

To The A. G. O.

G.R.S. Form #114 B

3370

JAN 15 1926

DATE

1. NAME *Sol. Lig.* BISHOP, Tennessee J.

SERIAL No. 3096343

RANK Pvt.

ORGANIZATION Training Sch for San Troops. & DIVISION *not shown*

GRAVE LOCATION American Cty., NOYERS (Loir et Cher).

319

CTY. NAME

NUMBER

210

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

210

Noyers Loir et Cher

As shown by cemetery directory, Hq.AGRS., Dec.9.1919

GRAVE

COMMUNE

DEPT.

COORDINATES

Not given

CONCENTRATED TO

Nothing of record

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

DATE OF DEATH

Oct. 26, '18

Nothing of record

STATE FROM WHICH HE CAME

Ky

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

None of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Stanley J. Grogan
STANLEY J. GROGAN, Capt. Inf. USA

3. FINAL GRAVE LOCATION 9/11/22

4

15

Block C.

DATE

GRAVE

ROW

PLOT

Oise-Aisne, Amer. #608 Seringes-et-Nesles (Aisne)

CEMETERY 3

Rec'd World War

A. G. O.

5 NOV 30 1927

JAN 16 1926

WORLD WAR DIV.

gr.

KM 217

EDITED BY

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.



GRAVE LOCATION BLANK

R

LOCATION OF THE GRAVE OF

Bishop 3096343 Tennessee J.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Tr. School for Sanitary Troop
(Rank.) (Organization.)

DATE OF BURIAL **October 26th, 1918.**

PLACE OF BURIAL **Noyers, France.**

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

PLACE OF DEATH **Camp Hosp. No. 26**

CAUSE OF DEATH **Broncho Pneumonia**

**American Cemetery
Noyers, Loir-et-cher**

GRAVE NUMBER **210**

HOW MARKED: Name Peg? Cross? **Yes**

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:

NOTIFY **Mr. William H. Bishop**

Byron, Kentucky.

Father.

REPORTED BY: **C. E. Ireland**

C. E. Ireland, Chaplain 164th Inf.

(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l, G. H. Q., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bishop</i>	<i>Bis</i>	3	299
BURIED <i>Tennessee</i>	CEMETERY <i>608</i>	1	2
	GRAVE <i>4</i>	2	04
	ROW <i>15</i>	2	15
	BLOCK <i>C</i>	1	3
STATE	<i>Ky.</i>	2	20
BANK	<i>Pub.</i>	1	2
DIVISION	<i>Schools</i>	2	60
ORGANIZATION	<i>---</i>	3	X X X
ARM	<i>---</i>	1	X
MARTIAL	<i>no</i>	1	2
NAME <i>Bishop</i>		5	
RESIDENCE <i>Wm. H. (Father)</i>	STATE	2	
	COUNTY	2	
	CITY	3	
<i>Byron, Ky</i>			
RELATION	<i>Mother</i>	1	1
OTHER <i>No POW</i>		1	
ELIGIBILITY <i>No S.M.</i>	<i>Dead</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT			
HEALTH			
NO. OF SONS			
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED
AUG 8 1932
IACRS

RNR

29/514/PJ

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bishop, Tennessee J. - 608 F

July 7, 1930

Mr. Wm. H. Bishop
Byron, Ky.

Dear Sir:

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:

no

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:

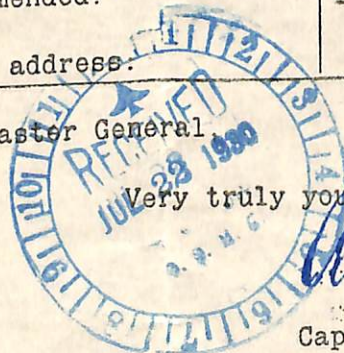
no

For The Quartermaster General

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, U. S. M. Corps,
Assistant.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bishop, Tennessee J.
608

Aug. 27, 1929.

Mr. William H. Bishop,
Byron, Ky.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 20, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

no.

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

no.

3. If survived by a widow or mother does she desire to make the pilgrimage?

d.

For The Quartermaster General,

Very truly yours,

John T. Harris
JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.



2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Bishop, Tennessee J.

June 20 1929.

Mr. William H. Bishop,
Byron, Ky.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the father of the late **Private Tennessee J. Bishop, Training School for Sanitary Troops, whose remains are now interred in the Oise-Alsne American Cemetery, Seringes-et-Nesles, Alsne, France.**

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

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Enclosures:
Envelope
Act
Amendment

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For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

DISPATCHED
29 JUN 21 AM 9
Q. M. G. M. & R. DIV.

✓

Duplicate

Bishop,

Tennessee J.

3,096,343

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Trng. School for San Troops.

(Rank and organization.)

State your relationship to the deceased

he is my son

Do you desire the remains brought to the United States?

no

(Yes or no.)

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

no

(Yes or no.)

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

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

let him stay

(Number and street.)

(City or town.)

(State.)

(Sign here)

single

William H Bishop

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Mr. William H. Bishop
Clay Co., Ky.

REVIEWED
OSP
SS.

11-11
319-37
Brown by pm

QM 293 A-C

May 24, 1924

BISHOP, Tennessee J., Pvt.

Mr. William H. Bishop,
Byron,
Kentucky.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,
R. P. HARBOLD

1-Incl.
Record card.

Assistant.

MPK
282

Q.M.G.
Central Mail & File B.



MAY 24 1924

B.

CORRECTION

NAME _____

RANK _____

SERIAL NO. _____

ORGANIZATION _____

REMARKS:

F 120 not noted

MH 5/11/20

S-910/MB

COMPILATION OF DISPOSITION OF REMAINS DATA

1. LOCATION INDEX CARD:

(a) Name Bishop, Tennessee J. Ser. No. 3096343)
 (b) Rank Pvt. Organization Training school for Sanitary Troops.) TYP. ILH
 (c) Date of death 10-26-18 of death Broncho Pneumonia) CKR. 8
 (d) Cause

11. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(a) Grave No. 210 Row 9 Plot ----- Sect. -----) TYP. BML
 (b) Emerg. Address Mr. William H. Bishop (father), Byron, Kentucky.

111. Files of soldiers dying from contagious diseases; Card agrees with) CKR. 98

IV. A.G.O. DISPOSITION CARD:

Date of receipt none

(a) Name William H. Bishop (b) Relationship father
 (c) Address Byron, Clay Co., Ky.
 (d) Remains to be brought to U. S.? No
 (e) To be interred in National Cemetery in U. S. at No

(f) Shipping instructions upon arrival of body in U.S. -----

(g) Disposition instructions if not brought to U.S. -----

Examiner's Initials J.B. Date 5-12- 1920

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

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

No Correspondence

Examiner's Initials mm Date 5-13 1920

VI. G.R.S. Files - Correspondence - shows as follows:

No request for disposition.

(a) Cancellation memos referred to? Yes P.D.

Examiner's Initials P.D. Date 5-13- 1920

COUNTRY France CEMETERY NO. 319 SHEET NO. 37

G.R.S. Form #115

Amended April 6, 1920.

Make Form #114

Rechecked
MMB
11/2/20

1-16-22 Examined for Centralization Case - Crane # 608 att 2/6/22

X

VII. G. R. S. FORM No. 114 made _____, 1920

Typed by _____, Checked by _____, _____ 1920

VIII. FINAL ACTION:

Following advice forwarded to Europe by- (cable on _____, 1920
letter on _____, 1920

IX.

C O R R E C T I O N S

CHANGE OF ADVICE	ACTION TAKEN
Desires body be	
Body to be shipped to	

X. SUSPENSION REMARKS:

5-29-20 Form 120 William H Bishop (Father)
Byron, Ky. requests body not returned to
U.S. States soldier not married. no 11-19-20

gr.

G.R.S. FORM #114-A.

STATION St. Aignan (L-et-C)

To be prepared in triplicate.

DATE Oct 22nd 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BISHOP, Tennessee J.

10. Name

2. No. 3096343

11. No.

3. Rank Pvt.

12. Rank

4. Org. Training Sch for San Troops

13. Org.

5. D.D. 10.26.- ⁹¹⁸

14. (a) D.D.

6. C.D. Broncho Pneumonia

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 210

Sec.

15. Grave No.

Sec.

8. Plot

Row

16. Plot

Row

9.

17.

none

18. Cemetery American

19. Commune or town

Noyers

20. Dept. or County Loir et Cher

21. Country

France

22. G.R.S. Hdqrs. Code No. 319

23. Disinterred (Date) Oct 22nd 1921

By E. J. Frank

24. Inscription on grave marker:

Name Tennessee J. Bishop

Serial No. -----

Rank Pvt

Organization Training Sch. for San. Troop

25. Was identification disc found on grave marker? yes

On body? yes

W. N. Tucker
Signature Junior Technical Assistant

W. N. Tucker

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 completely corroded.

27. Condition of body badly decomposed, features unrecognizable.

28. Nature of burial wooden box and uniform.

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 Oct 22nd 1921 By E. J. Frank

31. Casket sealed by E. J. Frank

Signature of Embalmer, (Supervisor)

E. J. Frank

SHIPMENT. (Show actual marking of box.) Box No. C-12398

32. Designation of body:

105 Name BISHOP, Tennessee J. Serial No. 3096343
Rank Pvt. Organization Training Sch for San Troops.

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer. Cty. 608, Seringes-et-Nesles (Aisne)
~~Aisne-Marne Amer. Cty. 1964, BELLEAU (Aisne)~~

34. Casket boxed and marked (Date) Oct 22nd 1921 By E. J. Frank

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 F. Overheiser, 1st. Lt. QMC

36. Remarks tag on body completely corroded.

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____ (Name)
Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date Nov 10th 1921

To Permanent Cemetery Oise-Aisne Amer. Cty. 608, Seringes-et-Nesles (Aisne)
~~Aisne-Marne Amer. Cty. 1964, BELLEAU (Aisne)~~
(Name)
Convoyer H F Tebeau Signature Shipping Officer G. A. ROSS
Captain QMC

40. Received: Date 7 7 NOV 1921

G.R.S. Representative G. F. WAUGH

41. Reinterred 9/11/22, Oise-Aisne Cem. 608, Seringes-et-Nesles, (Aisne)
(Date)

42. Grave No. 4, Blk. C. Section _____

43. Plot _____ Row 15

BISHOP, Tennessee J.

G.R.S. Representative C. J. Blake AU
Capt. QMC

gs

AUDITED BY
1320 1-29-24

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Bishop, Tennessee J. SERIAL NUMBER 3096343

RANK Pvt. ORGANIZATION Training School for San Troops

2. Disinterred (date): October 22, 1921. From (give complete location): Gr. 210 Cemetery 319

By: Group 2 Unit Sec. 5

3. Reburied (date): 9/11/22, In (give complete location): Gr.4, Blk.C. Row 15
Oise-Aisne Cam.608, Saringes-et-Nasles, (Aisne)

By: Group reburial group Unit metal lined Nature of reburial casket.

4. Report as to nature of original burial and condition of body upon disinterment:
Pine box and uniform, body decomposed, skeleton disarticulated.

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

(b) Other means of identification found upon disinterment, and general remarks:
last body in row, row regular, identified by marker and elimination

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

(a) Height (actual measurement) impossible to estimate

(b) Weight (estimated) -do

(c) Hair—Color none visible

Quantity none

Characteristics none

(d) Hair on face—Color none

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities, or missing parts) impossible to determine

(f) Wounds or missing parts (received at time of casualty) impossible to determine

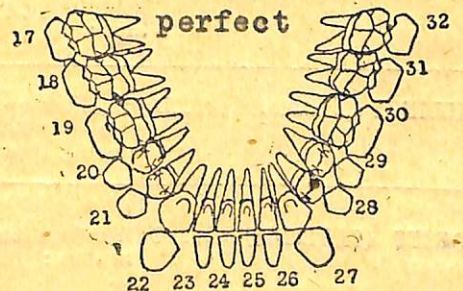
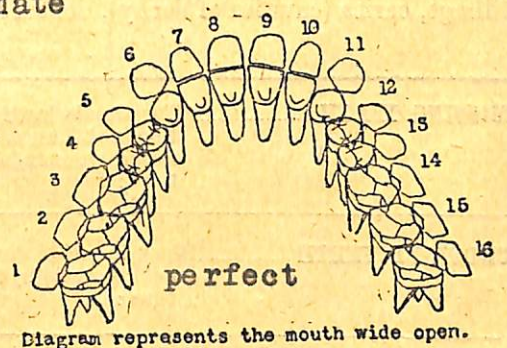
Checker W N Tucker

7. Disinterment supervised by E J Frank
E J Frank, Supervising Embalmer

Approved: T Overheiser
(Title) 1st Lieutenant QMC

8. Reburial supervised by L. D. Hays






Approved: C. J. Blake
(Title) Capt. QMC gs



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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	
<p>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."</p>	

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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

319-37

JUN 16 1920

MAY 20 1920

*Push Answering
no change*

FROM: Chief, Graves Registration Service, Q.M.C.

TO: William H. Bishop, Byron, Clay Co. Ky.

SUBJECT: Remains of Pvt. Tennessee J. Bishop.

The records of this office show that you have requested that his body be not returned to the United States.

Please let his remains stay in France

If these are not the correct instructions, please change them. Make changes on reverse side of this sheet.

The nearest living relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U.S. Army.

Was soldier married?

NAME OF NO. & STREET TOWN STATE

Soldier's Widow

Not Married

Soldier's Children 1.
(Name oldest first) 2.
3.

Name

Father

William H. Bishop

Mother

Hester Bishop, Dead

Brothers 1.
(Name oldest first) 2.

*Bradley Bishop, Howard Bishop
Sam Bishop*

Sisters

*Amelia Bishop Hampton, Nancy B. Bishop House,
Ellen Bishop Fletcher, Vicie Bishop*

Date *May 29, 1920*

Signature *William H. Bishop*

Address *Byron*

Relationship *Father*

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

(OVER)

The transfer of bodies will be made entirely at Government expense.

RECEIVED



JUL 8 1920
G. H. S.



INSTRUCTIONS FOR FILLING OUT

1. This paper MUST be signed by the person who is the NEXT of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
6. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

43702

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bishop 3096343 Tennessee J.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Tr. School for Sanitary Troop
(Rank.) (Organization.)

DATE OF BURIAL... October 26th, 1918.

PLACE OF BURIAL... Noyers, France.

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

PLACE OF DEATH... Camp Hosp. No. 26

CAUSE OF DEATH... Broncho Pneumonia
American Cemetery
Noyers, Loir-et-cher

GRAVE NUMBER... 210

HOW MARKED: Name Peg? Cross? **Yes**
Headboard? Bottle?

IDENTIFICATION TAGS:

319

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:

NOTIFY... Mr. William H. Bishop
Byron, Kentucky.
Father.

REPORTED BY: C. E. Ireland
C. E. Ireland, Chaplain 164th Inf.
(Signature and Rank of Reporting Officer.)

REVIEWED
OSP 33.

This portion to be sent to Chief of Graves Registration Service.

NOV 4 1918

43702

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bishop 3096343 Tennessee J.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Tr. School for Sanitary Troop
(Rank.) (Organization.)

DATE OF BURIAL. October 26th, 1918.

PLACE OF BURIAL. Moyers, France.

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

PLACE OF DEATH. Camp Hosp. No. 26

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Byron, Kentucky.

Father.

REPORTED BY:

C. E. Ireland
C. E. Ireland, Chaplain 164th Inf.
(Signature and Rank of Reporting Officer.)

REVIEWED
OSP 33.

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.