Died 10/5/18 S.S. Orontes Buried at Sea.

1583

DISPOSITION OF REMAINS

Baskin, Robert - 4132198.
Corporal - Co A - 345 Lab. Bn.

I.A.
I.K.

See ~~Orontes File~~ Blanket Telegram #2

PENALTY FOR PRIVATE USE, $300.

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

SUBJECT (PRINCIPAL OR CROSS REFERENCE).

Baskin, Robt 1583

4132198

CONSOLIDATED INDEX CARD.

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

CONSOLIDATED ENTRIES:

~~CPLB.~~

~~NG~~

~~MRSM~~

~~VCC~~

MRSC

3—2405 [OVER]

Inv. of effects ~~has been~~ may forwarded to the Adjutant General's office at Washington

on ___

VACCINATION REGISTER

SURNAME	CHRISTIAN NAME
BOSKINS.	ROBERT

RANK	COMPANY	REGIMENT OR STAFF CORPS
	H	1

ENLISTED _____, 19____

AT _____

DATE OF BIRTH _____, 18____

TRIPLE VACCINE
TYPHOID, PARATYPHOID A and B

DOSE	TEMPERATURE	DATE	INITIALS
FIRST *		AUG 26 1918	W H
SECOND	XXXXXXXX	SEP - 2 1918	W H
THIRD	XXXXXXXX	SEP - 9 1918	W H

Last Previous Vaccination, Triple Vaccine

DATE	PLACE	NO. OF DOSES
✓		

Last Previous Vaccination, Typhoid

DATE	PLACE	NO. OF DOSES
✓		

Last Previous Vaccination, Paratyphoid

DATE	PLACE	NO. OF DOSES
✓		

History of Typhoid Fever, If any

DATE	PLACE
1912.	Lankist S C.

BACTERIOLOGICALLY CONFIRMED?

History of Paratyphoid Fever, If any

DATE	PLACE

BACTERIOLOGICALLY CONFIRMED?

SMALLPOX VACCINATION

DATE	RESULT	INITIALS
AUG 26 1918	Unsuccesful	W H
SEP - 2 1918	Unsuccesful.	W H
SEP - 9 1918		W H

Last Previous Successful Smallpox Vaccination

DATE	PLACE
✓	

History of Smallpox, If any

DATE	PLACE
✓	

*Record the temperature before giving first dose.

REMARKS

STATION OR COMMAND

INSTRUCTIONS

1. A record will be kept on cards of this form, except as otherwise specially authorized, of all vaccinations against typhoid fever, paratyphoid fever, and smallpox given under the direction of medical officers to officers, enlisted men, and civilian employees of the Army, and to other civilians accompanying or resident with military commands.

2. The card will be begun in each case immediately upon giving either vaccination, making proper entry thereof, which will be authenticated by the initials of the responsible medical officer. The other blank spaces on the card will be filled out as soon as practicable.

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the spaces *rank, company, and regiment.* A brief notation of the status of other civilians will be made in the same spaces.

4. The result of vaccination against smallpox will be recorded as *immune reaction*, *vaccinoid*, *vaccinia* or *unsuccessful.* The *immune reaction* appears as an areola after 24 hours and disappears in 72 hours. In a case of *vaccinoid* there is a small pustule which appears and disappears more quickly than in vaccinia. These reactions are evidence of protection. The term "protected" will not be used.

5. The cards will be filed by classes (officers, enlisted men, civilian employees, and other civilians separately), each class by names in dictionary order. The cards of enlisted men, civilian employees, and civilians may be destroyed after 5 years from the date of the last vaccination recorded thereon.

6. Supplemental or continuation cards will be prepared and attached to the original cards as necessary.

7. The provisions of the Manual for the Medical Department respecting the notifications to be given of vaccinations performed and the preparation and disposal of duplicate and triplicate registers in certain cases will be carefully observed.

Form 81
MEDICAL DEPARTMENT, U. S. A
(Revised Feb. 26, 1918)
Ed. Feb. 28-18— 5,000,000

3—5750

HOSPITAL RECORD

DATE	HOSPITAL	NATURE OF ILLNESS OR WOUND	CONDITION	DISCHARGED OR DIED.	HOUR AND DATE
Oct. 5	on board transport	Pneumonia Lobar		Died	4.30 PM Oct. 5/1918

REMARKS:

BASKINS. Robert 4132198
(Surname) (Christian Name) (Number)

RFD #8
(Home Street Address)

Lancaster, S.C.
(City) (State)

Mrs. Fanny Baskins ~~wife~~ Mother
(Notify in Emergency) (Relationship)

RFD #8 Lancaster S.C.
(Street Address) (City) (State)

8/24/1918
(Date of Commission)

Lancaster, S.C. 6/4/1887
(Place of Enlistment) (Date of Birth)

Occupation: Farm Laborer

R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
N. A.	Corp ~~Pvt.~~	Labor Bn.		345	A.
N. G.					
O. R. C.					
U.S.M.C.					

No. of Card

STATION DATE 191

*RECORD OF TRANSFERS AND CHANGES

Photograph, Diagram, or Description of Place of Burial

Buried at Sea. at 7 AM, Oct 6th 1918 Atlantic Ocean.

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

3—5750

A.G.O.S.D.A.E.F. Form No. 6

Baskins, Robt. 4132198

Corp. Co "A" 345 Labor Battalion

Mrs. Fanny Baskins. Mother
RFD # 8 Lancaster, SC

Baskins, Robt. 4132198

Corp. Co "A" 345 Labor Battalion

Mrs Fanny Baskins
RFD # 8

mother
Lancaster, SC

INTELLIGENCE TEST

LITERATE.

Alpha A B C+ C C— D

ILLITERATE.

Beta A B C+ C C— (D —)

Shaw # 9½66

(J)

Farmer 2F

This Form to be Attached to and Remain with Service Record

Name BASKINS ROBERT

Rank Cpl. Org. Co H, 1PR

Note and Initial Only Physical Defects

Vision O. D. 20-20 O. S. 20-20 Corrected to 1132198

Ears NORMAL

Lungs PASSED BY TUBERCULOSIS BOARD, CAMP JACKSON

Cardio-Vascular PASSED BY CARDIO-VASCULAR BOARD, CAMP JACKSON

Neurological

PASSED BY NEURO-PSYCHIATRIC BOARD.

G. U. Congenital Phimosis

Surgical Teeth OK

Orthopedic Webbed and rotated feet, no symptoms

Disposition

1. Fit for Oversea Service? no
2. Temporarily Unfit for Oversea Service because of
3. Domestic Service because of Gen

Rejected for

Camp Jackson, S. C.
Date: 8/8/18 M. R. C.

NOTE: Finding on re-examination and results of treatment with recommendation on other side.

REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Port of Embarkation, Hoboken, NJ

June 12th, 1919. 191

Baskins, Robert A. 4132198
(Surname.) (Christian name.) (Army serial number.)

Corporal, Co.A, 345th Labor Bn.,
(Grade.) (Organization.)

died Oct. 5, 1918, at H.M.T. Orontes

Nature of injury or disease

Direct cause of death Pneumonia

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

L D Stuff M.D.
(Signature of medical officer.)

(Capt M.C.)

1st Ind.

Hoboken, N.J. June 20 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:

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

R.F.D. #8.
(No. and street or rural route; if none, so state.)

Lancaster, S. C.
(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, Oct. 6, 1918.

Remarks

John F. Welson,
Major, Q.M.C.
Property Officer, P.E.No. 1 Commanding.

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

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

*Strike out words not applicable.

lgr 3—6116

Baskins Robert 4,132,198

(Surname.) (Christian name in full.) (Army serial number.)

Corp Co A 345th Labor Bn

(Rank and organization.)

State your relationship to the deceased Mother.

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

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

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

Fannie Baskins Lancaster Lancaster
(Name of person to receive remains.) (Express office.) (Telegraph office.)

Route 8, Lancaster S. C.
(Number and street.) (City or town.) (State.)

(Sign here) Fannie Baskins

Route 8 Lancaster, S. C.
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card. 3—6713

Buried at Sea. Tulia 42565

BM 6-9-21

Buried at Sea.

42565

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

BASKINS 4182198 Robert
(Surname). (Number). (First Name and Initials).

Cpl. Co. A. 345th Labor Battalion
(Rank). (Organization).

PLACE OF DEATH: On Board Transport Orenties

CAUSE OF DEATH: Influenza

DATE OF BURIAL: Oct. 6, 1918

PLACE OF BURIAL: At Sea

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

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

NEAREST RELATIVE: Mrs. Fannie Baskins

ADDRESS: R.F.D.#8 Lancaster S.C.

RELATIONSHIP: Mother

REPORTED BY:

John E. Allen 2nd Lieut. Q.M.C.
(Signature and Rank of Reporting Officer).


RECEIVED
O.C.Q.M.
G.R.S.

42565
C

G.R.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O., Co. "A", 345th Labor Battalion

SUBJECT : Information for burial Register.

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

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note: ☑

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

Nearest relative of deceased:

Mrs. Fannie Baskins

Relationship: Mother

Address: R.F.D.#8 Lancaster, S.C.

REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Port of Embarkation, Hoboken, NJ

June 12th, 1919., 191

Baskins, Robert # 4132198
(Surname.) (Christian name.) (Army serial number.)

Corporal, Co. A, 345th Labor Bn.,
(Grade.) (Organization.)

died Oct. 5, 1918, at H.M.T. Orontes

Nature of injury or disease

Direct cause of death Pneumonia

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

L. L. Huff M. D.
(Signature of medical officer.)
(Capt M.C.)

1st Ind.

Hoboken, N.J. June 20, 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 cause.~~

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:

Mrs. Fannie Baskin (Mother)
(Name and degree of relationship; if friend, so state.)
R.F.D. #8.
(No. and street or rural route; if none, so state.)
Lancaster, S. C.
(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, Oct. 6, 1918.

Remarks

John A. Nelson,
Major, Q.M.C.
Property Officer, Commanding.

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

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

*Strike out words not applicable.

3—6116

Baskins, Robt. 4132198

Corp Co "A" 345 Labor Battalion

Mrs Fanny Baskins
RFD #8

mother
Lancaster SC

Hoboken, N.J., July 7th, 1919.

201

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

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

Records of Cpl. Robert Baskins, Co.A, 345th Lab.Bn.
4132198

1. In compliance with Paragraph 83½ Army Regulations, 1913, as amended, there are enclosed herewith papers as listed below to complete the case of Corporal Robert Baskins, Co. A, 345th Labor Battalion, Serial No. 4132198, who died on October 5th, 1918, on board H.M.T.Orontes.

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

2. Cpl. Baskins sailed from the United States September 25th, 1918 on H.M.T. Orontes.

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

S-PUO-H
mp/rac
4 Encls.(1 in trip.)

Co "A" 345th. Labor Battalion.

on Board Transport

Oct. 6th. 1918.

From : Commanding Officer

TO : Commanding Officer, 345. Labor Battalion.

Subject : Personal Effects of Robert Baskins.

I report taht there were no personal effects belonging to Corp. Robt Baskins #4132198 at time of death.

W. C. Krug.

W. C. Krug.
1st. Lieut. QMC U.S.A.
Commanding.

Co "A" 345th Labor Battalion.

on Board Transport

Oct. 6th. 1918.

From : Commanding Officer

TO : Commanding Officer, 345 Labor Battalion.

Subject : Personal Effects of Robert Baskins.

I. report taht there were no personal effects belonging to Corp. Robt Baskins #4132198 at time of death.

W. C. Krug.

W. C. Krug.
1st. Lieut. QMC U.S.A.
Commanding.

Co "A" 345th. Labor Battalion.

on Board Transport

Oct. 6th. 1918.

From : Commanding Officer

TO : Commanding Officer, 345 Labor Battalion.

Subject : Personal Effects of Robert Baskins.

I. report that there were no personal effects belonging to Corp. Robt Baskins # 4132198 at time of death.

W. C. Krug.
1st. Lieut. QMC U.S.A.
Commanding.

TREASURY DEPARTMENT
Bureau of War Risk Insurance
Division of
Military and Naval Insurance
Form 1B—Revised 4-18
(EMERGENCY)

APPLICATION FOR FAMILY ALLOWANCE AND INFORMATION FOR ALLOTMENT OF PAY

No. 4132198
(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 Robert None Baskins (Co. H. 1st R R 156 D.
(First name) (Middle name) (Last name) (Rank and organization)

Home post office R. 2. B. 8 Lancaster S. C. *Age* 31
(No. and street or rural route) (City, town, or post office) (Nearest birthday)

Birth 6-4-87 Lancaster S. C. *Service* 8-24-16 *Pay, $* 30
(Date) (Place) (Date of last entrance into active service) (Present pay in U. S.)

Changes .....
(Changes in rank or pay, if any, since Nov. 1, 1917)

CLASS A—ALLOTMENTS COMPULSORY

I certify that the persons named below, and none other, come within Class A (wife, former wife divorced, or child, as defined in the Act of October 6, 1917).

(If you have no Class A relative, write "NONE" in the appropriate Name column. If you claim exemption from the compulsory allotment, fill out the Treasury Form No. 52 and attach herewith.)

Relationship to Me	Age	NAME (First)	(Middle)	(Last Name)	HOME POST-OFFICE ADDRESS No. and Street or Rural Route	City, Town, or Post Office	State	DATE OF BIRTH Month	Day	Year	If Married, Give Date. If Not, Enter "No"	Do you Apply for a Gov't Family Allowance?
Wife		None										
Child		None										Yes or No
Child												Yes or No
Child		None										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, $..... Yes or No
In the Navy, such additional allotment should be made on S. and A. Form No. 6.

Entered on Pay Card

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*.....

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

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

Signed at (~~on board~~) Camp Jackson S. C.

the 26 *day of* Aug *191*8

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

Witnessed by: Milton R Little
(Commissioned or warrant officer)

Rank ASST. TO THE ADJ. GEN. OF BRIGADE INS. OFFICER

(*Sign here distinctly*) Robert None Baskins
(First name) (Middle name) (Last name)

2—4369

119331

(1) The allowance as shown on this application will be for Class "A" $.....none.....

Class "B" $.....none.....

Total.....$.....

(2) The monthly allotment which I shall charge against the applicant on the pay roll is for Class "A" $.....none.....

Class "B" $.....none.....

Total.....$.....

(3) The applicant's rate of pay per month is $.....30 00.....

(4) The charge on the pay roll of the above-mentioned allotments commenced { Class A. ....., ..., 19..... (Day) (Month); Class B. ....., ..., 19..... (Day) (Month) }

(Signed by) S C Matthews

Rank 1st LIEUT. INF.

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

Entered on service record by.....
(Initials Company Commander)

2 - 4369

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Naval Insurance
Form 2 A (Revised)
(Emergency)

APPLICATION FOR INSURANCE

49

My service number is 4132198 (Service number)

My full name is Robert (Given) Lowe (Middle) Baskins (Last name)

Home address R.F.D. 8 (No. and street or rural route) Lancaster (City, town, or post office) S. C. (State)

Date of birth 6 (Month) 4 (Day) 1887 (Year) *Age* 31 (Nearest birthday)

Date of last enlistment or entry into active service 8-24-18 (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	Fanny Mungo Baskins	(a) R. 7. D. 8 (b) Lancaster S. C.	$ 10,000
		(a) (b)	
		(a) (b)	
		(a) (b)	

Entered on Pay Card

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) Fanny Mungo Baskins

Address R. 7. D. 8 Lancaster S. C.

Signed at (~~on board~~) Camp Jackson, S. C.

the ..... *day of* SEP 1 1918, *191*

Witnessed by: Milton R Little *Sign here* Robert Baskins

Rank MILTON R. LITTLE 1ST LT. A. G. Pvt. Co. H. 1st P. R. 156 Depot Brig

Commanding DEPOT BRIGADE INS. OFFICER (Rank or rating) (Organization)

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

10+

(OVER)

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

Camp Jackson, S. C.

(Day) SEP 1 (Month) 1918, 19

Charge / Checkage of premium ($ 7.00) will be made by me monthly beginning with month in which application is dated.

First charge / checkage made (Day) SEP 3 0 1918 (Month), 19

S C Martin 1st LIEUT. INF.

Commanding Co. H 1st Prov. Regt. 156 Dep. Brig

Mim. 2266

1st Lieut. Q. M. Corps,

Port of Embarkation, Hoboken, NJ Oct. 8th 18

Mrs. Fannie Daskin,

R F D # 8, Lancaster, S. C.

Regret to advise the death of Corporal Robert Daskin, -

AT SEA ON Oct. 6th, 1918 from Pneumonia

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

Corporal Robert Daskin was buried at sea with full military honors.

Judson,

Brigadier General.

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

mf

Co "A" 345th Labor Battalion.

on Board Transport

Oct. 6th. 1918

From: : Commanding Officer

To : Commanding Officer 345 Labor Battalion

Subject : Death of Robert Baskins, Corp. # 4132198

1. Report the death of Corp. Robert Baskins # 4132198 on board transport on Oct. 5th. 1918. at 4:30 P.M. of Pneumonia Lobar

2. Disease contracted in line of duty and was not due to misconduct of soldier.

W. C. Krug

W. C. Krug.
1st. Lieut. QMC U. S. A.
Commanding.

Co "A" 345th Labor Battalion.

on Board Transport

Oct. 6th. 1918

From: : Commanding Officer

To : Commanding Officer 345 Labor Battalion

Subject : Death of Robert Baskins, Corp. # 4132198

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W. C. Krug.
W. C. Krug.
1st. Lieut. QMC U.S.A.
Commanding.

Co "A" 345th Labor Battalion.

on Board Transport

Oct. 6th. 1918

From: : Commanding Officer

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Subject : Death of Robert Baskins, Corp. # 4132198

1. Report the death of Corp. Robert Baskins # 4132198 on board transport on Oct. 5th. 1918. at 4.30 P M of Pneumonia Lobar

2. Disease contracted in line of duty and was not due to misconduct of soldier.

W. C. Krug.
W. C. Krug.
1st. Lieut. QMC. U. S. A.
Commanding.

War Department.

FROM _____ Date Oct. 6th, 1918

To General Supt. ATS Hoboken, N.J.

REPORT OF DEATH.

Name Robert Baskins Grade or Rating Corporal
Born Place Tatahaw, S.C. Date June 4 Year 1887 Age 31
Color Black Eyes Brown Hair Black Complexion Black
Height 7 inches Weight _____ Married or Single single
Marks of Identification male on right side of chest. Scar on right back shoulder, male on right side of back
Health Record _____ Name of Father _____
Fathers Birth Place South Carolina Name of Mother Mrs Fannie Baskins
Mothers Birthplace South Carolina Enlisted place Lancaster, South Carolina
Date Aug. 24th 1918 Died on board ~~Place~~ transport Date Oct. 5th 1918
Time of day 4.30 PM While attached to C A 345 Labor Battalion
Burial Place and Date at sea - Oct. 6th 1918
Cause of Death Pneumonia Lovar from neumenclature _____
Origin _____ in line of duty ~~Or~~ _____ Death (not)
~~not in line of duty~~
result of Soldier's own misconduct.

The facts being as follows: _____

Next of kin Mrs Fannie Baskins RFD #8 Address Lancaster, South Carolina
mother

Approved :

L. D. Huff 1st Lt. Sn C U.S. Army
Signature of Medical Officer
S[redacted]

Walter C. Krug 1st Lt. M.C. U.S.A.
Signature of commanding Officer

This form to be signed in triplicate and forwarded immediately, together with alll official records of deceased, service records, inventory of effects, etc., to the effects Quartermaster, Hoboken, n.j. on arrival of vessel in port.

War Department.

FROM _____ Date Oct. 16th 1918

To General Supt. ATS Hoboken, N.J.

REPORT OF DEATH.

Name Robert Baskins Grade or Rating Corporal
Born Place Tatahaw S.C. Date June 4 Year 1887 Age 31
Color Black Eyes Brown Hair Black Complexion Black
Heighth 78 inches Weight _____ Married or Single single
Marks of Identification mole on right side of chest, scar on right back shoulder, male on right side of back
Health Record _____ Name of Father _____
Fathers Birth Place South Carolina Name of Mother Mrs. Fannie Baskins
Mothers Birthplace South Carolina Enlistedplace Lancaster South Carolina
Date Aug. 24/1918 Died ~~Oct 6th 1918~~ Place on transport Date Oct 6th 1918
Time of day 4. 30 P.M While attached to C. A. 345 Labor Battalion
Burial Place and Date at sea - Oct. 6th, 1918
Cause of Death Pneumonia Lovar from neumenclature _____
Origin _____ in line of duty ~~Or~~ _____ Death (not)
~~not in line of duty~~
result of Soldier's own misconduct.

The facts being as follows: _____

Next of kin Mrs. Fanny Baskins R.F.D #8. Address Lancaster, South Carolina
mother

Approved :

L. D. Duff 1st Lt. M.C. U.S. Army
Signature of Medical Officer
S##########################

Walter C. Krug 1st Lt C.M.C. U.S.A.
Signature of commanding
Officer

This form to be signed in triplicate and forwarded immediately, together with alll official records of deceased, service records, inventory of effects, etc., to the effects Quartermaster, Hoboken, n.j. on arrival of vessel in port.

War Department.

FROM _____ Date Oct. 6th 1918

To General Supt. ATS Hoboken, N.J.

REPORT OF DEATH.

Name Robert Baskins Grade or Rating Corporal
Born Place Tatahaw, S.C. Date June 4th Year 1887 Age 31
Color Black Eyes Brown Hair Black Complexion Black
Height 78 inches Weight _____ Married or Single Single
Marks of Identification mole on right side of chest. Scar on right back shoulder, mole on right side of back
Health Record _____ Name of Father _____
Fathers Birth Place South Carolina Name of Mother Fannie Baskins
Mothers Birthplace South Carolina Enlisted place Lancaster, South Carolina
Date Aug. 24/1918 Died on board ~~Place~~ transport Date Oct. 6th 1918
Time of day 4.30 P.M While attached to Co A 345 Labor Battalion
Burial Place and Date at sea - Oct. 6th 1918
Cause of Death Pneumonia Lobar from nomenclature _____
Origin _____ in line of duty ~~or not in line of duty~~ Death (not)
result of Soldier's own misconduct.

The facts being as follows: _____

Next of kin Mrs Fannie Baskins mother R.F.D. #8 Address Lancaster, South Carolina

Approved :

L. D. Huff 1st Lt. M.C. U.S. Army.
Signature of Medical Officer

Walter C. Krieg 1st Lt C.M.C. U.S.A.
Signature of commanding Officer

This form to be signed in triplicate and forwarded immediately together with all official records of deceased, service records, inventory of effects, etc., to the effects Quartermaster, Hoboken, N.J. on arrival of vessel in port.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Baskins	Bas	3	21 09
Robert	CEMETERY A S B	1	
BURIED	GRAVE	2	
	ROW	2	
C 80582	BLOCK	1	
STATE	S. C.	2	46
RANK	Cpl.	1	2
DIVISION	2 Mc.	2	57
ORGANIZATION		3	x x x
ARM		1	x
MARITAL	No	1	2
NAME Baskins	Bas	3	21 09
Mrs Fannie	STATE S C.	2	46
RESIDENCE	COUNTY Lancaster	2	29
RD # 8	CITY Lancaster	3	022
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Yes	1	1
NATIVITY			
RACE	Negro	1	2
ENGLISH	Yes	1	1
ATTENDANT		1	
HEALTH	bad	1	2
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE 29/514/	No	1	03 2 70

aye

AUDITED MAR 21 1932

HEAD

IMMEDIATE ACTION

IN REPLY REFER TO QM 293 A-M

WAR DEPARTMENT

Oct. 13, 1932

Baskins, Robert ASBx

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

SPECIAL

Mrs. Fannie Baskins,
R. D. 8,
Lancaster, S. C.

Dear Madam:

Your Government has provided an opportunity for all Mothers and Widows of deceased members of the American Forces who were lost, buried at sea, or whose remains are now interred in Europe, to make a pilgrimage to the cemeteries in Europe. This was done in the hope that all who may make the pilgrimage will derive a measure of comfort and solace from the visit.

You are numbered among those who are privileged to make this pilgrimage.

During July and September of this year, inquiries were addressed to you as to whether or not you desire to make the pilgrimage to Europe. To these inquiries no reply has been received from you.

You probably do not realize how important it is that a reply be received from you. If we do not receive replies, it becomes very difficult to make the necessary and proper arrangements for those who are to make the trip, as everything must be arranged in advance. Consequently, it is just as important for the Government to know the names of those who do not desire to take advantage of its offer as it is to know the names of those who do.

Will you please devote a few moments of your time to write either the word "YES" or "NO" in the following space NO, thus indicating whether or not you desire to make the pilgrimage during 1933 and sign your name here Mrs Fannie Baskins. Use the enclosed envelope, which requires no postage, and return this sheet.

This reply will assure your Government that no worthy Mother or Widow has failed to receive its offer in commemoration of a loved one departed, and will greatly assist in making the necessary preparations for those of them who wish to take advantage of the privilege.

For The Quartermaster General,
Very truly yours,

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

RECEIVED OCT 12 1932 M. & R. Div. Q.M.G.O.

Q. M. C. Form 356 (Old Form 493)
Approved December 1, 1922

8—8494 GPO

IMMEDIATE ACTION

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL.
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Sept. 8, 1932

Baskins, Robert (ASB) x

Mrs. Fannie Baskins,
R. D. #8,
Lancaster, S. C.

Dear Madam:

Reference is made to the questionnaire recently forwarded you, making inquiry as to whether you desire to make a pilgrimage to the cemeteries of Europe during the summer of 1933, and inviting attention to the fact that 1933 is the LAST YEAR for which the pilgrimages are authorized. To date no reply has been received.

In order that your desires may be of record, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1933? (Answer "Yes" or "No")	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

NOTE CAREFULLY, THIS IS THE LAST CHANCE WHICH YOU WILL HAVE TO MAKE THE PILGRIMAGE, AND THERE IS NO PROVISION OF LAW FOR A MONEY ALLOWANCE INSTEAD.

For The Quartermaster General,
Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-M

Baskins Robert (ASB) x July 13 1932

Mrs Fannie Baskins
R D #8
Lancaster S C

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 A-M

Baskins, Robert ASB Mx

Oct. 5, 1931

Mrs. Fannie Baksins,
RD #8,
Lancaster, S. C.

vd

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM-293-AM

June 26, 1931

Baskins, Robert Cpl.(ASB) Mx

Mrs. Fannie Baskins,
RD #8,
Lancaster, South Carolina.

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

QM 293 A-M
Baskins, Robert Cpl.(ASB)x

April 27, 1931

Mrs. Fannie Baskins,
R. D. #8,
Lancaster, S. C.

Dear Madam:

Receipt is acknowledged of your reply to questionnaire forwarded you under date of April 15, 1931, stating that you will not be able to make the pilgrimage to the cemeteries of Europe in honor of your son, the late Corporal Robert Baskins.

It is regretted that, due to ill health, you will be unable to make the pilgrimage this year. Accordingly, your name has been placed on the list of mothers and widows who are eligible to make the pilgrimage in 1932. You will be communicated with when the pilgrimages for that year are being arranged.

If your health improves, it is believed you should feel no hesitancy in making the journey inasmuch as competent personnel has been provided to care for the mothers and widows making the pilgrimage from the time of their arrival in New York City until they return thereto, and the railroad companies have assured this office that their employees will give special care and attention to the mothers and widows in traveling to and from New York City. A number of mothers and widows in poor health made the journey during the past summer and appear to have benefited therefrom. In the event you decide to make the pilgrimage, it is suggested that you request your physician to furnish this office with a complete diagnosis of your condition in order that the proper attention may be arranged for you.

For The Quartermaster General,

Very truly yours,

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

cm

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-M

IN REPLY REFER TO
Baskins, Robert ASBx M

April 15, 1931

Mrs. Fannie Baksins,
RD #8,
Lancaster, S. C.

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended 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 in 1931, 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?	**no**
2.	Do you desire to make the pilgrimage in the calendar year 1931?	**(health will not permit)** **no**
3.	Please give your age and state your health.	Age **70 years** Condition of health **bad**
4.	Do you speak English?	**yes**
5.	What other language do you speak?	**none**

For The Quartermaster General:

Very truly yours,

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

RECEIVED APR 24 1931 M.R. & C. Dept. Q.M.G.

Encls:
Act
Amendment
Envelope

30/150

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Baskins, Robert - U-ASB M

July 8, 1930.

Mrs. Fannie Baskins,
R D # 8,
Lancaster, South Carolina.

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:	Yes Fannie Baskins. R8. Lancaster, S.C.
2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:	No
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? If so, give her name and address:	

For The Quartermaster General,

Very truly yours,

A. D. Hughes

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

RECEIVED
JUL 28 1930
M. & A. DIV.
O. Q. M. G.

Enclosures:
Envelope
Act
Amendment

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Sept. 8, 1932

Baskins, Robert (ASB) x

Mrs. Fannie Baskins,
R. D. #8,
Lancaster, S. C.

Dear Madam:

Reference is made to the questionnaire recently forwarded you, making inquiry as to whether you desire to make a pilgrimage to the cemeteries of Europe during the summer of 1933, and inviting attention to the fact that 1933 is the LAST YEAR for which the pilgrimages are authorized. To date no reply has been received.

In order that your desires may be of record, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1933? (Answer "Yes" or "No")	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

NOTE CAREFULLY, THIS IS THE LAST CHANCE WHICH YOU WILL HAVE TO MAKE THE PILGRIMAGE, AND THERE IS NO PROVISION OF LAW FOR A MONEY ALLOWANCE INSTEAD.

For The Quartermaster General,
Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-M

Baskins Robert (ASB) x

July 13 1932

Mrs Fannie Baskins
R D #8
Lancaster S C

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 A-M

Baskins, Robert ASB Mx Oct. 5, 1931

Mrs. Fannie Baksins,
RD #8,
Lancaster, S. C. vd

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM-293-AM

June 26, 1931

Baskins, Robert Cpl.(ASB) Mx

Mrs. Fannie Baskins,
RD #8,
Lancaster, South Carolina.

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

QM 293 A-M
Baskins, Robert Cpl.(ASB)x

April 27, 1931

Mrs. Fannie Baskins,
R. D. #8,
Lancaster, S. C.

Dear Madam:

Receipt is acknowledged of your reply to questionnaire forwarded you under date of April 15, 1931, stating that you will not be able to make the pilgrimage to the cemeteries of Europe in honor of your son, the late Corporal Robert Baskins.

It is regretted that, due to ill health, you will be unable to make the pilgrimage this year. Accordingly, your name has been placed on the list of mothers and widows who are eligible to make the pilgrimage in 1932. You will be communicated with when the pilgrimages for that year are being arranged.

If your health improves, it is believed you should feel no hesitancy in making the journey inasmuch as competent personnel has been provided to care for the mothers and widows making the pilgrimage from the time of their arrival in New York City until they return thereto, and the railroad companies have assured this office that their employees will give special care and attention to the mothers and widows in traveling to and from New York City. A number of mothers and widows in poor health made the journey during the past summer and appear to have benefited therefrom. In the event you decide to make the pilgrimage, it is suggested that you request your physician to furnish this office with a complete diagnosis of your condition in order that the proper attention may be arranged for you.

For The Quartermaster General,

Very truly yours,

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

cm

QM 293 A-M

Baskins, Robert ASBx M April 15, 1931

Mrs. Fannie Baksins,
RD #8,
Lancaster, S. C.

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended 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 in 1931, 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?	
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.

Encls:
Act
Amendment
Envelope
30/150

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-C

Baskins, Robert Cpl ASB M August 11, 1930

Mrs. Vannie Baskins
R F # 8,
Lancaster, South Carolina

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 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?	
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

Baskins, Robert - U-ASB M

July 8, 1930.

Mrs. Fannie Baskins,
R D # 8,
Lancaster, South Carolina.

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.