

Brown,

(Surname.)

Campbell S.

(Christian name in full.)

733,173

(Army serial number.)

Pvt.

Co I 6th Inf.

(Rank and organization.)

State your relationship to the deceased

Father

Do you desire the remains brought to the United States?

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.

John R. Brown, Graham Tenn

(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.

3-6713

Drawn by H. P.

1882. Dec 2-21

3-14-21

checked
3/4/21
H. P.

To The A. G. O.

199

2484

293

G.R.S. Form #114-B

MAR 10 1926

FULL NAMEBROWN, Campbell S.....

RANK.....Pvt.....SERIAL.....733173.....

DIVISION & ORGANIZATIONCo. H, 6th Inf. 5 Div.....

DATE OF DEATH.....Oct 14/98.....

STATE FROM WHICH HE CAME.....Iowa.....

MEDALS OR DECORATIONS AWARDED.

FINAL GRAVE LOCATION.....

Date

Grave

Row

Block

Meuse-Argonne, 1232

Cemetery

23/306/ARK

MAR 17 1926
A. G. O.
WORLD WAR DEPT



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Brown - 733179 - Campbell S.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. H. 6 Inf.
(Rank.) (Organization.)

DATE OF BURIAL Oct. 21 - 1918

PLACE OF BURIAL

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

85-1-08
Montfaucon

GRAVE NUMBER 25

HOW MARKED: Name Peg? Cross? Yes

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes

Was one fastened to name peg or stake used as a grave marker? Yes

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

H. Ross Brown Chap 6 Inf.
(Signature and Rank of Reporting Officer.)

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

Date 8th May 1919REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: BROWN Campbell S.Number: 733173Rank: Pvt.Organization: Co H 6th Inf.

Unit

Disinterment and Reburial made by Group

Disinterred (Date)

From: (Give complete location)

13th March 1919Grave #25 Battle Area CemeteryROMAGNE, MEUSE 35 NE 308.2 E 285.2 N

Reburied (Date)

in: (Give complete location)

13th March 1919Grave #4 Sec #2 Plot #1Amer B/A Cemetery #1232ROMAGNE, MEUSE 35 NE 308 E 285 N

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

Burial very poor, body badly decomposed.Was one identification tag found upon the body? NoWhat other means of identification were found on the body? None

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, Graves Registration Service.

Supervised by: Lt Wright.WWS.C.O. Group Unit 10294
CO. FORMED N° D

Bar 1300

RECEIVED



CC-1 RED H-D

THIS CASE BEING OF THE NATURE OF A ...
AND ONE ...

RECEIVED

RECEIVED

RECEIVED

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RECEIVED

File

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Oct. 26, 1922.

FILE: 293.8 C-R #49394

SUBJECT: Permanent Grave Location of Private Campbell S. Brown,
Company H, 6th Infantry.

TO: Mr. John R. Brown, R.F.D.2, Graham, Tenn.

1. The permanent grave of this soldier is No. 4, Row 17,
Block B, Meuse-Argonne American Cemetery at Romagne-sous-Montfaucon,
Department of Meuse, 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.

MAILED For the Quartermaster General:

OCT 26 1922

G.R.S.

E. E. DAVIS
GEORGE H. PENROSE
Executive Assistant. G. R. S.

LE
HCH

MT

DATE 3/7/22.1. NAME BROWN, Campbell S SERIAL No. 733173RANK Pvt ORGANIZATION Co H 6th InfGRAVE LOCATION Meuse-Argonne Amer Romagne-s-Montfaucon 1232 Sec.2

	CTY. NAME	NUMBER
<u>4</u>	<u>Sec.2</u>	<u>1</u>

GRAVE	ROW	PLOT
-------	-----	------

2. ORIGINAL BATTLE AREA GRAVE LOCATION 25 BAC Romagne Meuse

GRAVE	COMMUNE	DEPT.
-------	---------	-------

COORDINATES Verdun 35NE 285.2N 308.2ECONCENTRATED TO 3/13/19 4 2 1

DATE	GRAVE	ROW	PLOT
------	-------	-----	------

Meuse Argonne 1232

CEMETERY	CTY. NUMBER
----------	-------------

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

Tag on crossdata f-1/pfb

SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY
------	-------	-----	------	----------

DATE	GRAVE	ROW	PLOT	CEMETERY
------	-------	-----	------	----------

SIGNATURE, AREA SUPERVISOR

*M. B. Birdseye***M. B. BIRDSEYE**
1st Lt., Q.M. Corps, U.S. Army3. FINAL GRAVE LOCATION 3/7/22 4 17 B.

DATE	GRAVE	ROW	Block
------	-------	-----	-------

Meuse-Argonne Amer.Cty.#1232 Romagne-sous-Montfaucon (Meuse).

CEMETERY

hd

AUDITED BY
SEB 9/28/22

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 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.

Place Romagne 1232

REPORT OF DISINTERMENT AND REBURIAL

Date 3-3-22

1. REMAINS OF BROWN, Campbell S SERIAL NUMBER 733173
 RANK Pvt. ORGANIZATION Co. H, 6th. Inf.

2. Disinterred (date): March 3, 1922 From (give complete location): Gr. 4, Section 2, Plot 1, Cty 1232

By: Group Foster Unit F.S. One

3. Reburied (date): Mch 7, 1922 In (give complete location): Meuse Argonne Cty 1232, gr 4, bl B, row 17

By: Group Reburial S Unit unlined casket
 Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
Wooden box, US Uniform, burlap Body badly decomposed

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

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

Tag on body reads "Campbell, S. Brown, 733173, Pvt. Co. H 6th. Inf
One yellow metal ring found on body with initial "C" same turned
in to inspector

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

(a) Height (actual measurement) Imp. to Determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

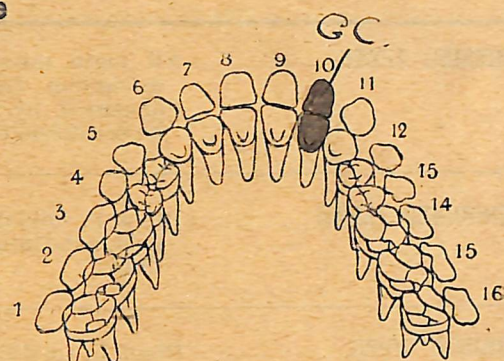
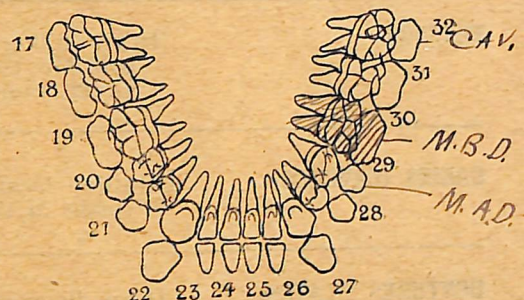


Diagram represents the mouth wide open



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

None visible

30766

7. Disinterment supervised by

H.H. FOSTER

Approved:

E.J. RIORDAN

(Title)

8. Reburial supervised by

W.B. Sheild

Approved:

A.E. Dewey, 1st Lt, QMC.

(Title)

concentration

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:



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 March 3 1922

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 BROWN, Campbell S

10. Name

2. No. 733173

11. No.

3. Rank Pvt

12. Rank

4. Org. Co H 6th Inf

13. Org.

5. D.D. 10-14-18

14. (a) D.D.

6. C.D. KIA

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 4 Sec. 2

15. Grave No. Sec.

8. Plot 1 Row

16. Plot Row

9.

17. none

18. Cemetery Meuse-Argonne Amer

19. Commune or town Romagne-s-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 1232 Sec. 2

23. Disinterred (Date) March 3 1922

By H H Foster.

24. Inscription on grave marker:

Name Campbell S Brown

Serial No. 733173

Rank Pvt

Organization Co H 6th Inf

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

Signature Junior Technical Assistant

PREPARATION

Rex M Moody

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).

Body identified by tag One yellow metal ring found on body with initial

"C" same turned over to Inspector

27. Condition of body Badly decomposed, features unrecognizable

28. Nature of burial Wood n box US Uniform, burlap

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 March 3 1922 By H H Foster.

31. Casket sealed by March 3 1922

Signature of Embalmer, (Supervisor

H H Foster.

MT

SHIPMENT. (Show actual marking of box.)

Box

RECEIVED
GRAVES REGISTRATION
31 1922



C-24913

32. Designation of body:

Name Campbell S Brown

Serial No. 133173

Rank Pvt

Organization

Co H 6th Inf

33. Consigned to: Meuse-Argonne Amer 1232 Romagne-s-Montfaucon

Name of Permanent Cemetery

34. Casket boxed and marked (Date) March 3 1922 By H H Foster

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

E J Riordan
E J Riordan, Capt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) March 3 1922

CO

To point of Concentration Morgue Romagne

Convoyer P H Doran

(Name
Signature Shipping Officer

G F Spann
G F Spann, Capt QMC

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer

(Name
Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred: Meuse Argonne Cty 1232, Mch 7, 1922

(Date

42. Grave No. 4

Section

43. ~~Pxxx~~ block B

Row

17

G.R.S. Representative

A E Dewey
A.E. Dewey, 1st Lt, QMC.

8468

COMPILATION OF DISPOSITION OF REMAINS DATA

File #49394

I. LOCATION INDEX CARD:

(a) Name BROWN, Campbell S. (4-7-21 men) Ser. No. 733175³
 (b) Rank Pvt. Organization Co. H, 6th Inf. (0-5-7-21 men) TYP. evs
 (c) Date of death 10/14/18 (d) Cause of death K/a CKR. 13.7

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

(a) Grave No. 4 Row - Plot 1 Sec. 2 TYP. evs
 (b) Emerg. Address John R. Brown (Father) RFD #2, Graham, Tenn. (a.g. ok, 4-7-21 men)

III. Files of soldiers dying from contagious diseases - CKR. 13.7

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name John R. Brown (b) Relationship father
 (c) Address #2, Graham, Tenn.
 (d) Remains to be brought to U. S.? yes
 (e) To be interred in National Cemetery in U. S. at no
 (f) Shipping instructions upon arrival of body in U. S. John R. Brown

X Exp - Graham - Tele Office - Dickson, Tenn.
 (g) Disposition instructions if not brought to U. S. -

Examiner's Initials H.P. Date 3-14, 1920.

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

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

no correspondence

IX

CORRECTIONS

Examiner's Initials H.P. Date 3-14, 1920.

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

no request for his position
 (a) Cancellation memos referred to? -

ANALYST'S SIGNATURE: H.P.

Examiner's Initials H.P. Date 3-14, 1920.

COUNTRY FRANCECEMETERY No. 1232—Sec. 2SHEET No. 21

G. R. S. Form No. 115

Amended April 6, 1920

3-7729

Make Form No. 114

AP 4-16-21

VII. G. R. S. Form No. 114 made 3/23/21, 1920.

Typed by ob Checked by aH 3/23/21 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by

cable on

letter on

MAR 23 1921

Cemeterial Division
Project Sub-Section

MAY 16 1921

See II

Par. #1 To Be Returned

MC

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be

Body to be shipped to

X. SUSPENSION REMARKS:

Form 129 to hold body Fred Wash 5/10/21 B.F.

5/17/21 PROPOSED CABLEGRAM NO. 300 TO EUROPE BODY TO REMAIN 5/24/21

Let from Europe 6/4/21 status return cancelled as
per cable aH 10/29/21

May 11th, 1921.

File No. 293.8 Cem.Div.Cor.Br.

Re: Brown, Campbell S. Pvt.
Ser.No. 733173, Co.H,
6th Infantry.

Mr. John R. Brown,
R. #2, Graham, Tennessee,

Dear Sir:-

Your shipping inquiry of recent date requesting that the remains of the deceased soldier named above be left in France for burial in a permanent American Cemetery has been forwarded to the Cemeterial Division, Office of the Quartermaster General, Washington, D.C., for necessary action.

The Cemeterial Division, Washington, D.C., will furnish you the grave location in the permanent American Cemetery as soon as possible after the body has been placed therein.

The Department desires to renew its previous expression of sympathy in your bereavement.

By authority of the Quartermaster General:

MAILED

MAY 13 1921

COR. BR. G. R. S.

BY:

R.E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

F.C. PALLAS,
Executive Assistant.

Cm

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
HOBOKEN, N. J.

May 10, 1921.

From: Graves Registration Officer, Hoboken, New Jersey.
To: Quartermaster General, Cemeterial Division, Washington, D. C.
Subject: Supplementary Advice concerning:

Name Brown, Campbell S. Ser. No. 733173
Rank Private Organization Co. H, 6th Infantry
Cemetery No. 1232-Sec. 2 Cable Reference No. (Sheet No.) 21

(Ship Inquiry)
Request shown below dated received- May 9, 1921 is latest in this case:

Name of Relative	<u>Return</u>	<u>Remain</u>	<u>Special</u>
	to	in	
Widow		<u>France</u>	
Children			
Guardian			
Father	<u>John R. Brown - R#2, Graham, Tennessee.</u>		
Mother			
Brother			
Sister			
Others			

Body to be shipped to, or for interment in: a permanent Amer. cty.

~~(11b)~~

Cable
Letter May 17, 1921 forwarding advice to Europe dispatched _____ 1921.

S-744 EB

R-5-19-21 cm,

RECEIVED
MAIL UNIT

MAY 16 1921

Cemeterial Division
Overseas Project Sub-Section

RECEIVED



MAY 16 1921
G. H. S.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(4-7-21 *meB*) ✓
 (a) Name BROWN, Campbell S. Ser. No. 733175 3 (4-7-21 *meB*)
 (b) Rank Pvt. Organization Co. H, 6th Inf. (0.14, 4-7-21 *meB*) } TYP evs
 (c) Date of death 10/14/18 (d) Cause of death x/a } B.J.

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

(a) Grave No. 4 Row — Plot 1 Sec 2 TYP evs (a. g. o. o. k. 4-7-21 *meB*)
 (b) Emerg. Address John R. Brown (Father) RFD #2, Graham, Tenn.

III. Files of soldiers dying from contagious diseases _____ CKR. B.J.

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

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 23 1921, 192
Sec. II
Pas. #1 To Be Returned

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., meB APR 21 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
<u>May 10, 1921</u>	<u>Father (5/9/21)</u>	<u>To remain in France</u>	<u>5/17/21 Europe advised by proposed cable</u>
<u>Norm 129</u>	<u>John R. Brown</u>		<u>800 - To remain - 5/20/21 GS.</u>

Let from Europe 6/8/21 states return cancelled as per cable 10/29/21

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

COUNTRY

CEMETERY No.

SHEET No.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

(Surname.) (Number.) (First Name and Initials.)

(Rank.)

(Organization.)

DATE OF BURIAL

PLACE OF BURIAL

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

GRAVE NUMBER

HOW MARKED: Name Peg?

Cross?

Headboard?

Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

(Signature and Rank of Reporting Officer.)

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



787-924

Communal List No. _____

Daily Report No. _____

1. G. R. S. Form No. 1.

Hq. G. R. S. File

2. Soldier's No. 733173

3. Brown Campell S.
Surname (in block letters) First Name and Initials

4. H. 6th. Inf.
Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. BA.C.
Date of Burial Cemetery

7. Romagne Meuse
Town or Commune (in block letters) Department

8. 25
Grave No. Plot No. or Letter

9. Name Peg? Cross? 1 Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker? 1
Identification Tags

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

12. "A" sketch 19
Map Reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed. Capt. Easterday

HEADQUARTERS

PROV. UNIT "A" G.R.S. Group.....Unit.....G. R. S.



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 3/16/21.

File No. Requisition.

(SPECIAL)

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 Brown OK ✓
b. Christian name Campbell ✓
(Campbell S.) OK
c. Serial Number 733173 ✓
(733173) OK
d. Organization Co. H, 6th Inf. OK
(Co. I, 6th Inf.)
e. Rank Pvt. OK
f. Date of death 10/14/18 OK
g. Cause of death K/A OK
h. Authority (C.O.#)
i. Emergency address John P. Brown
Rd #2, Graham, Tenn.
j. Relationship Father ✓

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

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

a. Age of enlistment
b. Color of eyes Adjustment Made
c. Color of hair
d. Height
e. Weight
f. Permanent marks and physical defects at enlistment (Old fractures or breaks)
Donnelly, DMSM
Gnl Pl Sec 8. 307
March 17/21
MCH 22/21

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

APR 21 1921
File No. 49397

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

CEMETERY NO: 1232 - Sec. 2.

SHEET NO: 21
TYPED BY: JBC

S/713/LML

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

OFFICE OF THE ASSISTANT SECRETARY OF THE ARMY
WASHINGTON

Information requested of A.S.G.
S.H.S. Form 8-W-A-2

Date 2/10/21

Registration

This No.

From:

The Quartermaster General, U. S. Army, (Quartermaster Division)

To:

The Assistant Secretary of the Army, U. S. Army, U.S. Army, U.S. Army

Subject:

Information requested for S.H.S.

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

1. Date of death

2. Name

3. Cause of death

4. Christian name - Campbell

5. Age at death

6. Serial Number - 21

7. Residence address

8. Organization - Co. E, 8th Inf. (Co. I, 8th Inf.)

9. Relationship

10. Rank

RECEIVED

NOV 1920

(See page 12 of the Service Record)

MAR 23 1921

MAR 18 1921

11. Service and death missing

12. Color of hair

13. Height

14. Weight

15. Permanent marks and physical defects at enlistment (Old fractures or breaks)

16. Lower right

17. Lower left

18. Upper right

19. Upper left

20. Color of hair

21. Height

22. Weight

23. Permanent marks and physical defects at enlistment (Old fractures or breaks)

24. Lower right

25. Lower left

26. Upper right

27. Upper left

28. Color of hair

29. Height

30. Weight

31. Permanent marks and physical defects at enlistment (Old fractures or breaks)

32. Lower right

33. Lower left

34. Upper right

35. Upper left

36. Color of hair

37. Height

38. Weight

39. Permanent marks and physical defects at enlistment (Old fractures or breaks)

40. Lower right

41. Lower left

42. Upper right

43. Upper left

44. Color of hair

45. Height

46. Weight

47. Permanent marks and physical defects at enlistment (Old fractures or breaks)

48. Lower right

49. Lower left

50. Upper right

51. Upper left

52. Color of hair

53. Height

54. Weight

55. Permanent marks and physical defects at enlistment (Old fractures or breaks)

56. Lower right

57. Lower left

58. Upper right

59. Upper left

60. Color of hair

61. Height

62. Weight

63. Permanent marks and physical defects at enlistment (Old fractures or breaks)

64. Lower right

65. Lower left

66. Upper right

67. Upper left

68. Color of hair

69. Height

70. Weight

71. Permanent marks and physical defects at enlistment (Old fractures or breaks)

72. Lower right

73. Lower left

74. Upper right

75. Upper left

76. Color of hair

77. Height

78. Weight

79. Permanent marks and physical defects at enlistment (Old fractures or breaks)

80. Lower right

81. Lower left

82. Upper right

83. Upper left

84. Color of hair

85. Height

86. Weight

87. Permanent marks and physical defects at enlistment (Old fractures or breaks)

88. Lower right

89. Lower left

90. Upper right

91. Upper left

92. Color of hair

93. Height

94. Weight

95. Permanent marks and physical defects at enlistment (Old fractures or breaks)

96. Lower right

97. Lower left

98. Upper right

99. Upper left

100. Color of hair

101. Height

102. Weight

103. Permanent marks and physical defects at enlistment (Old fractures or breaks)

104. Lower right

105. Lower left

106. Upper right

107. Upper left

108. Color of hair

109. Height

110. Weight

111. Permanent marks and physical defects at enlistment (Old fractures or breaks)

112. Lower right

113. Lower left

114. Upper right

115. Upper left

116. Color of hair

117. Height

118. Weight

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120. Lower right

121. Lower left

122. Upper right

123. Upper left

124. Color of hair

125. Height

126. Weight

127. Permanent marks and physical defects at enlistment (Old fractures or breaks)

128. Lower right

129. Lower left

130. Upper right

131. Upper left

132. Color of hair

133. Height

134. Weight

135. Permanent marks and physical defects at enlistment (Old fractures or breaks)

136. Lower right

137. Lower left

138. Upper right

139. Upper left

140. Color of hair

141. Height

142. Weight

143. Permanent marks and physical defects at enlistment (Old fractures or breaks)

144. Lower right

145. Lower left

146. Upper right

147. Upper left

148. Color of hair

149. Height

150. Weight

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152. Lower right

153. Lower left

154. Upper right

155. Upper left

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157. Height

158. Weight

159. Permanent marks and physical defects at enlistment (Old fractures or breaks)

160. Lower right

161. Lower left

162. Upper right

163. Upper left

164. Color of hair

165. Height

166. Weight

167. Permanent marks and physical defects at enlistment (Old fractures or breaks)

168. Lower right

169. Lower left

170. Upper right

171. Upper left

172. Color of hair

173. Height

174. Weight

175. Permanent marks and physical defects at enlistment (Old fractures or breaks)

176. Lower right

177. Lower left

178. Upper right

179. Upper left

180. Color of hair

181. Height

182. Weight

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185. Lower left

186. Upper right

187. Upper left

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198. Weight

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200. Lower right

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233. Lower left

234. Upper right

235. Upper left

236. Color of hair

237. Height

238. Weight

239. Permanent marks and physical defects at enlistment (Old fractures or breaks)

240. Lower right

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242. Upper right

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245. Height

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250. Upper right

251. Upper left

252. Color of hair

253. Height

254. Weight

255. Permanent marks and physical defects at enlistment (Old fractures or breaks)

256. Lower right

257. Lower left

258. Upper right

259. Upper left

260. Color of hair

261. Height

262. Weight

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267. Upper left

268. Color of hair

269. Height

270. Weight

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273. Lower left

274. Upper right

275. Upper left

276. Color of hair

277. Height

278. Weight

279. Permanent marks and physical defects at enlistment (Old fractures or breaks)

280. Lower right

281. Lower left

282. Upper right

283. Upper left

284. Color of hair

285. Height

286. Weight

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Brown</i>	<i>B r D</i>	3	<i>2 8 5</i>
<i>Campbell S.</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>17</i>	2	<i>17</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Tenn.</i>	2	<i>48</i>
RANK	<i>Post.</i>	1	<i>2</i>
DIVISION	<i>5</i>	2	<i>05</i>
ORGANIZATION	<i>6</i>	3	<i>006</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>No</i>	1	<i>2</i>
NAME <i>Brown</i>		3	
<i>Mr. John R.</i>	STATE <i>Tenn.</i>	2	
(Father)	COUNTY <i>Richmond</i>	2	
RESIDENCE	CITY <i>Chattanooga</i>	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Father</i>	1	
ELIGIBILITY	<i>Dead - 1906</i>	1	<i>6</i>
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/PJ.			

AUDITED

APR 14 1932

RS

La

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Brown, Campbell S. .1232-F

Mr. John R. Brown
R. F. D. #2
Graham, Tenn.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

No. his mother died

in the year 1906.

He had no step mother.

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

No he was never married

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

No he lived at home

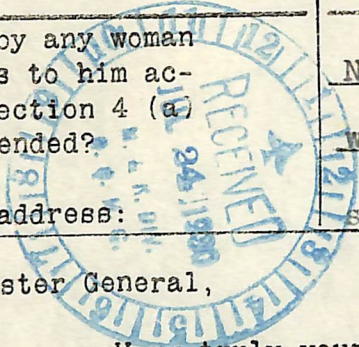
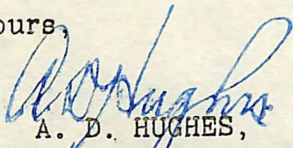
with myself, two

sisters and one brother

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

July 13, 1929

Mr. John T. Harris
Major, Q. M. Corps,
Washington, D. C.

Dear Sir:

In reply to your letter of June 29, 1929 file
Q. M. 293 A-C in regard to act ~~of~~ congress number 952, wish
to advise that Pvt. Campbell S. Brown has no living mother
or step mother, and as he was never married, but lived at
home with his father two sisters and one brother, said act
does not seem to apply to any member of the family.

Very truly yours,

John B. Brown



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brown, Campbell S.

June 29 1929.

Mr. John R. Brown,
RFD 2,
Graham, Tenn.

Dear Sir:

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

The records of this office show that you are the father of the late

Pvt. Campbell S. Brown, Co. H, 16th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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R. F. D. #2
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1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:

Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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The records of this office show that you are the father of the late Pvt. Campbell S. Brown, Co. B, 16th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

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Act of Congress.
Envelope.

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Major, Q. M. Corps,
Assistant.