

127 293

10137

G.R.S. Form #114-B

FULL NAME BOBIAN, William ✓

RANK Pvt. ✓ SERIAL 3331980 ✓

DIVISION & ORGANIZATION Co.L, 341st Inf. ✓

78 Div ✓ with
Co M 310 Inf ✓ also

DATE OF DEATH Oct 21 - 1918 ✓

STATE FROM WHICH HE CAME Illinois ✓

MEDALS OR DECORATIONS AWARDED. ✓

none ✓

FINAL GRAVE LOCATION.....	21	28	F
Date	Grave	Row	Block

Meuse-Argonne, #1232

Cemetery

Rec'd & Wrote
5 APR 4

21 A.G.O.
AUG 11 1926
WORLD WAR DIV.

Robert O. Davis
Major General
The Adjutant General
WV

AUG 16 1926

23/306/ARK

452 4-11-28

GRAVE LOCATION BLANK R

LOCATION OF THE GRAVE OF

Baker 3331980 Miller
.....
(Surname). (Number). (First Name and Initials).

Priv. Co. M. 310 Inf.
.....
(Rank). (Organization).

PLACE OF DEATH: *Evacuation Hosp. #1010*

CAUSE OF DEATH: *G.S.W. Rt. thigh*

DATE OF BURIAL: *Oct 22 1918*

PLACE OF DEATH: *Burial American Cemetery*

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

Froidon Dept. Meuse

French Military Cemetery

GRAVE NUMBER: *Am 190 Ln 402*

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:

A. M. Worthington Capt
.....
(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	Bobian	3	232
	Wm		
BURIED	CEMETERY 1232	1	1
	GRAVE 21	2	21
	ROW 28	2	28
	BLOCK 7	1	6
STATE	Ill	2	13
RANK	Post	1	2
DIVISION	78	2	78
ORGANIZATION	310	3	310
ARM	Inf	1	1
MARITAL	no	1	2 mt
NAME	JUSKIENE	3	0190
	Mrs Magdalena		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Country Lithuania	1	27 In
29/514			

AUDITED

JAN 20 1966

29/514

10-15-92

6-22-18

1/21/30

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BOBIAN, William	Pvt.	3331980	Co. M 310 Inf.	Oct. 21/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
Illinois	#1252	21	28	F

	Check relationship	Living - Deceased	(m)
NAME	MOTHER <i>copy</i>	: <input checked="" type="checkbox"/> :	Ms. Magdalena Juskiene
AND	STEPMOTHER (For the year prior to commencement of service)	: : :	Kaurias Usakiske
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : :	Vals. Belvskiai
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	apsk. Vilkaviskis
	WIDOW (Who has not remarried)	: : :	Lithuania
	<i>Single man</i>	: : :	_____

1-10-33

Veterans Bureau Claim Number XC 77776
 29/156/

copy 1/25

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

(Bobian, William)

June 29, 1929.

Mrs. Mary Kutra,
1122 - 8th St.,
Rockford, Ill.

Dear Madam:

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 sister of the late Private William Bobian, Co. L, 541st Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, 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,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

(Bobian, William)

June 29, 1929.

Mrs. Mary Kutra,
1122 - 8th St.,
Rockford, Ill.

Dear Madam:

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 sister of the late Private William Bobian, Co. L, 341st Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, 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,

2 incls.
Act of Congress.
Envelope.

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

Bobian, William

(Surname.)

(Christian name in full.)

3,331,980

(Army serial number.)

Pvt. Co L, 341st Inf.

(Rank and organization.)

State your relationship to the deceased

Sister

Do you desire the remains brought to the United States?

No.

(Yes or no.)

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

—
(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)

Mr. May B. Kutra

1122 - 8th St

Rockford

Ill.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

checked
1-13-21 E.M.

Brewer by mps
290-33
1-12-21

In reply refer to:
293.8 C-R #43750

February 8, 1923.

Mrs. Mary Kutra,
1122 - 8th St.,
Rockford, Ill.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private William Tobian, Company A, 341st Infantry, is Grave 21, Row 20, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, 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, 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 maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

FEB 9 1923

G.R.S.

Very truly yours,

H. J. Conner,
Assistant.

22/1423/ARK

rk

e

DATE Oct. 18th, 1921

1. NAME BOBIAN, William SERIAL No. 3331980
 RANK Pvt. ORGANIZATION Co. M, 310th Inf.
 GRAVE LOCATION Fr. & Amer. Military Cty. Froidos, Meuse, #290
CTY. NAME NUMBER
194 23
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Not known
GRAVE COMMUNE DEPT.
 COORDINATES Nothing of record
 CONCENTRATED TO Not known
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.

SUBSEQUENT REBURIALS Nothing of record
DATE GRAVE ROW PLOT CEMETERY
DATE GRAVE ROW PLOT CEMETERY

wk^r SIGNATURE, AREA SUPERVISOR *Wm M. Cline* **Wm M. CLINE**
Captain Q.M.C.
 rhj

3. FINAL GRAVE LOCATION Oct. 18th, 1921 21 28 B.I.P.
DATE GRAVE ROW PLOT

Meuse-Argonne American Cemetery #1872, Romagne-sous-Montfaucon, (Meuse).
CEMETERY

*ADDED BY
S&B 12/26/22*

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.

Place Froides House

REPORT OF DISINTERMENT AND REBURIAL

Date Oct 1st 1921

1. REMAINS OF William Bobian, SERIAL NUMBER 5231980
RANK Pvt ORGANIZATION Co. 344th 310th INF.

2. Disinterred (date): Oct 1st 1921 From (give complete location): Grave 194 Row 23 Cem 290

By: Group 1 Unit Section 3

3. Reburied (date): Oct, 18, 1921. In (give complete location): Muse Argonne Cem. 1232, Row 28 Bl. F. Gr. 21.

Reburial Sec. _____

By: Group _____ Unit _____ Nature of reburial unlined casket

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

Blanket under cross

Badly decomposed recognition impossible

5. (a) Identification tags: Buried with body? No On grave marker? Yes

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

Grave marker only means of identification to be had

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

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

(b) Weight (estimated) Impossible to determine.

(c) Hair—Color Impossible to determine.

Quantity Impossible to determine.

Characteristics Impossible to determine.

(d) Hair on face—Color Impossible to determine.

Location Impossible to determine.

Quantity Impossible to determine.

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

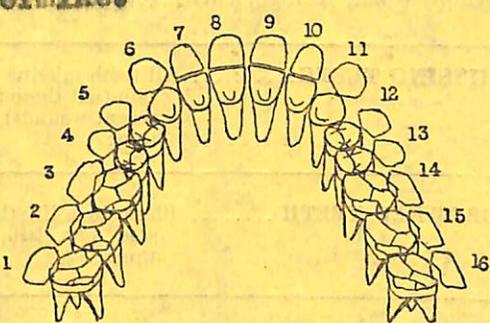
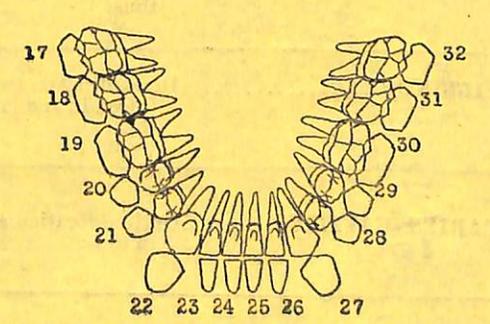


Diagram represents the mouth wide open.



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

right leg amputated from middle third of femur and missing.

7. Disinterment supervised by T.P. Madine

Approved: J.P. Glendon
(Title) Capt QMC.

8. Reburial supervised by W. B. Shields

Approved: James W. Younger
(Title) CAPT. QMC.

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:	 <p align="center">TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p align="center">GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 <p align="center">GOLD AND PORCELAIN BRIDGE GOLDBRIDGE</p>
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p align="center">SILVER FILLING GOLD FILLING</p> <p align="center">GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)Outline location and size of cavity, shade in thus:	 <p align="center">CAVITY DECAYED DECAYED</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."

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.



To be prepared in triplicate.

DATE Oct 1st, 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 BOBIAN, William
 2. No. 3331980
 3. Rank Pvt.
 4. Org. Co. M, 310th Inf.
 5. D.D. Jan Oct. 21st
 6. C.D. DOW

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 194 Sec. _____
 8. Plot _____ Row 23
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. No discrepancies.

18. Cemetery Fr. & Amer. Military

19. Commune or town Froidos

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 290

23. Disinterred (Date) Oct 1st 1921

By T.P. Madine.

24. Inscription on grave marker:

Name William Bobian
 Rank Pvt.

Serial No. 3331980
 Organization Co M. 310th Reg. Inf.

25. Was identification disc found on grave marker? Yes On body? No.

Signature T.P. Madine 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).

No effects.

27. Condition of body Badly decomposed recognition impossible

28. Nature of burial Blanket under cross

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.

30. Body prepared and placed in casket: Date Oct 1st 1921 By T.P. Madine.

31. Casket sealed by T.P. Madine. Sup Emb. 3331980

Signature of Embalmer, (Supervisor) T.P. Madine

SHIPMENT. (Show actual marking of box.) Box No. C-9040

32. Designation of body:

Name BOBIAN, William Serial No. 3331980

R nk Pvt. Organization Co. M, 310th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Romagne-sous-Montfaucon #1232

34. Casket boxed and marked (Date) Oct 1st 1921 By T.P. Madine.

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 J.P. Glandon. Capt QMC.

36. Remarks

37. Shipped from point of Operation: (Date) Oct 1st 1921

To point of Concentration Romagne Sous Montfaucon. (Name)

Convoyer R.H. Cronin. Signature Shipping Officer J.P. Glandon. 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 (Name)

Convoyer Signature Shipping Officer

40. Received: Date 7 * OCT 1921

G.R.S. Representative Gm Sicks, Morgue Supt

41. Reinterred Meuse Argonne Cem. 1232, Oct, 18, 1921. (Date)

42. Grave No. Row 28 Bl. F. Gr. 21. Section

43. Plot Row

G.R.S. Representative James W. Younger

JAMES W. YOUNGER
CAOT. QMC.
eaj.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #43730

I. LOCATION INDEX CARD:

(a) Name BOBIAN, William Ser. No. 3331980
(b) Rank Pvt. Organization Co. L, 341st Inf.
(c) Date of death 10-21-18 (d) Cause of death DWRIA
TYP. egp
CKR. [initials]

Vertical handwritten note: 10/28/21 - Examined for concentration L.P.W. - 11/16/21

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

(a) Grave No. 194 Row 23 Plot -- Sec. -- TYP. egp
(b) Emerg. Address Mrs. Mary Kutra (sister) 1122 8th St., Rockford, Ill.

III. Files of soldiers dying from contagious diseases 0 -- CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

Date of receipt --

(a) Name Mrs. Mary B. Kutra (b) Relationship Sister
(c) Address 1122 8th - Rockford - Ill.
(d) Remains to be brought to U. S.? no
(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 [initials] Date 1-12-21, 1920.

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

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

Examiner's Initials [initials] Date 1-12-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes PF
Examiner's Initials PF Date 1-12-21, 1920.

COUNTRY France CEMETERY No. 290 SHEET No. 33

Handwritten notes at bottom: 1-12-21 [initials]

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #43730

(a) Name..... BOBIAN, William..... Ser. No. 5331980 TYP. egp
 (b) Rank..... Pvt...... Organization ... Co. L, 341st Inf......
 Cause of
 (c) Date of death... 10-21-18 death DWRJA.....

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

(a) Grave No. 194 Row 23 Plot -- Sect. -- TYP. egp
 (b) Emerg. Address.... Mrs. Mary Kutra (sister) 1122 8th St., Rockford, Ill.

III. Files of soldiers dying from contagious diseases..... CKR egp

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

*A.G.O. Card - Mrs. Mary B. Kutra (sister)
 1122 - 8 St. - Rockford - Ill., requests
 that body be not returned to U.S.
 - at 7/5/21*

V. Following advice forwarded to Europe by - (cable on 192
 (letter of transmittal on JAN 25 1921)

Par. #2, Not To Be Returned H

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 7 1921 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. 76 192

Old
Data

43730

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bobian 3331980 William
(Surname) (Number) (First Name and Initials)

Pvt Co M 310 Inf
(Rank) (Organization)

PLACE OF DEATH: *Evacuation Hosp # 1010*

CAUSE OF DEATH: *G.S.W. Rt. thigh Gas inf.*

DATE OF BURIAL: *Oct 22 1918*

PLACE OF BURIAL: *American Cemetery*

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

*Lividoz, Dept Meuse
French Military Cemetery*

GRAVE NUMBER: *Am 190 Fr 402*

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:

A. M. Wainwright Capt
(Signature and Rank of Reporting Officer)

1. R. S. Form No. 1.

Hq. G. S. File

43730

2. Soldier's No. 3331980

Bobian William
Surname (in block letters) First Name and Initials

Private M 310 Inf.
Rank Company Regt. or Corps

Oct 21, 1918 Wounds
Date of Death Cause, if known

Oct. 22, 1918 French Military
Date of Burial Cemetery

Froidos Meuse
Town or Commune (in block letters) Department

8. 194 v row 23
Grave No. Plot No. or Letter

9. Name Peg? " Cross? " Headboard? Bottle?
Check Method of Marking

10. Buried with Body? " Attached to Grave Marker? "
Identification Tags

11. If name unknown and tags missing, give marks and description.

290

12. 51 N.E. N. 254.85 E. 309.85
Map Reference, if interment is outside of cemetery

13.
Give name of Chaplain or Burial Officer

Signed Charles C. Imhof Sgt.

Group Unit 301 G. B. S.