

To The A. G. O.

13 95

173

G.R.S. Form #114 B

OCT 6 - 1926

DATE 10/18/21

1. NAME Branson, Nelson L. SERIAL No. 3133702

RANK Pvt. ORGANIZATION MG Co 314th Inf. & DIVISION

GRAVE LOCATION American Cty. Souilly, Meuse 534

CTY. NAME GRAVE 79 ROW Sec. D PLOT 2

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.

DATE OF DEATH November 9, 1918

STATE FROM WHICH HE CAME Washington

MEDALS OR DECORATIONS AWARDED None

SUBSEQUENT REBURIALS Nothing of record DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR Wm M. Cline Wm M. CLINE Captain Q.M.C.

rhj

3. FINAL GRAVE LOCATION 10/18/21 37 18 Block H. DATE GRAVE ROW PLOT

Meuse-Argonne American Cemetery #1232. Romagne-sous-Montfaucon. Meuse.

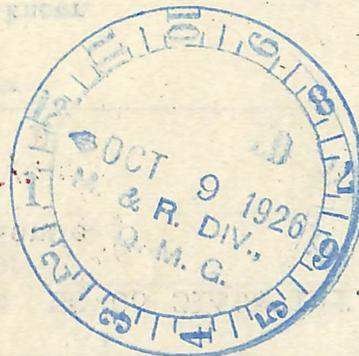
AUDITED BY M.M.C. 2-1-23

OCT 6 1926 WORLD WAR DIV.

Robert C. Davis, Major General, The Adjutant General, By G.R.

# 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**

LOCATION OF THE GRAVE OF

*CC 325 @ 12/10*  
..... **Branson,** ... **313 3202,** **Nelson L.** .....  
(Surname). (Number). (First Name and Initials).

..... **Pvt.** **M.G.Co.** **314** **Inf.** .....  
(Rank). (Organization).

PLACE OF DEATH: **Death, Evac. Hosp. 6** .....

CAUSE OF DEATH: **GSW.** .....

DATE OF BURIAL: **Nov. 9. 1918** .....

PLACE OF BURIAL: **Am. Cemetery.** .....

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

..... **Souilly.** **(Meuse)** .....

GRAVE NUMBER: **Sec. D. Plot 2, # 79.** .....

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: *1st Lt. John O'Mahoney* .....

REPORTED BY: **Chaplain. U.S.A.** .....

(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Branson</i>	<i>BRA</i>	3	<i>281</i>
<i>Nelson L</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>37</i>	2	<i>37</i>
	ROW <i>18</i>	2	<i>18</i>
	BLOCK <i>H</i>	1	<i>8</i>
STATE	<i>Wash</i>	2	<i>56</i>
RANK	<i>Prst</i>	1	<i>2</i>
DIVISION	<i>79</i>	2	<i>79</i>
ORGANIZATION	<i>314</i>	3	<i>314</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>Mar</i>	1	<i>2</i>
NAME <i>Branson</i>	<i>BRA</i>	3	<i>281</i>
<i>Mrs. Emily Ely</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>No 20 No 60</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>	<i>Canada</i>	1 2	<i>24</i>

AUDITED

JAN 26 1933

*Rm*

*Rm/*

WAR DEPARTMENT  
 OFFICE OF THE QUARTERMASTER GENERAL  
 WASHINGTON

DATE 8/20/31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH  
Branson, Nelson L. Pvt. 3133702 M. G. Co., 314th Inf. 11-9-18

STATE CTY. NO. 1232 GRAVE 37 ROW 18 BLOCK H.

	<u>Check relationship</u>	<u>Living - Deceased</u>
	MOTHER <i>compting</i>	: Parents lived in U.S.
	STEPMOTHER (For the year prior to commencement of service)	: until 1919
NAME	MOTHER THRU ADOPTION	:
AND	(For the year prior to commencement of service)	:
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: (M) —
	WIDOW (Who has not remarried)	: Mrs. <u>Emily Elizabeth Branson</u>
	<i>Single man</i>	: c/o <u>Canadian Bank of Commerce</u>
		: <u>Victoria</u>
		: <u>British Columbia</u>
		: <u>Canada.</u>

Veterans Bureau Claim Number 96979

29/156

1-18-33

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Branson, Nelson L.	Pvt.	3133702	M.G.Co. 314th Inf.	11-9-18

STATE	CTY. NO. 1232	GRAVE 37	ROW 18	BLOCK H
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	<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>	
	MOTHER	:	:	:	(M) Miss Emily Eliz - Branson, % Canadian BK of Comm. Victoria, British Columbia, Canada.
	STEPMOTHER (For the year prior to com- mencement of service)	:	:	:	
NAME	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:	
AND	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:	
ADDRESS	WIDOW (Who has not remarried)	:	:	:	
		:	:	:	

Veterans Bureau Claim Number 96979  
29/156

RECEIVED  
AUG 6 1919  
M. A. DINE

In reply refer to:  
293 C-R (Branson, Nelson L. Pvt.)

March 21, 1923.

Mrs. Emily Branson,  
c/o Canadian Bank of Commerce,  
Victoria, B.C. Canada.

Dear Madam:

The Quartermaster General desires that receipt be acknowledged of your letter of the 12th instant, and to thank you for your expression of appreciation of the work done by the Department in behalf of your late son, Private Nelson L. Branson, Machine Gun Company, 314th Infantry. This office holds it a sacred duty to do all that is humanly possible toward comforting the bereaved relatives and fittingly caring for the last resting places of our hero dead.

It is regretted that this office is unable to furnish you with a photograph of the grave of the deceased, as there is no appropriation available for this purpose, nor can it promise one at this time.

Very truly yours,

MAR 21 1923

H. J. CONNER  
Assistant.

LN

Reference

293.8.C-R.#57296

Mrs Emily D. Branson

of Canadian Bank of Commerce  
Victoria B.C. Canada

March 12<sup>th</sup> 1923

War Department  
Office of the Quartermaster General  
Washington

Gentlemen

In reference to your statement of February 26, 1923 concerning the removal of the remains of our son Nelson L. Branson. We do assure you that we feel quite satisfied, that the American Government, have done, and are doing, all that is possible to have and maintain a permanent resting place for all her sons who died in the Great War, and that you have carried out very satisfactorily, all that has been done. And we very much appreciate and are very thankful for all, and if it could be possible at any future time, we would be very thankful for a picture of the grave.

Believe us gentlemen

Very Sincerely Yours

J. E. Branson

H. J. Conner Esq

War Department  
Office of the Quartermaster General  
Washington

W. S. A

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2110

Branson

(Surname.)

Nelson L.

(Christian name in full.)

3,133,702

(Army serial number.)

Pvt

M G Co 314 Inf

(Rank and organization.)

State your relationship to the deceased

Father & 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

in 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)

John F. Emily Brandon

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Orig letter sent to  
Mrs. Emily Branson,  
1946 9th Ave., W.,  
Seattle, Wash.

Drawn by L.G.  
534-620  
1-17-21

checked  
1-18-21  
E.M.

In reply refer to:  
293.8 C-R  
#57296

February 26, 1923.

Mrs. Emily Branson,  
c/o Canadian Bank of Commerce,  
Victoria, B.C., Canada.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Nelson L. Branson, Machine Gun Company, 314th Infantry, is Grave 57, Row 18, Block H, 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

Very truly yours,

FEB 26 1923

H. J. Conner,  
Assistant.

G.R.S.

Place Souilly, Meuse.,

# REPORT OF DISINTERMENT AND REBURIAL

Date October 6 th 1921

1. REMAINS OF Branson, Nelson L.

SERIAL NUMBER 3133702

RANK Pvt.

ORGANIZATION M.G.Co.314th Inf.

2. Disinterred (date) October 6th 1921

From (give complete location) (Grave 79 Sec.D. Plot 2 Cem. 554.

By : Group 2

Unit Field Section # 3.

3. Reburied (date) :

In (give complete location) :

Oct 18th 1921 MeuseArgonne Cemetery # 1232 gr 37 block H row 18

By : Group re-burial S

Unit

Nature of reburial unlined casket

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

Badly decomposed recognition impossible.

Blanket and Pine box. Found under cross.

5. (a) Identification tags: Buried with body? Yes

On grave marker? Yes

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

No effects.

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

(a) Height (actual measurement)

Impossible to determine Cavity 4 MAD 7 9 10 21 24 25 26 27

(b) Weigh, (estimated)

Impossible to determine

(c) Hair—Color

None visible.

Quantity None.

Characteristics None visible.

(d) Hair on face—Color

None visible.

Location None visible.

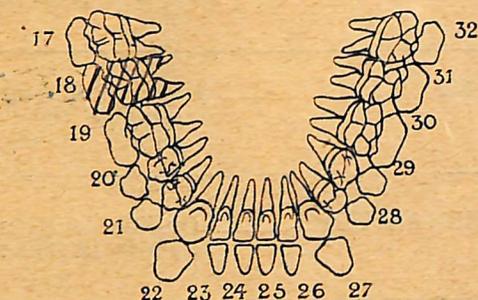
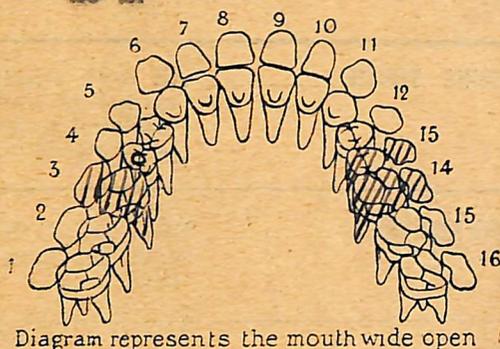
Quantity None.

(e) Permanent marks on body (old scars, peculiarities,

or missing parts None visible.

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

None visible.



7. Disinterment supervised by

H. L. Harbut

Approved

V. H. Roach, 1st Lt. QMC.

(Title)

8. Reburial Supervised by

W. B. Heilds

Approved

James W. Younger, Capt QMC.

(Title)

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Questions 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), bicuspids (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 TEETH** ..... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :



**CROWNED TEETH** ..... Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :



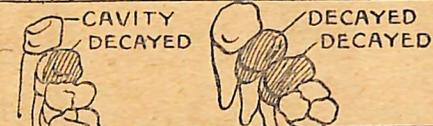
**BRIDGE WORK** ..... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :



**FILLINGS** ..... Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)** ..... Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)** ..... Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

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

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



To be prepared in triplicate.

DATE October 6th 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 Branson, Nelson L.

10. Name

2. No. 3133702

11. No.

3. Rank Pvt.

12. Rank

4. Org. MG Co 314th Inf.

13. Org.

5. D.D. Nov. 9th, 1918

14. (a) D.D.

6. C.D. DOW

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 79 Sec. D

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9.

17. None.18. Cemetery American Cty.19. Commune or town Souilly20. Dept. or County Meuse21. Country France22. G.R.S. Hdqrs. Code No. 53423. Disinterred (Date) October 6th 1921By H. L. Harlbut

24. Inscription on grave marker:

Name Nelson L. Branson

Serial No.

Rank Pvt.Organization M. G. Co. 314th Inf.25. Was identification disc found on grave marker? Yes On body? Yes

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).

27. Condition of body Body decomposed recognition impossible.28. Nature of burial Blanket and Pine box. Found under cross.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 October 6th 1921 By H. L. Harlbut31. Casket sealed by H. L. Harlbut

Signature of Embalmer, (Supervisor)

H. L. Harlbut

SHIPMENT: (Show actual marking of box.) Box No. C-9489

32. Designation of body:

Name Branson, Nelson L. Serial No. 3133702  
Rank Pvt. Organization MC Co 314th Inf.

33. Consigned to: Officer in Charge Operations,  
Name of Permanent Cemetery Meuse Argonne American Cty. 1232, Romagne sous-Montfaucon

34. Casket boxed and marked (Date) October 6th 1921 By H. L. Hurbut

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 W. H. Roach  
W. H. Roach, 1st Lt. OMC.

36. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Shipped from point of Operation: (Date) October 6th 1921

To point of Concentration Romagne sous Montfaucon, (Name)  
Convoyer James Lynn Signature Shipping Officer W. H. Roach, 1st Lt. OMC.

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 8 \* OCT 1921  
G.R.S. Representative James W. Younger, Capt OMC.

41. Reinterred Meuse Argonne Cemetery # 1232 Oct 18th 1921  
(Date)

42. Grave No. Gr 37 block H row 18 Section \_\_\_\_\_

43. Plot \_\_\_\_\_ Row \_\_\_\_\_

G.R.S. Representative James W. Younger, Capt OMC.

jjt.

# COMPILATION OF DISPOSITION OF REMAINS DATA

File # 57296



## I. LOCATION INDEX CARD:

(a) Name BRANSON, Nelson L. *ok - (2-11-21) 'M'* Ser. No. 3133702  
 (b) Rank Pvt. Organization M.G.Co. 314th Inf. } TYP. egp  
 (c) Date of death 11-9-18 (d) Cause of death DWRIA } CKR. new

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

(a) Grave No. 79 Row - Plot 2 Sec. D TYP. egp  
*also John Branson (father) 1946-9th Ave. N. Seattle, Wash.*  
 (b) Emerg. Address Mrs. Emily Branson (mother) 1946 9th Ave., W., *(2-11-21) 'M'*  
Seattle, Wash.

III. Files of soldiers dying from contagious diseases - CKR. new

## IV. A. G. O. DISPOSITION CARD:

*ok - card (2-11-21) 'M'*  
 (a) Name John & Emily Branson (b) Relationship Parents  
 (c) Address 1946-9th Ave. N. Seattle Wash.  
 (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 L.G. Date 1-17-, 1920.

## V. A. G. O. CORRESPONDENCE shows communication from \_\_\_\_\_

\_\_\_\_\_, dated \_\_\_\_\_  
 confirming request in Par. IV., item \_\_\_\_\_, above, or requesting that \_\_\_\_\_  
no correspondence

Examiner's Initials L.G. Date 1-17-, 1920.

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

*Mrs. Emily Branson*  
2227- 11th Ave West Seattle, Wash. 1/18/19  
*desires more definite information as to*  
 (a) Cancellation memos referred to? Yes PF location how marked + etc.

Examiner's Initials PF Date 1-18-, 1920.

COUNTRY France

CEMETERY No. 534

SHEET No. 62

G. R. S. Form No. 115  
Amended April 6, 1920

3-7720

CARDED

Make Form No. 114

FORM 115 - A COMPLETED

FEB 15 1921 - AP

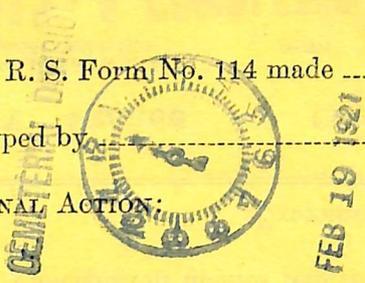
*checked 2/2-11-21*

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 **JAN 27 1921**, 1920



RECEIVED

AUG 5 1921

Criminal Division  
Criminal Project Sub-Section

Par. 2 Not to be returned. (R.S.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*(7#120) sent to Mr. John Bianeon,  
1946 Ninth Ave W, Seattle Wash, returned  
unclaimed #. 5/16/21 M.M.*



57296

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Branson, 313 3202, Nelson L.  
(Surname). (Number). (First Name and Initials).

Pvt. M.G. Co. 314 Inf.  
(Rank). (Organization).

PLACE OF BURIAL: Evac. Hosp. 6

CAUSE OF DEATH: GSW.

DATE OF BURIAL: Nov. 9. 1918.

PLACE OF BURIAL: Am. Cemetery.

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

Souilly. (House)

GRAVE NUMBER: Sec. D. Plot 2, # 79.

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: 1st Lt. John O'Mahoney

REPORTED BY: Chaplain. U.S.A.

(Signature and Rank of Reporting Officer).

RECEIVED  
NOV 18 18  
O. S. C. F.  
S. R. S.

57291

2. Soldier's No. 3133702

3. .... BRANSON NELSON L .....  
Surname (in block letters) First Name and Initials

4. .... Pvt M. G. 314 Inf .....  
Rank Company Regt. or Corps

5. .... Nov 9/18 .....  
Date of Death Cause, if known

6. .... Nov 10/18 .....  
Date of Burial Cemetery

7. .... Sully Muse .....  
Town or Commune (in block letters) Department

8. .... 79 Sect D Plot 2 .....  
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.

534

12. ~~Map 51 4250-80 E 544-75~~ .....  
Map Reference, if interment is outside of cemetery

Map 51 N 249-45 E 320-81 ✓

13. ....  
Give name of Chaplain or Burial Officer

Signed.....

Group..... Unit..... G. B. S.



*[Faint, illegible handwritten text]*

ADJUSTMENT MADE  
FEB 17 1921  
57296

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-0  
Information requested of A.G.O. Date 1/18/21.

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)  
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.  
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname **Branson** *OK*
- b. Christian name **Nelson L. or (Nelson)** *OK*
- c. Serial Number **3133702** *OK*
- d. Organization **M.G.Co., 314th Inf.** *OK*
- e. Rank **Pvt.** *OK*
- f. Date of death **11/9/18.** *OK*
- g. Cause of death **DWRIA.** *OK*
- h. Authority (C.O.#)
- i. Emergency address **John Branson 1946 - 9th Ave. W, Seattle, Wash**
- j. Relationship **Father**

BODY DESCRIPTION  
(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS  
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
								upper right					upper left				
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
								lower right					lower left				

Donnelly - ~~415~~ - E.P.S.  
Wg. 8 - 1/19/21

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

BY: *H. J. Conner*

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

C.W.  
CEMETERY NO: 534  
SHEET NO: 62  
TYPE: *BA*  
I.W.

Rec'd World War  
Date: JAN 19 1921

4-78388 DM ACC  
JAN 19 1921

S/713/LML

RECEIVED  
JAN 1 1921

JAN 20 1921  
RECEIVED

File number 57296.

57296

AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICES OF SUPPLY  
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.  
GRAVES REGISTRATION SERVICE

May 9th, 1919.

FROM : Chief, Graves Registration Service, American E.F.  
TO : Mrs Emily Branson - 2227-11th Avenue West, Seattle,  
Washington, D.C.  
SUBJECT: Private L. Branson Nelson, Machine Gun Co., 314th  
Infantry, American E.F.

In reply to your letter of inquiry, with reference to the  
regretted death of this soldier, according to the records at these  
headquarters he is buried in the American Cemetery of SOUILLY,  
department of the MEUSE. The grave is number 97.

By direction:

CHARLES C. PIERCE,  
Lieut.-Colonel, Q.M.C., U.S.A.

*MBW*

Per

MAURICE B. DIX,  
Captain, American Red Cross  
Representative assigned to  
Graves Registration Service.

(Enclosures - G.R.S.):  
( 10 - B. .004.5. )

MBD/GC.

Seattle, Washington,  
January 18th, 1919.

Chief, Graves Registration Service,  
Headquarters Services of Supply,  
A. P. O. 717,  
American E. F., France.

Re: Pvt. Nelson L. Branson, deceased  
Machine Gun Company 314th Inf.  
American Cemetery, Scully, Meuse

Dear Sir:

Under date of December 4th, 1918,  
I received a letter from your office in regard to the  
burial place of my son, the above noted deceased soldier.

You gave his place of burial as  
the American Cemetery, Scully, Meuse. Could you  
give me more definite information as to the location  
of his grave, how it is marked, etc.? I would greatly  
appreciate any further details you may be able to give  
me.

Thanking you for your courtesy  
in writing, I beg to remain,

Yours very truly,

*Emily Branson*

Mrs. Emily Branson,  
2227-11th Ave. West,  
Seattle, Washington.

RECEIVED  
FEB 19 1919  
U.S. DEPARTMENT OF AGRICULTURE

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