

211

1030

G.R.S. Form #114-B

FULL NAME..... BREEN, Bernard ✓

RANK..... Private 1/cl ✓ SERIAL..... 3047882 ✓

DIVISION & ORGANIZATION..... Base Hospital # 110 ✓

DATE OF DEATH..... 2-6-1919 ✓

STATE FROM WHICH HE CAME..... N.Y. ✓

AWARDS OR DECORATIONS AWARDED.....

FINAL GRAVE LOCATION.....
Date Grave Row Block

St. Mihiel American Cemetery # 1233
Cemetery

AUDITED BY

24/292/EYS

Med

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Breen, 3047882 Bernard
(Surname). (Number). (First Name and Initials).

Private 1/cl. Base Hospital No. 110
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital No. 110**

Mars-sur-Allier, France.

CAUSE OF DEATH: **Shock, Electrical Accidental**

DATE OF BURIAL: **February 8, 1919.**

PLACE OF BURIAL: **Military Cemetery.**

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

Mars-sur-Allier, France.

GRAVE NUMBER: **219B.**

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

Headboard? **Yes** Bottle? **Yes**

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: **Mr. Daniel Murphy,**

ADDRESS: **128 St. Arms Ave., New York, N. Y.**

RELATIONSHIP: **Friend.**

REPORTED BY:

Louis S. Cole 1st Lt Chaplain
(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

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

med

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Breen, 3047882 Bernard
(Surname). (Number). (First Name and Initials).

Private 1/cl. Base Hospital No. 110
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital No. 110**
Mars-sur-Allier, France.

CAUSE OF DEATH: **Shock, Electrical Accidental**

DATE OF BURIAL: **February 8, 1919.**

PLACE OF BURIAL: **Military Cemetery.**

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

Mars-sur-Allier, France.

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Headboard **Yes** Bottle **Yes**

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: **Mr. Daniel Murphy.**

ADDRESS: **128 St. Ann's Ave., New York, N. Y.**

RELATIONSHIP: **Friend.**

REPORTED BY:
Louis S. Cole, E. 1st Lt. Chaplain
(Signature and Rank of Reporting Officer).

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

12 FEB. 1919 OFFICE
CENTRAL RECORDS OFFICE

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Breen	3	2 8 5
	Bernard		
BURIED	CEMETERY 1233	1	3
	GRAVE 35	2	35
	ROW 6	2	06
	BLOCK a	1	1
STATE	Ir of	2	37
RANK	Port P/c	1	2
DIVISION	Med C	2	52
ORGANIZATION	110	3	110
ARM	Base Hosp	1	2
MARITAL	no	1	2
NAME	Breen	3	2 8 5
Mrs Catherine			
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		1	
29/514/	Ireland	2	05

AUDITED
MAR 11 1948
RM

McL

WASHINGTON

DATE February 8, 1930

NAME Breen Bernard RANK Pvt 1 cl SERIAL 3047882 ORGANIZATION Base Hosp 110 DATE OF DEATH Feb 6 1919

STATE New York CTY. NO. 1233 GRAVE 35 ROW 6 BLOCK A

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER <u>comp + ms</u>	<input checked="" type="checkbox"/>	<u>6-1675-39</u>
	STEPMOTHER (For the year prior to commencement of service)	<input type="checkbox"/>	<u>2/13</u>
NAME	MOTHER THRU ADOPTION	<input type="checkbox"/>	<u>N</u>
AND	(For the year prior to commencement of service)	<input type="checkbox"/>	<u>3-3-33</u>
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	<input type="checkbox"/>	_____
	WIDOW (Who has not remarried)	<input type="checkbox"/>	_____
	<u>Single</u>	<input type="checkbox"/>	<u>M.</u>
		<input type="checkbox"/>	<u>Mrs Catherine Breen</u>
		<input type="checkbox"/>	<u>Ednaquin</u>
		<input type="checkbox"/>	<u>County Tyrone</u>
		<input type="checkbox"/>	<u>Ireland</u>

Veterans Bureau Claim Number 29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Breen, Bernard

May 26 , 1929.

Mr. Daniel Murphy,
128 St. Ann's Ave.,
New York City.

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 friend of the late Private, first class, Bernard Breen, Base Hospital # 110, whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meuthbe-et-Moselle, 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.

16

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

August 28, 1929.

Breen, Bernard
1233

Mr. Daniel Murphy,
128 St. Anns Ave.,
New York City.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated ^{May 26, 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
Brown, Bernard

May 26, 1929.

Mr. Daniel Murphy,
128 St. Anns Ave.,
New York City.

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".

late Private, ^{friend of the} ~~the records~~ Bernard Brown, Wash. Hospital #120, whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meubhe-et-Moselle, 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.

Breen,
(Surname.)

Bernard
(Christian name in full.)

3 047 882
(Army serial number.)

Pvt

1st Cl BH 110

(Rank and organization.)

State your relationship to the deceased

Father

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?

(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)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

DUPLICATE



I desire these remains to remain

where they are.

Owen Breen

Edwagon Foellick Co Tyrone Ireland (from)

94222

Drawn by J10

395-49

12-21

RECEIVED
OSP SS.

REVIEWED
OSP SS.
JAN 12/22

QM 295 A-C

BREEN, Bernard - Pvt.1cl.

April 22, 1926

Mr. Owen Breen,
Ednagon, Trillick,
County of Tyrone, Ireland.

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 overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity 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 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,

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

RD
101

1 Incl.
Record card.



25/560/EYS

COMPILATION OF DISPOSITION OF REMAINS DATA

File No. 94222

1. LOCATION INDEX CARD:

(a) Name **BREEN, Berhard** Ser. No. **3047862**
(b) Rank **Pvt. 1/c** Organization **Base Hosp. #110**
(c) Date of death **2-6-19** of death **Accidental electric shock**

TYP. **EML**

CKR. **OH**

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

(a) Grave No. **501** Row **---** Plot **---** Sect. **---** TYP. **EML**

(b) Emerg. Address **Danilo Murphy (friend), 128 St. Anns Ave., N. Y. City.**

Ednagon, Tirillick, County Tyrone, Ireland.

111. Files of soldiers dying from contagious diseases; **NO CARD** CKR. **OH**

IV. A.G.O. DISPOSITION CARD:

Date of receipt **none**

(a) Name **Owen Breen** (b) Relationship **Father**

(c) Address **Ednagon, Tirillick Co., Tyrone, Ireland.**

(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 **FB** Date **5-26-** 1920

V. A.G.O. CORRESPONDENCE shows communication from **Owen Breen, Father**

Ednagon, Tirillick Co., Tyrone, Ire., dated _____, above, or requesting that

requested remains be left in France

Examiner's Initials **FB** Date **5-26-** 1920

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

No correspondence inf file

(a) Cancellation memos referred to? **yes MH**

Examiner's Initials **MH** Date **5-28** 1920

COUNTRY **FRANCE**

CEMETERY NO. **395**

SHEET NO. **49**

G.R.S. Form #115

Amended April 6, 1920.

Make Form #114

FORM 116, A, COMPLETED

Rechecked MH 12/22/20

1760
+
2/21/21
2/22/21
Concentration
St Michael 1233
at 3/10/21

e.a.w.R.
1-22-21
S.W.
Do not locate

VETERAL DIVISION RECEIVED

JAN 07 1921



JAN 8 1921
S. H. S.

VII. G. R. S. FORM No. 114 made

, 1920

Typed by

Checked by

1920

VIII. FINAL ACTION: DEC 29 1920

Following advice forwarded to Europe by-

(cable on _____ 1920
(letter on 8/12 1920

Car. # 2. Not to be returned (MacB)

AP. 12/23/20

IX. CORRECTIONS

CHANGE OF ADVICE

ACTION TAKEN

Desires body be

Body to be shipped to

X. SUSPENSION REMARKS:

*2/2/21 Name & address of father and
copy of W.R. Beneficiary sent Europe for use in
ascertaining & complying with desires of ²⁻³⁻²¹
destroyed 1/1/21*

FORM 115 RETURNED BY HOBOKEN - BODY

TO REMAIN IN EUROPE. JAN 6 1921

mm

Form 115
See 2/15/21
CH

I. LOCATION INDEX CARD:

(1.4/30/20jm)
12-22

(a) Name Breen, Bernhard Ser. No. 3047882
(b) Rank Pvt.1/c Organization Base Hosp #110 TYP
(c) Date of death 2-6-19 Cause of death Accidental electric shock

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

(a) Grave No. Row Plot Sect. TYP jm
(b) Emerg. Address Mrs. Catherine Breen (Mother) - Danile Murphy (friend) 128 St. Anns Ave., N.Y. City.

E.O.W. R.
1-22-21
S.W.

Ednagun, Trillick, County Tyrone, Ireland.
No Card CKR jm

III. Files of soldiers dying from contagious diseases

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

AGO Card-No Date

Owen Breen (Father)

Wishes remains left in France

V. Following advice forwarded to Europe by (cable on 1920)
(Letter of transmittal on 8/2 1920)

Par. #2- Not to be returned

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. Dec. 28, 1920 192

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
			2-2-21 Name of address of father & copy of W.R. transmittal sent Europe for use in accepting part of money from services of 12-3-21
			<u>Destroyed CH 7/28/21</u>

VIII. Form 115 received from G.R.S. Hoboken, N.J. JAN 8 1921 192

COUNTRY France

CEMETERY NO. 395

SHEET NO. 49

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

9-666/13

FORM 115-A COMPLETED
HOBOKEN Dec. 30, 1920

jm

O.K. original.

Place Nevers, (Nievre) France.

REPORT OF DISINTERMENT AND REBURIAL

Date October 7, 1920.

1. REMAINS OF Bernard Breen SERIAL NUMBER 3047882

RANK Pvt. 1/cl ORGANIZATION B.H.#110 Hsp.Center A.P.O. 780. A.E.F.

2. Disinterred (date): 10-7-20 Soldier's name on Grave Marker # 454
From (give complete location): Grave #453, American
Cty.#395, Nevers, (Nievre) France.

By: Group #4 (Jorgensen) Fld. Sec. XXX # 5. *443-480 = 38 graves not occupied same as gr 453*

3. Reburied (date): 10-8-20 In (give complete location): Grave # 454, American
Cty. No. 395. Nevers, (Nievre) France.

By: Group #4 (Jorgensen) Fld. Sec. XXX Nature of reburial New wooden box in uniform with identity paper and tag.

4. Report as to nature of original burial and condition of body upon disinterment:
In wooden box in uniform. Badly decomposed. Tag and identity paper in bottle
in pocket.

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

(b) Other means of identification found upon disinterment, and general remarks:
Identity paper in bottle reading as follows: 'Bernard Breen, 3047882, Pvt. 1/cl,
M.D. B.H. #110, A.P.O. 780.'

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

(a) Height (actual measurement) -----

(b) Weight (estimated) -----

(c) Hair—Color -----

Quantity -----

Characteristics -----

(d) Hair on face—Color -----

Location -----

Quantity -----

(e) Permanent marks on body (old scars, peculiarities, or missing parts) -----

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

Body too badly decomposed to undergo detailed description.

(CHECKER: H.F. HOWARD.)

7. Disinterment supervised by W.E. SHIPP,

(INSPECTOR)

8. Reburial supervised by W.E. SHIPP,

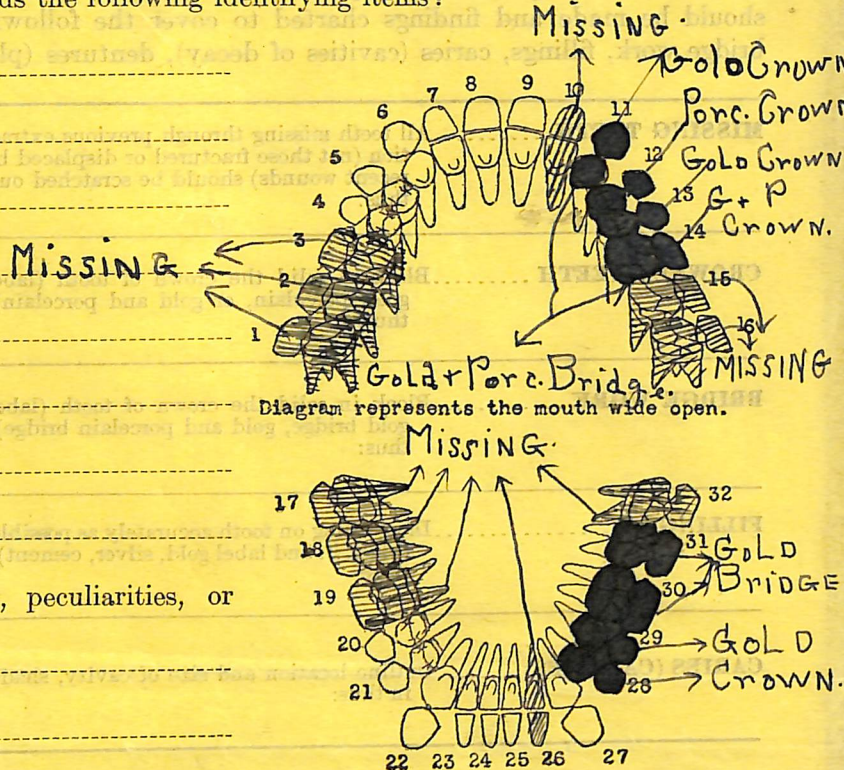
(INSPECTOR)

Approved: S.D. DOWNS,

(Title) MASTER OF SECTION.

Approved: S.D. DOWNS,

(Title) MASTER OF SECTION.



D. 30059






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 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.



REPORT OF DISINTERMENT AND REBURIAL

Place Nevers, (Nievre)

Date Dec, 19, 1921

1. REMAINS OF BREEN, Bernard SERIAL NUMBER 3047882

RANK Pvt. 1/c. ORGANIZATION Base Hospital # 110

2. Disinterred (date): Dec, 19, 1921. From (give complete location): Grave 454, Amer Mil. Cty 395, Nevers

By: Group 1 Unit Section 4.

3. Reburied (date): June 17th, 1922. In (give complete location): Gr 35, Row 6, Block A.

By: Group Reburial Unit Casket and shipping Case.
Nature of Reburial

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

Burlap Uniform and wooden box. Badly decomposed.
Recognition impossible.

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 found.

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

(a) Height (actual measurement) Unable to determine MBD-1-2-3-15-16-17-

(b) Weight (estimated) do 18-19-32.

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color none

Location none

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) gold and porc. bridge.

none visible 28-29-30-31.

MAD-10-26.

7. Disinterment supervised by W.R. Tomlinson

TAP Approved: D. E. Lowry

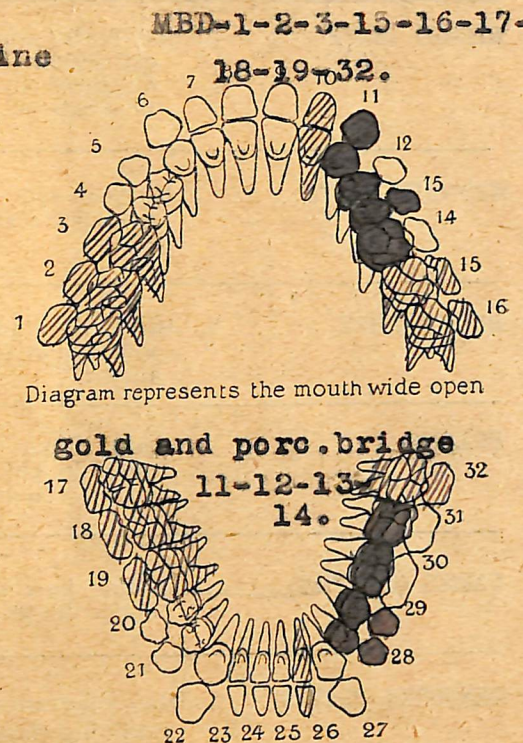
8. Reburial supervised by W.R. Tomlinson

H. L. Kramer

(Title) D. E. LOWRY,
1st, Lieut. QMC

Approved: D. E. Lowry






(Title) Dewey, 1st Lt. 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), 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:	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p style="text-align: center;">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p style="text-align: center;">CAVITY DECAYED 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 Dec, 19, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

⁵⁰ DISINTERMENT COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BREEN, Bernard

10. Name _____

2. No. 3047882

11. No. _____

3. Rank Pvt. 1/Cl.

12. Rank _____

4. Org. Base Hospital # 110

13. Org. _____

5. D.D. Feb. 6th. 1919

14. (a) D.D. _____

6. C.D. Accidentally killed electrical shock

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 454 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot _____ Row _____

16. Plot _____ Row _____

9. _____

17. none

18. Cemetery American Mil.

19. Commune or town Nevers

20. Dept. or County Nievre

21. Country France.

22. G.R.S. Hdqrs. Code No. 395

23. Disinterred (Date) Dec, 19, 1921

By W. R. TOMLINSON

24. Inscription on grave marker:

Name Bernard Breen

Serial No. _____

Rank Pvt. 1/c.

Organization Base Hospital #110

Gr. No. 454

25. Was identification disc found on grave marker? Yes On body? Yes

Thos A Pace
Signature Junior Technical Assistant

PREPARATION

THOS A PACE

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 found

27. Condition of body Badly decomposed. Recognition impossible.

28. Nature of burial Uniform and burlap in ~~uniform~~ wooden box

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 Dec, 19, 1921 By W. R. TOMLINSON

31. Casket sealed by W. R. TOMLINSON

Signature of Embalmer, (Supervisor) W. R. TOMLINSON

W. R. TOMLINSON

4/19/26

SHIPMENT. (Show actual marking of box.) Box No. C-23686

32. Designation of body:
Name Bernard BREEN Serial No. 2047882
Rank Pvt. 1/Cl. Organization Base Hospital # 110

33. Consigned to:
Name of Permanent Cemetery St. Mihiel American Cty. #1233 Thiaucourt. M-et-M

34. Casket boxed and marked (Date) Dec, 19, 1921 By W.R. TOMLINSON

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 *D.E. Lowry*
D.E. LOWRY, 1st Lieut. QMC

36. Remarks Disc on cross checks.

37. Shipped from point of Operation: (Date) Dec, 19, 1921
To point of Concentration Nevers, (Nievre)
(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 Dec, 22, 1921
To Permanent Cemetery St. Mihiel Amer. Cty 1233, Thiaucourt, (MetM)
gbt (Name)
Convoyer R.L. HALL Signature Shipping Officer *W.R. Buckley*
W.R. BUCKLEY, CAPT. QMC

40. Received: Date 26 DEC. 1921
G.R.S. Representative *F B Daniel, Capt. 2MC*

41. Reinterred June 17th, 1922.
(Date)

42. Grave No. 35 Section _____

43. Plot XXXXX Block A. Row 6

G.R.S. Representative *A. E. Dowey*
A. E. Dowey, 1st Lt. QMC.

gc

DATE _____

1. NAME BREEN, Bernard SERIAL No. 3047882

RANK Pvt.1/cl. ORGANIZATION Base Hosp. # 110

GRAVE LOCATION American Mil.Cty.Nevers.Nievre. 395
CTY. NAME NUMBER

454
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 454 NEVERS (Nièvre)

(Graves 443-480 inclusive not occupied)
GRAVE COMMUNE DEPT.

COORDINATES _____

CONCENTRATED TO 10-8-20 454
DATE GRAVE ROW PLOT

NEVERS(Nièvre) 395
CEMETERY CTY. NUMBER

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

Tag found with body. Identity paper in bottle reading as follows:

'Bernard Breen, 3047882, Pvt.1/cl., M.D. B.H. N°.110, A.P.O.780'

(from data on form 16-A. No other data)

SUBSEQUENT REBURIALS Not of record

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR W.H. Quarterman
W.H. QUARTERMAN, CAPT. F.A., Supervisor Area N°.4

3. FINAL GRAVE LOCATION June 17, 1922. 35 6 Block A
DATE GRAVE ROW PLOT

St.Mihiel American #1233, Thiaucourt M et M.
CEMETERY

AUDITED BY

Duplicate

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 16, 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Date 4/16/26

SUBJECT: Information required for Cemeterial Division.

TO: The Adjutant General of the Army, World War Division, Washington, D.C.

1. It is requested that the items checked below be completed:

- a. Surname BREEN
- b. Christian name Bernard
- c. Serial number 3047882
- d. Organization B.H. # 110
- e. Rank Pvt. 1/cl
- f. Emergency Address _____
- g. Date of death 2-6-1919
- h. Authority 452
- i. Cause of death Accidental Electric Shock
- j. Place of death _____
- k. Place of burial _____
- l. Date of discharge _____

White

BODY DESCRIPTION

- a. Date of enlistment _____
- b. Age at enlistment _____
- c. Color of hair Dark Br
- d. Height 5-4³/₄
- e. Weight* _____
- f. Fractures or breaks _____

DENTAL CHARTS

DID THIS SOLDIER HAVE GOLD CROWNS OR BRIDGE WORK?

At Camp

8 7 6 5 4 3 2 1 1 ~~XXXXXX~~ ~~XXXXXX~~

Upper right Upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Lower right Lower left

By Local Board

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

Bridge

Answer

For The Quartermaster General:

ADJUSTMENT MADE

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-7-A
Information requested of A.G.O.

Date 1/26/22

File No. FILE 94222 Registration.

From: The Quartermaster General, U. S. Army, (Cometerial 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 Breen ^{OK}
- b. Christian name Bernard ^{OK}
- c. Serial Number Berhard 3047882 ^{OK}
- d. Organization Base Hosp. #110 ^{OK}
- e. Rank Pvt. 1/cl. ^{OK}
- f. Date of death 2-6-19 ^{OK}
- g. Cause of death accidental electric shock ^{OK}
- h. Authority (C.O.#) 452 ^{OK}
- i. Emergency address Daniel Murphy 128 St. Anns. Ave., New York City ^{OK}
- j. Relationship Friend ^{OK}

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

acc-1-30-22

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

CEMETERY NO:

SHEET NO:

TYPED BY:

BY:

Charles J. Wynne
Charles J. Wynne,
Captain, Q.M.G., U.S.A.

REGISTRATION SECTION

World War Division

Archives Branch, A. G. O.

JAN 30 1922

S/3310/LML

Mrs Knight

3 JAN 30 1922

ADDRESS REPLY TO

WAR DEPARTMENT

PURCHASE, STORAGE, AND TRAFFIC DIVISION

Division
DIRECTOR OF STORAGE
MUNITIONS BUILDING

OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE

WASHINGTON



No:

From:

To:

Subject:

DEPARTMENT OF WAR



JAN 31 1922

WAR DEPARTMENT

QUARTERMASTER CORPS

CEMETERIAL DIVISION, GRAVES REGISTRATION SERVICE, Q. M. C.

ROOM 350, PIER 2, HOBOKEN, N. J.

January 6, 1921.

File No. 293.8CemDiv.Cor.Branch.
(BREEN, Bernard)

MEMORANDUM FOR: Cemeterial Division, O.Q.M.G., Overseas
Project Sub-section, Washington, D. C.

SUBJECT: Return of Records - Cemetery #395.
Transmittal Memorandum Number H -606.

1. The enclosed records covering the following case are returned herewith, it having been definitely determined that the body is to remain in Europe:

REFERENCE NO:

49

Breen, Bernard Pvt./1/c, Base Hosp. #110.

R. E. SHANNON,
Captain, Quartermaster Corps,
Officer in Charge.

BY:

F. C. Pallas
F. C. PALLAS,
Executive Assistant.

1 Incl.

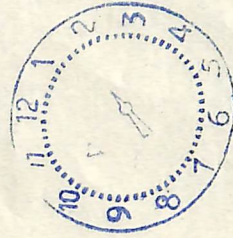
Recd 7/8/21



RECEIVED.

JAN 6 - 1921

RECEIVED



JAN 8 1921
G. H. S.

CEMETERY DIVISION
OVERSEAS PROJECT SUB-SEC.

OFFICIAL STAMP

J. C. SWIFT

OFFICIAL IN CHARGE

CEMETERY DIVISION

J. C. SWIFT

I INCI

NO

CLASS: BULKY-LAI J. C. SWIFT

REVISION 191

THIS IS TO BE KEPT IN FILE
IN THE OFFICE OF THE
OFFICIAL IN CHARGE
OF THE CEMETERY DIVISION

CLASS:

CLASSIFICATION NUMBER 1-000
CLASS OF RECORDS - CEMETERY

REVISION NO:

CLASS: BULKY-LAI J. C. SWIFT
OFFICIAL IN CHARGE

(CLASS: BULKY-LAI)

CLASS NO: 1-000

JAN 6 1921

CLASS: BULKY-LAI

CEMETERY DIVISION OVERSEAS PROJECT SUB-SEC.

OFFICIAL IN CHARGE

WAR DEPARTMENT

C 167639

*Please
rush*

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Pfleiger.

NAME OF DECEASED SOLDIER CEMETERY NO. DATE

Breen, Bernard, Pvt. 1/c. 395 - 49 1/13/21.

SERIAL NUMBER ORGANIZATION

3047882 Base Hospital No. 110.

Date of death - 2/6/19.

*copy sent
to adp. dept.
1-21-21
M. S. W.
1-22-21*

WAR RISK INSURANCE INFORMATION

DATE _____

NAME OF BENEFICIARY RELATIONSHIP

Mrs. Catherine Breen Mother

Address Ednagun, Trillick, County Tyrone, Ireland

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

395-49

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

JUN 9 1920

TO: Mr. Owen Breen, Ednagon, Frellick Co., Tyrone, Ireland.

SUBJECT: Remains of 1/ol Pvt. Bernhard Breen

The records of this office show that you have requested that his
body be not returned to U. S.

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.

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow			
Soldier's Children	1.		
(Name oldest first)	2.		
	3.		
Father			
Mother			
Brothers	1.		
(Name oldest first)	2.		
Sisters			

Date _____

Signature _____

Address _____ Relationship _____

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

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.

(COPY)

War Risk Beneficiary.

Mrs. Catherine Breen, (Mother)

(Address) Ednagun, Trillick, County Tyrone, Ireland.

Breen, Bernard, Private 1/c, 3047882, Base Hosp. #110.

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

copy

Harlow
~~*Schleiger*~~
NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

SERIAL NUMBER *Breen, Bernard, Pvt. 1/c.* ORGANIZATION

395 - 49

1/13/21.

3047882

Base Hospital No. 110.

Date of death - 2/6/19.

*Attached
orig. to 1-21-21
2115-21
W.*

WAR RISK INSURANCE INFORMATION

DATE

Adjustment Made
JAN 24 1921.

File No. *94222*

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Catherine Breen,

Mother.

Address

Ednagun, Trillick, County Tyrone, Ireland.

S/709/LML

H.

9

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

~~December 21,~~ 192 ~~1~~

MEMO FOR:

Cards Department.

1. CASE OF:

Base Hosp. #110

ORGANIZATION (Old)

BREEN 3047882 Bernard. Pvt. 1/cl.

(Name)

FILE

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st. Reb.	10/8/20	395	D- 30059
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: MissLannon

Card.,
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By B
S/3324/LML

94222

Place Nevers,

Date June 18, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Bernard Breen,

Number: 3047882

Rank: Pvt/ 1/c

Organization: Base Hosp. #110,

Disinterment and Reburial made by Group _____ Unit Detachment.

Disinterred (Date)

From: (Give Complete location)

June 15, 1919.

Grave B-219, American E.F. Cemetery

No. 85, Mars-sur-Allier (Nievre).

Reburied (Date)

in: (Give complete location)

June 15, 1919.

Grave 501, American E.F. Cemetery

No. 395, Nevers (Nievre).

395

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

Buried in strong coffin, body clothed, badly decomposed, water covered coffin.

Was one identification tag found upon the body? No question as to identity.

What other means of identification were found on the body?

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, G.R.S.

Supervised by: Harry S. Sands

Chas. S. Denny
C.O. Group _____ Unit _____

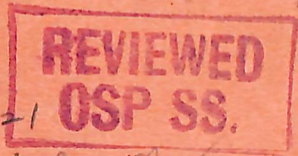
CHAS. S. DENNY
1st Lieut. G. A.

CONFIRMED N° D 10191

Drawn by JP

395-49

12-21



M.H.S.

12/21

M.C.

94222

Ednagon, Enllick
Co. Tyrone.
Ireland

To
P. B. Harris.
Adjutant General.

Dear Sir

After a careful
consideration as to the perman-
ent burial of the bodies
of those who have fallen and
in action in France. I
have come to the conclusion
to let the remains of my
son. Pte. Bernard Green
(Base Hospital 118) remain
where they are entired!

Faithfully Yours
Owen Green.

FILE

M.C.

file

REVIEWED
OSP SS.

hm.20

fju
2-201

293.8 (Breen, Bernard)DR.

November 18, 1919.

From: The Adjutant General of the Army.

To: Mr. Owen Breen,
Ednagon, Treelick Co., Tyrone E. Ireland.

Subject: Disposition of body.

1. In response to your communication of recent date, relative to the disposition of the body of your son, the late Private First Class Bernard Breen, Serial #3,047,882, B. H. 110, you are advised that the card returned by you to this office, setting forth your desire to have the remains of this soldier left in France, is on file for reference and your wishes in the matter will be complied with.

2. It is desired to express to you the sincere sympathy of the Department on account of the great loss you have sustained in the death of your son.

P. C. Harris
Per

file 11-18-19
2-201

REVIEWED
OSP SS.

