

150

282

G.R.S. Form #114-B

Auth. A.G.O. Telephone 2-1-1927 Signature "BENIE BOYLSTON"

*ORIGIN 2-1-27*

FULL NAME .....BOYLSTON, Benny. *Benie*

RANK .....Pvt. ✓ SERIAL .....- - -

DIVISION & ORGANIZATION *✓* 314th. Lab. Co. *Q.W.P. not Dir.*

DATE OF DEATH.....*Jan. 13 1918*

STATE FROM WHICH HE CAME.....*Pa.*

✓ MEDALS OR DECORATIONS AWARDED:

FINAL GRAVE LOCATION.....15.....8.....A  
Date Grave Row Block

Suresnes, #34

.....  
Cemetery

REC'D WORLD WAR DIV.  
1 AUG 29 1924

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Boylston, Benie</i>	3	<i>2 5<sup>0</sup> 12<sup>5</sup></i>
BURIED	CEMETERY	1	<i>6</i>
	GRAVE	2	<i>15</i>
	ROW	2	<i>08</i>
	BLOCK	1	<i>1</i>
STATE	<i>La.</i>	2	<i>22</i>
RANK	<i>Pvt.</i>	1	<i>2</i>
DIVISION	<i>2mc</i>	2	<i>57</i>
ORGANIZATION	<i>314</i>	3	<i>314</i>
AFM	<i>Lab. Co.</i>	1	<i>X</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME		3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead-since war</i>	1	<i>6</i>
NATIVITY		1	
RACE	<i>Black</i>	1	<i>2</i>
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
ACCEPTANCE	YR.	1	
29/514		1	

AUDITED

SEP 22 1952

*RS*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

*Serial #  
none*

QM 293 A-M

October 21, 1930

IN REPLY REFER TO  
Boylston, Benie Pvt 34 Mx

*4064*

Mrs. Nora Boylston  
Saline  
Louisiana

*Sec'd  
Vet Single*

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*

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

Encls:  
Act  
Amendment  
Envelope

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON D. C.

OFFICIAL BUSINESS

REASON FOR  
NON-DEL.

CHIEF

UNCHECKED

DELETED

MOVED

NO SUCH POST OFFICE IN STATE

POST OFFICE

*Deceased*

WASHINGTON, D.C. 10  
OCT 31 12 PM '50

RECEIVED  
NOV 8 AM '50  
R. F. B. DIV.

PENALTY FOR  
PAYMENT OF  
POSTAGE TO  
STREET AND  
NUMBER

USE TO AVOID  
POSTAGE, \$300

*Fry Bernable, R.A.*



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Boylston, Benie ~~636-11~~  
34

June 19, 1930

Mrs. Nora Boylston,  
Saline,  
Louisiana

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 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 the word "Yes" or "No" 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 response is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931?

(Write answer here)

(Sign here)

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO ~~QH 293 A-C~~

Boylston, Bonny

May 6, 1929.

Mrs. Nora Boylston,  
Saline,  
Louisiana.

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 mother of the late Private Bonny Boylston, 314th Labor Company, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

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

In the event your son was survived by a widow who has since remarried it is 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.  
5/29 envelope.

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

QM 293 A-M

October 21, 1930

Boylston, Benie Pvt 34 M

Mrs. Nora Boylston  
Saline  
Louisiana

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

Boylston, Benie 636-II

June 19, 1930

Mrs. Nora Boylston,  
Saline,  
Louisiana

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 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 the word "Yes" or "No" 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 mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? \_\_\_\_\_

(Write answer here)

\_\_\_\_\_  
(Sign here)

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Boylston, Benny  
34

August 9, 1929.

Mrs. Nora Boylston,  
Saline,  
Louisiana.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated May 6, 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:

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.

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

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  
Boylston, Benny

May 6, 1929.

Mrs. Nora Boylston,  
Saline,  
Louisiana.

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 mother of the late Private Benny Boylston, 314th Labor Company, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

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

In the event your son was survived by a widow who has since remarried it is 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.  
5/28 envelope.

DISPATCHED  
MAY 9 1929  
Q. M. G. & R. DIV.

LEH

# LIST OF PAPERS

A-1847

File under No. 293.8

Benny Boylston, # Pvt. 314 Labor Co.

GOVERNMENT PRINTING OFFICE 3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
	Fort Myer, Va.	2-3-27	Mr. McCreight, <sup>1/2</sup>	Mrs. Rutz, Cem. Div.

Records from  
European Claims Unit  
Ft. Myer, Va. No. 14.

FILE  
sub  
2/9/27

France

*Entered on list.*

B O Y L S T O N, Benny

Private, 314th Labor Co.

Died Jan. 13/18, in France, of pneumonia.

Disposition of remains:

Boylston

(Surname.)

Benny

(Christian name in full.)

(Army serial number.)

Private

314th Labor Company

(Rank and organization.)

State your relationship to the deceased *his mother*

Do you desire the remains brought to the United States? *no*

(Yes or no.)

If remains are brought to the United States, do you  
wish them interred in a national cemetery? *no*

(Yes or no.) *no*

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

*let him remain where he is*

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.) *Juline*

(State.) *Mo*

(Sign here.) *Mrs. Boylston*

*(over)*

*RFD #1 Box 75*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Letter Sent to:

Mrs Nora Boylston,  
R.F.D. 1 Box 75  
Saline, La.

*Drawn by  
RFB*

*12/2/20*

*25-B-9*

*Ms 7-1-20*

REVIEWED  
OCT 20 1920

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON Aug. 31 1922.

*File  
H.C.R.*

FILE: 293.8 C-R - #85

SUBJECT: Permanent Grave Location of **Benny Boylston, Private,  
314th Labor Co.**

TO: **Mrs. Nora Boylston, Gibland, La.**

1. The permanent grave of this soldier is No. 15 Row 8  
Block A, The American Cemetery of Suresnes, Department of Seine, France.

2. 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 and date of soldier's death. 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.

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

For the Quartermaster General:

**MAILED**

**AUG 3 1922**

**GEORGE H. PENROSE,  
Assistant.**

**G.R.S.**

**EUROPEAN CLAIMS UNIT  
Fort Meade, Va.**

DATE 10/21/21

1. NAME BOYLSTON, Benny SERIAL No. \_\_\_\_\_

RANK Pvt. ORGANIZATION 314th Lab. Co.

GRAVE LOCATION French Cty. Talence (Gironde) # 25-B  
CTY. NAME NUMBER

28

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION # 28 Talence Gironde  
GRAVE COMMUNE DEPT.

COORDINATES \_\_\_\_\_

CONCENTRATED TO Jan 15, 1918 # 28  
DATE GRAVE ROW PLOT

Talence # 25-B

CEMETERY CTY. NUMBER

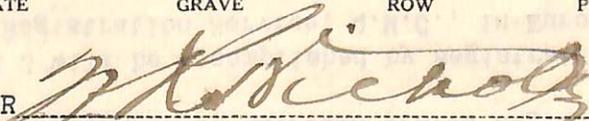
Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

SUBSEQUENT REBURIALS \_\_\_\_\_

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR



W. R. NICHOLS  
Major C. A. C.

3. FINAL GRAVE LOCATION 10/21/21 15 8 A  
DATE GRAVE ROW PLOT Block

Suresnes American Cemetery #34, Suresnes (Seine).  
CEMETERY

4/7/24  
AUDITED BY  
JtoE



# 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.

RECEIVED MAR 23 1946

RECEIVED  
MAR 23 1946

RECEIVED  
MAR 23 1946

COPIES TO BE FORWARDED TO

1 - HQ, AGRS

COORDINATES

ORIGINATOR'S NAME AND POSITION

RECEIVED  
MAR 23 1946

RECEIVED  
MAR 23 1946

RECEIVED  
MAR 23 1946

88

ORIGINATOR'S NAME AND POSITION (continued)

RECEIVED  
MAR 23 1946

FORM 114-B

AMERICAN GRAVES REGISTRATION SERVICE

FORM 114-B

RECEIVED  
MAR 23 1946

RECEIVED  
MAR 23 1946

# REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 14th, 1921

1. REMAINS OF BOYLSTON, Benny SERIAL NUMBER ---  
RANK Pvt. ORGANIZATION 514 Labor Co.

2. Disinterred (date) : Sept. 14th, 1921 From (give complete location) : Gr. 28, Cem. 25-B.

By : Group Field Operations Branch. Unit ---

3. Reburied (date) : October 21st, 1921. In (give complete location) : Suresnes Cemetery, - Block A - Row 3 - Grave 15.

By : Group Field Operations Branch. Unit --- Nature of reburial Metal Casket and Blanket.

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

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

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

Bottle record found on body read: "Pvt. Bennie Boston, Co. 314 Labor, C. M. C. Died Jan. 12 -17, Base Hospital No. 6."

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 estimate

(c) Hair—Color Black

Quantity Moderate

Characteristics Kinky

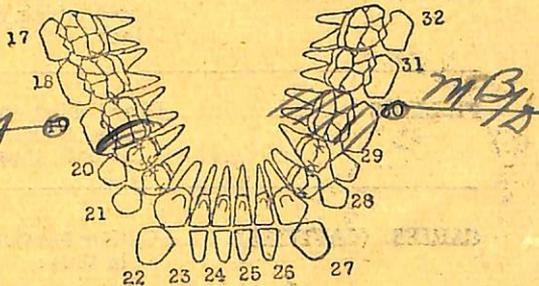
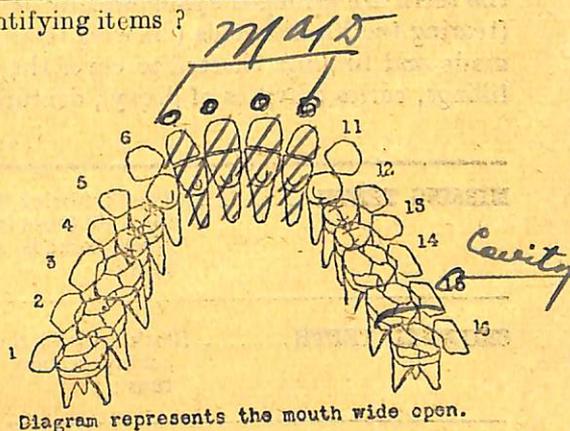
(d) Hair on face—Color None

Location ---

Quantity ---

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None

(f) Wounds or missing parts (received at time of casualty) None



E. S. Parker, checker.

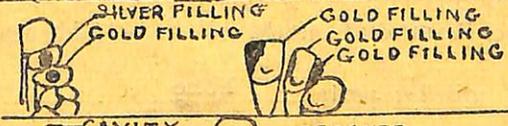
7. Disinterment supervised by Ben A. Bradford Approved: R. P. Harbold  
Ben A. Bradford, Sup. Emb. C. (Title) Denny, 1st Lt., CA.

8. Reburial supervised by R. G. Richards Approved: R. P. Harbold  
R. G. Richards, 1st Lieut. C.M.C. (Title) Major, C.M.C.

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

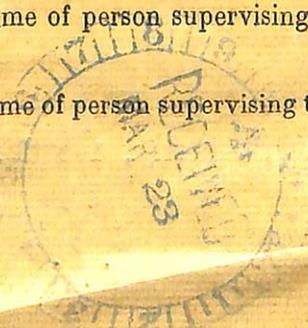
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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 (c) 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.

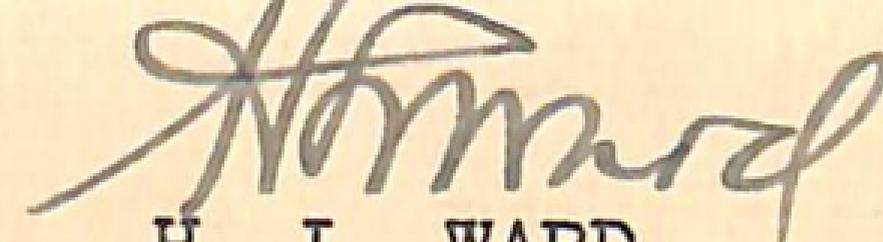
<p><b>MISSING TEETH</b>.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
<p><b>CROWNED TEETH</b>.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN GOLD CROWN      GOLD CROWN</p>
<p><b>BRIDGE WORK</b>.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
<p><b>FILLINGS</b>.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING</p>
<p><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED      DECAYED DECAYED      DECAYED</p>
<p><b>DENTURES (PLATES)</b>.....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.

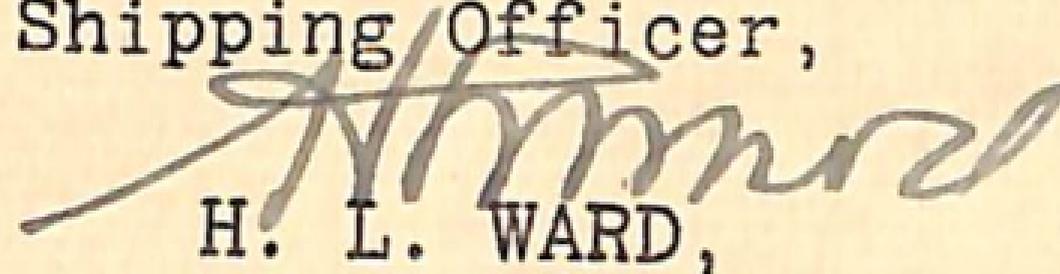


39 (a) Received at Paris Morgue, October 17, 1921.



H. L. WARD,  
Major, Q.M.C.

39 (b) Shipped from Paris Morgue, Oct. 21st 1921. To Permanent  
Cemetery No. 34, American, Suresnes (Seine) by Shipping Officer,  
Convoysed by:



H. L. WARD,  
Major, Q.M.C.

SHIPMENT. (Show actual marking of box.) Box No. **C-2086**

32. Designation of body:

Name **BOYLSTON, Benny** Serial No.

Rank **Pvt.** Organization **314th Lab. Co.**

33. Consigned to:

Name of Permanent Cemetery

34. Casket boxed and marked (Date) **Sept. 14th, 1921** By **Ben A. Bradford**

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 *[Handwritten Signature]*  
**C. S. Denny, 1st Lt., Q.M.C.**

36. Remarks

37. Shipped from point of Operation: (Date) **Sept. 14th, 1921**

To point of Concentration **Bassens (Gironde)**

Convoyer **Charles F. Schiller** (Name) Signature Shipping Officer *[Handwritten Signature]*

38. Received at Railhead or Point of Concentration: Date **15 SEP 1921**  
**S. D. Campbell, Capt., Q.M.C.**

By G.R.S. Representative **W. R. NICHOLS**  
**Major C. A. C.**

39. Shipped from Railhead or Point of Concentration: Date **Oct. 14, 1921**

To Permanent Cemetery **Paris Morgue**

Convoyer **Jack Roberts** (Name) Signature Shipping Officer *[Handwritten Signature]*

40. Received: Date **October 21st, 1921.**  
G.R.S. Representative **R. G. RICHARDS, 1st Lieut. Q.M.C.**

41. Reinterred **Suresnes Cemetery.** **October 21st, 1921.**

42. Grave No. **15.** (Date) Section

**xxxxx Block A.,** Row **8.**

43. Plot

G.R.S. Representative *[Handwritten Signature]*  
**R. G. RICHARDS,**  
**1st Lieut. Q.M.C.**

To be prepared in triplicate.

DATE Sept. 14th, 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 BOYLSTON, Benny

2. No. \_\_\_\_\_

3. Rank Pvt.

4. Org. 314 Lab. Co.

5. D.D. 1.13.--

6. C.D. Pneumonia

10. Name \_\_\_\_\_

11. No. \_\_\_\_\_

12. Rank \_\_\_\_\_

13. Org. \_\_\_\_\_

14. (a) D.D. \_\_\_\_\_

(b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 28 Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

17. No discrep.

18. Cemetery French Cty.

20. Dept. or County Gironde

22. G.R.S. Hdqrs. Code No. 25-B

19. Commune or town Talence

21. Country France

23. Disinterred (Date) Sept. 14th, 1921

By Ben A. Bradford

24. Inscription on grave marker:

Name Benny Boylston

Rank Pvt.

Serial No. \_\_\_\_\_

Organization 314 Lab. Co.

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

E. S. Jarkin  
Signature Junior Technical Assistant

PREPARATION

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

Bottle with record found on body read: "Bonnie Boston, Co. 314 Labor, G. M. C."

27. Condition of body Badly decomposed, features not recognizable.

28. Nature of burial Pine box and uniform.

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

30. Body prepared and placed in casket: Date Sept. 14th, 1921 By Ben A. Bradford

31. Casket sealed by Ben A. Bradford

Signature of Embalmer, (Supervisor)

Ben A. Bradford  
Signature



DATE: 2/12/59  
NAME: [illegible]  
ADDRESS: [illegible]  
CITY: [illegible]  
STATE: [illegible]  
ZIP: [illegible]



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 names 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.

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name BOYLSTON, Benny Ser. No. ----- TYP. MCH  
 (2) Rank Pvt. Organization 314th Labor Co. ) CKR M. G. T.  
 (3) Date of death 1/13/18

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

(4) Cause of death Pneumonia TYP. FR  
 (5) Grave No. 28 Row --- Plot Amer. Sect. --- ) CKR. JS

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; No card

B. A. G. O. DISPOSITION CARD Date of receipt None

(6) Relationship Mother  
 (7) Name Miss Rosa Boylston  
 (8) Address P.O. Box 75, Salines, La.  
 (9) Desires remains brought to U. S.? No.  
 (10) Desires remains brought to U. S. and interred in National Cemetery at \_\_\_\_\_  
 (11) If brought back, what shipping instructions? \_\_\_\_\_

*T.D. 4-29-20.*

C. A. G. O. CORRESPONDENCE Date of communication \_\_\_\_\_

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. \_\_\_\_\_

*No Correspondence*

(13) A. G. O. Files EXAMINED by M (Date) 4-29-20

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos. Yes M.A.S.) Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? - M.A.S. (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

*No request for disposition*

(15) G. R. S. Files EXAMINED by M.A.S. (Date) 4-29-20

*10-4-21 - No transit for Concentration Bureau no 34*

*rec'd 4-29-20  
12-11-20*

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) \_\_\_\_\_

(16) Removal of Remains (within custody of G.R.S.) to \_\_\_\_\_

(17) Instructions that remains be left undisturbed \_\_\_\_\_

(18) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

B. G. R. S. FORM NO. 114 made (Date) \_\_\_\_\_

(19) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

C. SUSPENSION REMARKS:

Form #120 - 5/17-20 Change address to Gibsland, La.  
Form 120 rec'd 8-6-20 Mrs. Nora Boyston  
Mother, nearest of kin, requests body  
remain in France. No change  
esc. 8-11-20

D. Dispatched (Date) **MAY 5 1920** (Let. Trans. No. \_\_\_\_\_)

**PARAGRAPH 2 - NOT TO BE RETURNED**

*ms 12-8-20*

Approved by \_\_\_\_\_

(Date) \_\_\_\_\_

COMPILATION OF DISPOSITION OF REMAINS DATA

File--85

*See 115-  
10-25-21*

I. LOCATION INDEX CARD:

(a) Name	BOYLSTON, Benny	Ser. No.	---	} TYP	MCH
(b) Rank	Pvt.	Organization	314th Labor Co.		MET
(c) Date of death	1-13-18	Cause of death	Pneumonia		LM

*MB*

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

(a) Grave No.	28	Row	--	Plot	Amer.	Sect.	--	TYP	FR
(b) Emerg. Address	-----								

III. Files of soldiers dying from contagious diseases. *no card* CKR DS

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

*A.G.O. Card - mother, Mrs. Nora Boylston  
P.R. #1 Box 75, Saline La. requests body  
be not returned to U.S. MB 12-27-20*

V. Following advice forwarded to Europe by (cable on ..... 192  
(Letter of transmittal on 5-5-1920

*Par. 2. Not to be returned MB 12-8-20*

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

VII. SUPPLEMENTARY REQUESTS

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

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

COUNTRY *France*

CEMETERY NO. *25-B*

SHEET NO. *9*

G.R.S. FORM 115-A  
August 1920

Concentrated into P.A.C. 34

Name *Bennie Boylston*

Rank *Pvt.* Co. *314<sup>th</sup>* {Corps} *Labor* {Regt.}

Date of Death *Jan 13 - 1918*

Place .....

Cause .....

*85*

Date of Burial .....

Grave No. *28 - Row #1*

Cemetery *St. Genevieve - #25B.*

Identified by {Tag  
Papers  
Clothing} .....

List of Effects .....

*25-13*

*Grave marked with Railroad*

Field Record Made by *Frank P. Flanders*

*1<sup>st</sup> Lieut Inspector*

Company ....., Graves Registration Service

For additional data use reverse side

*28 AOU Reg*

To Headquarters Graves Registration Service

Q. M. Form No. C.B.

**BURIALS IN PERMANENT  
CEMETERIES**

Report No. 28

Sheet No. \_\_\_\_\_

**NOTED IN STAT DIVISION**

No. of Cemetery \_\_\_\_\_ Date Jan. 15th, 1918

Place of Cemetery (Talence) Base Section No. 2, Bordeaux

Place of death U.S.A. Base Hospital No. 6

Disposal of Tags No identification tags

✓ Name Benny Bennie Boylston Rank Private

Regiment and Company 314th Labor Company, Q. M. C.

Nature of marking Identification peg Headstone (wood)

Disposal of Personal Effects Total not received from Commanding Officer

Signed : \_\_\_\_\_

Grave No. 28, Row 1  
Am. Div. 20

Chaplain.

Henry K. Seibel

Officer in charge.

Captain Quartermaster, U.S.R.

NOTE. — Soldiers of Jewish faith to be checked thus in left hand margin : △

JAN 28 1918

Boylston, Benny

JAN 28 1920

FILE

*Boylston, Benny*  
Boylston, Benny  
Boylston, Benny

75. 211. 20  
State No. 29, Jan 1

OSPF SS

Not received

Identification card

State Dept. Bureau

Department of War

No identification card

Name of donor

U.S. Army

Name of cemetery

(Address) 2000 Section No. 1, Boston

No. of cemetery

Jan. 1918

CEMETERIES

BURIALS IN PERMANENT

Department of War



85

85

Burial Report - Corrections or Additions.

Requested by The Chief, Burial Department, A.E.F.

Reported by Commanding Officer, ..... Date..... 191...  
Base Hospital # 6.  
A. E. F.

Omissions Noted or )  
Verifications desired ) only on items checked below:-  
(No notation is desired unless the item is preceded by a check mark in the column at left of figures.)

- |   |     |  |  |
|---|-----|--|--|
|   | 1.  | Name of deceased.....                          |  |
|   |     | (Initials and spelling)                        |  |
|   | 2.  | Rank.....                                      |  |
|   | 3.  | Company .....                                  |  |
|   | 4.  | Regiment or Corps.....                         |  |
|   | 5.  | Date of death.....                             |  |
|   | 6.  | Cause of " .....                               |  |
|   | 7.  | Place " " .....                                |  |
| ✓ | 8.  | Date of burial.....                            | <u>January 15, 1918.</u>   |
| ✓ | 9.  | Name of Cemetery.....                          | <u>Cemetery of Talence, American Division 20</u>                                     |
| ✓ | 10. | In what town ) .....                           | <u>Talence, Bordeaux</u>   |
|   |     | and Department?)                               |  |
| ✓ | 11. | Number of grave....                            | <u>Grave No. 28 Row 1.</u>   |
| ✓ | 12. | Marking of " .....                             | <u>white wooden slab painted, .25cm x .120cm x 3<math>\frac{3}{4}</math>cm thick</u> |
| ✓ | 13. | Was original tag buried with body?...          | <u>Patient had none</u>  |
| ✓ | 14. | Has duplicate tag been sent to this office?... | <u>Patient had none</u>  |
|   |     | (See Par. 6, G.O. 21, H.A.E.F. 1917)           |  |
| ✓ | 15. | Nearest relative of deceased.....              | <u>Mrs. Nora Boylston</u>  |
| ✓ | 16. | Relationship and address....                   | <u>Mother, Saline, Louisiana</u>   |

It is requested that this information may be forwarded as soon as practicable, to -

Chief, Burial Department, A. E. F. , A. P. O. No. 706.

C.C. PIERCE

Major, A. Q. M., U. S. A.

G. O. 21 and 27, A. E. F., 1917, require that one aluminum identification tag shall be buried with body of deceased, and that duplicate tag shall be sent to this office.

