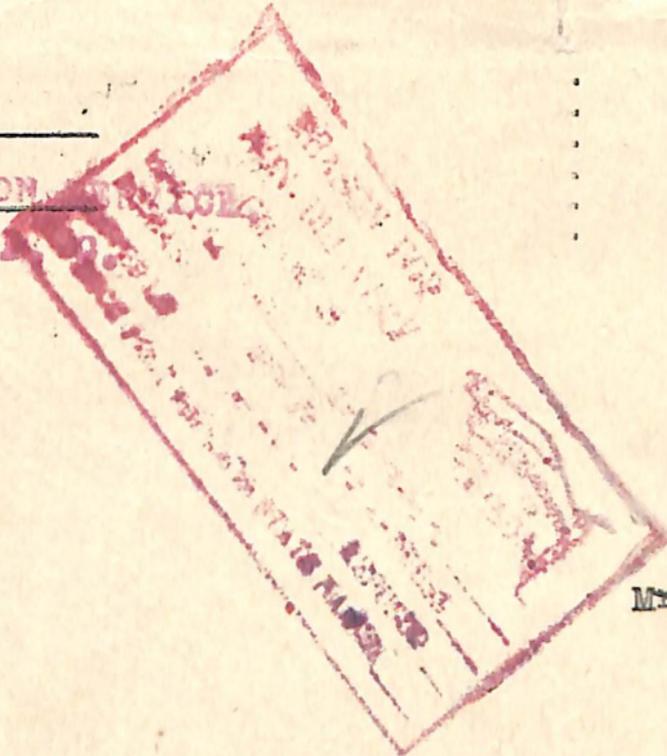
MAIL REGISTRATION SERVICE

WASHINGTON,

OFFICIAL BUSINESS.

60531

FILE



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$500.



Handwritten signature/initials

~~Mr. Mike Barbencvrica,~~
~~P.O. Box #320,~~
~~South River, N.J.~~



WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.
OFFICIAL BUSINESS.

File 60531

REASON FOR
NON-DELIVERY
CHECKED

UNCLAIMED..... UNKNOWN
DECEASED..... FOR BETTER ADDRESS
MOVED (NOT NO ADDRESS)..... REFUSED
NO SUCH POST OFFICE IN STATE NAMED



WASHINGTON
AUG 11
10 PM
D.C.

Penalty for private use, \$300.



~~Mr. Mike Barbozycz,~~
~~Post Office Box 320,~~
~~South River, New Jersey.~~

RECEIVED A G O
AUG 11 1919
SOUTH RIVER
AUG 11 3 04 PM 1919
AUG 11 1919
RECEIVED
UNCL



THRIVE by THRIFT
Buy War Savings Stamps.