

Carlson, Andrew C.

Pvt.

3914220

Camp MacArthur, ~~Texas~~ A. R. D. Co.

No. 16 (I-997R)

Recd

10/3/18

President Grant 247

DISPOSITION OF REMAINS

Buried at  
Sea

Carlson, Andrew C. (3914220)

Port. Co. 16. S.A. L.O.

J. G.  
J. R.

1000  
PW

Fwd. A. G.

12/28/18

Carlson, Andrew C. Pvt.

3914220

Camp MacArthur, Co. No. 16. A.R.D.(I-997-R)

220 West Sixth street, Leadville, Colo.

(Brother) Eric Carlson, 929 South E. Street,  
Tacoma, Wn.

REPORT OF DEATH

(Par. 831a, A. R., 1913.)

247

Port of Debarkation, Hoboken, NJ

January 13, 1919, 191

Carlson, Andrew G. 3914220

Private 16 Co. Sept. Aut. Repl. Dr.

died Oct, 3, 1918, at USS Pres/Grant

Nature of injury or disease

Direct cause of death Influenza

Death was in line of duty and was not the result of the deceased's own willful misconduct.

(Signature of medical officer.)

Lieutenant, U. S. N. M. C.

1st Ind.

Hoboken, N. J., Aug. 27th, 1919

To THE ADJUTANT GENERAL OF THE ARMY, Washington, D. C.

1. \*The report of the surgeon is approved.

\*A board of officers has been convened to investigate the case

2. The deceased was married at time of death.

3. Amount of Government insurance in effect at time of death, \$ 10,000.

4. Name and address of person who was to be notified in case of emergency:

(Brother) Eric Carlson

929 South East Street

To com, Wash. (City, town, or post office.) (State or country.)

5. Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at sea.

Remarks

John A. Nelson

Major, GMC

Property Officer, PUC

Commanding.

Inclosures:

- 1 Service Record
1 Pay Card.
1 Final Statement.
\*2 Inventories of Effects.

Form 415, A. G. O. Ed. July 10, 1918.

\*Strike out words not applicable.

SUBJECT (PRINCIPAL OR CROSS REFERENCE)

247

Carlson Andrew

# 3914220

CONSOLIDATED INDEX CARD.

This card must not be taken from the Record Room.

CONSOLIDATED ENTRIES:

~~ms~~  
~~ms~~

~~af~~

~~my~~

~~ms~~

---

Write nothing below this line.

# REPORT OF DEATH

(Par. 83½a, A. R., 1913.)

Port of Emb. Hoboken, NJ

Dec. 12th, 1918, 191

Carlson Andrew Galeh 5914220  
(Surname.) (Christian name.) (Army serial number.)

Private Co. 16 80th Auto.  
(Grade.) (Organization.)

died Oct. 3, 1918 at Camp Draft  
Nature of injury or disease USS Pres. Grant

Direct cause of death Influenza

Death <sup>\*was</sup> ~~\*was not~~ in line of duty and <sup>\*was</sup> ~~\*was not~~ the result of the deceased's own willful misconduct.

J. R. Allison, Med. Corps.  
(Signature of medical officer.)

1st Ind.

Hoboken, NJ Dec. 12th, 1918

To THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

- \*The report of the surgeon is approved.  
\*A board of officers has been convened to investigate the case.
- The deceased was <sup>\*married</sup> ~~\*single~~ at time of death.
- Amount of Government insurance in effect at time of death, \$ 10,000
- Name and address of person who was to be notified in case of emergency:

(Brother) Eric Carlson  
(Name and degree of relationship; if friend, so state.)

329 South East Street,  
(No. and street or rural route; if none, so state.)

Tacoma, Washington.  
(City, town, or post office.) (State or country.)

- Date and place of burial, with number and locality of grave. (If not interred at post, state disposition made of remains.)

Buried at Sea

Remarks Effects being held pending disposition in accordance with the 112th Article of War.

Inclosures:

- 1 Service Record ✓
  - 1 Pay Card. ✓
  - 1 Final Statement. ✓
  - \*2 Inventories of Effects. ✓
- John A. Nelson, Major, Commanding

Form 415, A. G. O.

Ed. July 10, 1918.

NON DEATH REPORT ✓

Pres: Grant

Mim. #244

Case Prof. Andrew C. Carlson

3914220  
Memo. for Disposition of

Effects Section.

Please advise the Disposition  
of Remains Section immediately on  
receipt of effects in above noted  
case.

Memo. to Disposition of  
Remains Section.

The above effects were  
received by this office on:

RECEIVED O. E. Q. W., HOBOKEN

DEC 11 1918

jtl.

Carlson,

(Surname)

Andrew C.

(Christian Name)

3914220.

(Number)

220 West 6th, St.

(Home Street Address)

Leadville,

(City)

Colorado.

(State)

Eric Carlson.

(Notify in Emergency)

Brother.

(Relationship)

929 South E. St.

(Street Address)

Tacoma,

(City)

Wash.

(State)

Aug. 5, 1918.

(Date of Enlistment)

(Date of Commission)

Leadville, Colo.

(Place of Enlistment)

(Date of Birth)

Occupation:

Miner.

R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
N. A.					
N. G.	Pvt.	Inf.	A. R. D. Co.		
O. R. C.					
U. S. M. C.					

No. of Card

STATION Camp MacArthur, Texas

DATE

SEP 10 1918

191

\*RECORD OF TRANSFERS AND CHANGES

Photograph, Diagram, or Description  
of Place of Burial

\*To include transfers, changes, promotions, captured, missing, leave, furlough, and A. W. O. L., together with date of change.

3-5750

A. G. O. S. D., A. E. F.  
Form No. 6



Co. "K", 3rd Bn., Inf. Repl. Camp.  
Co. K., 3rd Bn., 1st Regt.

Pvt. Andrew G. Carlson, 3914220  
(Name and rank of allotter.)

August 5th, 1918.  
(Date of enlistment.)

**DUPLICATE.**

To be retained as record.

Q. M. C. Form 38.

Camp MacArthur, Texas, ..... September 9th, 1918.  
(Station.)

The undersigned hereby allots to ... Carl Johan Erickson, .....

(Name of allottee.)

at No. 2. Bueras Landa, Frillesos, Sweden.

(Give complete post-office address.)

\$15.00 per month, for ..... months, commencing the 1st day  
of September, 1918, and expiring the ..... day  
the amount to be deducted from his pay for each month of the stated period.

P. J. Stodd  
(Certifying Officer)  
Personnel Adjutant  
2nd Lt.  
W. D. A.  
x Andrew G. Carlson  
(Signature of allotter.)

Entered on Pay Card

W. D. A.

Allotment discontinued ..... Request sent to Quartermaster General .....

Reason for discontinuance .....

NOTE.—In no case should the soldier's allotment be made to commence with a date prior to his enlistment, or to extend beyond the date of expiration of his term of enlistment. State inclusive dates of allotment period.

\* Regular Army.  
\* National Guard.

\* National Army.  
\* Enlisted Reserve Corps.

# INDIVIDUAL EQUIPMENT RECORD

## CLOTHING ACCOUNT

ARTICLES.	SIZE.	ISSUED.					TURNED IN.	
		5/4	9/4/11	9/10/11	9/13	9/11/12	9/13	
DATE LINE								
Bags, barrack		1	1	1	1	1	1	
Belts, waist		1	1	1	1	1	1	
Blankets		2	2	2	2	2	2	
Brassards								
Breeches, cotton		2	2	2	2	2	2	
Breeches, woolen								
Caps, service								
Chevrons								
Coats, denim								
Coats, cotton								
Coats, woolen								
Cords, hat		1	1	1	1	1	1	
Drawers, cotton		3	3	3	3	3	3	
Drawers, woolen								
Gauntlets, winter								
Gloves								
Hats, denim		1	1	1	1	1	1	
Hats, service								
Laces						2		
Laces, shoe						1		
Leggins								
Neckties								
Ornaments, cap						2		
Ornaments, collar						1		
Overcoat, O. D.								
Overshoes, arctic								
Ponchos								
Shirts, flannel		2	2	2	2	2	2	
Shoes, gymnasium								
Shoes		1	1	1	1	1	1	
Slicker								
Stockings, cotton		5	5	5	5	5	5	
Stockings, woolen								
Suspenders								
Trousers, denim								
Undershirts, cotton		3	3	3	3	3	3	
Undershirts, woolen						2		
OFFICER'S INITIALS		HC	HC	HC	HC	HC	HC	

\* Strike out words not applicable.

Carlson  
(Surname.)

Andrew G. 3914220.  
(Christian name.) (Army serial number.)

Prof. Co. 1st Regt. 2nd Div. Camp  
(Grade.) (Company and regiment or arm or corps or department.)

† Write grade and organization with pencil and correct as changes occur.





**ENGINEER, SIGNAL, MEDICAL PROPERTY ACCOUNT.**

ARTICLES.	ISSUED.				TURNED IN.			
DATE LINE								
Compass, watch								
Field glasses, Type C								
Field glasses, Type EE								
Kits, flag, comb., Inf.								
Kits, flag, comb., stand- ard								
Kits, flag, Artillery								
SOLDIER'S INITIALS								
OFFICER'S INITIALS								

**INSTRUCTIONS.**

1. When articles of clothing and equipment are issued to an enlisted man they will be entered in the "issue" column, with the date of issue entered in figures (e. g., 10/30/17) on the date line. The column will be initialed by the witnessing officer and, except in the case of issue of clothing, by the soldier, a line being drawn through each blank space in the column by the witnessing officer. When articles are first issued to an enlisted man the sizes that have been determined to be the proper ones will be entered in column headed "size."

2. When articles are turned in, lost, damaged, or destroyed, they will be entered in a column under the heading "Turned in," and the column completed and initialed by an officer and the soldier as in the case of issues. The officer who receives the articles turned in or enters the articles lost, damaged, or destroyed on statement of charges will initial the column. (117, 685-687, A. R.)

3. When an individual equipment record form is filled a new one will be started and the old record retained with the individual clothing slips (Q. M. C. Form No. 165) pertaining thereto, until the next inspection by an inspector, after which all filled individual equipment records and clothing slips may be destroyed. When a new equipment record is started the number of articles transferred will be entered in first issue column of new record, and the column initialed as prescribed in paragraph 1.

4. No record will be made of a transaction where an article is turned in and replaced by a like article at the same time.

5. When a soldier is transferred or detached from his company the word "canceled" will be written in columns showing articles issued and turned in to date. The articles which the soldier carries with him, or for which he is indebted to the United States, will then be entered in the next issue column; the column being initialed by the soldier and witnessing officer, as prescribed in paragraph 1. These articles, except clothing and individual mess equipment, will be entered on Form No. 600, A. G. O., as required by paragraph 681-O, A. R. The individual equipment record will be forwarded with the service record to the soldier's new commanding officer.

*Andrew C. Carlson*  
 (Surname.) (Christian name.)

# INFANTRY REPLACEMENT & TRAINING CAMP

Camp MacArthur, Waco, Texas

## SCORE CARD

Name Carlson Andrew C.

Organization Co. "K", 3rd Bn., Inf. Repl. Camp.

Date SEP 6 1918

Slow Fire 100 yds. Total

5	5	4	5	4	4	4	4	4	5	4	4	4
---	---	---	---	---	---	---	---	---	---	---	---	---

Slow Fire 200 yds. Total

Practice	3	3	4	4	4	4	4	4	3	4	4	37
Record	3	4	4	4	4	4	4	3	4	4	4	38

Slow Fire 300 yds. Total

Practice	4	0	3	3	3	3	4	3	0	3	2	6
Record	3	4	4	4	4	4	4	3	4	4	3	38

Rapid Fire 200 yds. Total

Practice												55
Record												5510

Rapid Fire 300 yds. Total

Practice												55
Record												55

Certified by W. H. Boddy 459

# REPORT OF DEATH

(Par. 834a, A. R., 1913.)

U.S.A. Base Hospital, Camp Lewis, Wn

(4855017) October 25th, 1918

Carlson, Andrew G. Ret  
(Surname.) (Christian name.) (Army serial number.)

Ret 6th Co 166 D.B.  
(Grade.) (Organization.)

died Oct 24, 1918, at 10:00 A.M.

Nature of injury or disease

Direct cause of death Broncho pneumonia  
both lungs all lobes

Death ~~was~~ <sup>\*was</sup> not in line of duty and ~~was~~ <sup>\*was</sup> not the result  
of the deceased's own willful misconduct.

*Durley Fulton*

(Signature of medical officer)  
Lt Colonel *EE*

1st Ind.

Camp Lewis, Wash., Oct 29, 1918

To THE ADJUTANT GENERAL OF THE ARMY,  
Washington, D. C.

1. \*The report of the surgeon is approved.

\*A board of officers has been convened to investigate  
the case.

2. The deceased was ~~married~~ <sup>\*single</sup> at time of death.

3. Amount of Government insurance in effect at time of  
death, \$ none

4. Name and address of person who was to be notified  
in case of emergency:

Carl Olson (father)

(Name and degree of relationship; if friend, so state.)  
none

(No. and street or rural route; if none, so state.)

Attobel Sweden

(City, town, or post office.) (State or country.)

5. Date and place of burial, with number and locality of  
grave. (If not interred at post, state disposition made of  
remains.)

Interred at Post Cemetary

Camp Lewis, Wash., Oct 28, 1918

Remarks Grave No 25 Sec E-1

*W. P. Moffet*

Inclosures:

1 Service Record. Lt. Col. Cavalry  
1 Pay Card Commanding.

1 Final Statement.

\*2 Inventories of Effects.

Form 05, W. D. O. 17 1918

Ed. July 10, 1918.

\*Strike out words not applicable.

Copy for Q. M. G., under 834 A. R.

C A R L S O N, Andrew G.

Pvt. 6th Co. 166th D. Bn

Died Oct. 24/18. Camp Lewis, Wash.

Remains buried at C<sub>amp</sub> Lewis, Wash.

Nov. 18/18. Sub Depot Q. M. Camp Lewis reports B/E; t<sub>pn.</sub>, none, embalming, casket, shipping case \$78.42; total \$78.42;

(247)

WAR DEPARTMENT  
OFFICE  
SUB-DEPOT QUARTERMASTER  
CAMP LEWIS  
AMERICAN LAKE, WASH.

ADDRESS REPLY TO  
SUB-DEPOT  
QUARTERMASTER  
CAMP LEWIS  
AMERICAN LAKE, WASH.  
Finance BRANCH  
ATTENTION RSC.

247 - Carlson, Andrew J.

November 18th, 1918.

From: Sub-Depot Quartermaster.  
To: Quartermaster General, of the Army, Cemeterial Branch,  
Administrative Division, Washington, D. C.  
Subject: Disposition Remains, Officers, Soldiers & Civilian Employees.

Name of Soldier: Andrew G. Carlson.  
Rank & Organization: Pvt. 6th Co. 166 D.B.  
Cost of Embalming: \$25.00, paid by check #17244,  
Geo. H. Ball, Major, Q.M. Corps,  
Disbursing Officer.  
Cost of Casket: \$45.92, invoice price.  
Cost of Shipping Case: \$7.50, invoice price.  
Transportation: -- -- (None furnished).

Died at Camp Lewis, Wash. Oct. 24th, 1918. Remains buried  
at Camp Lewis, Wash.

78.42

*J. I. Como*  
(Jas. I. Como)  
Lieut. Col. Q. M. Corps. *NE Rant*

*JH13*  
RSC/HC.

Finance  
RSC.

November 18th, 1918.

From: Sub-Depot Quartermaster.  
To: Quartermaster General, of the Army, Cometerial Branch,  
Administrative Division, Washington, D. C.  
Subject: Disposition Remains, Officers, Soldiers & Civilian Employees.

Name of Soldiers:	Andrew G. Carlson.
Rank & Organization:	Pvt. 6th Co. 166 D.B.
Cost of Embalming:	\$25.00, paid by check #17244, Geo. H. Ball, Major, G.M. Corps, Disbursing Officer.
Cost of Casket:	\$45.92, invoice price.
Cost of Shipping Case:	\$7.50, invoice price.
Transportation:	-- -- (None furnished).

Died at Camp Lewis, Wash. Oct. 24th, 1918. Remains buried  
at Camp Lewis, Wash.

(Jan. H. Como)  
Lieut. Col. G. M. Corps.

RSC/HC.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Carlson</i>	<i>Car</i>	3	<i>31 08</i>
<i>Andrew C.</i>	CEMETERY <i>46 B</i>	1	
BURIED	GRAVE	2	
	BOW	2	
<i>C 76364</i>	BLOCK	1	
STATE	<i>Colo</i>	2	<i>05</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>Inf</i>	2	<i>51</i>
ORGANIZATION	<i>x</i>	3	<i>xxx</i>
ARM	<i>x</i>	1	<i>x</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Eriksson</i>	<i>Eri</i>	3	<i>5 08 9</i>
<i>Johanna Kristina</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Birås, Skilleås</i>	CITY	3	
<i>at rel. foreign</i>	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		1	
<i>29/514/</i>	<i>Country Sweden</i>	<i>2</i>	<i>08 03</i>

AUDITED  
 FEB 27 1938  
*[Signature]*

*far*

ASB

CARLSON, Andrew C. Pvt  
Inf Prest. Grant 10-3-18 C-76,364

Mother *cont*  
Eriksson Johanna Kristina  
Buras Frillesas  
Sweden

*Single*

*all ul foreign  
no record of any loco-*

*2-6-33*

(In duplicate, except in case of an officer, when a triplicate copy shall be sent to the Bureau of Navigation.)

From: U. S. S. PRESIDENT GRANT Date October 3 1918.  
(Name of ship or station)

To: BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT.  
(Via official channels)

Subject: **REPORT OF DEATH** in the case of—

Name: GARLSON, Andrew Caleb Grade or rate Private USA

Born: Place Sweden (In full, surname first) (City Unknown) Date December 7 1887 Age 30  
(At time of death)

Eyes blue Hair brown Complexion ruddy Height 66" Weight 124  
(Inches)

Marks of Identification: LS.I. cheek  
(From Health Record)

Enlisted: Place Leadville, Colo. Date August 5 1918.

Died: Place USS PRESIDENT GRANT Date October 3 1918  
(Name of city and State, or latitude and longitude.) (Date of death.)

Time of day 2:30 pm. While attached to Co. 16, SARD, enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place \_\_\_\_\_ Date \_\_\_\_\_

Cause of death Influenza.

Origin In line of duty and not due to his own misconduct, the facts being as follows:  
(From nomenclature.) (In line of duty, or not in the line of duty.)

Admitted to sickbay, October 2 1918, with temperature of 103.2°  
pulse 112, resp. 24, complaining of pain in chest back and head,  
slight cough, apparently suffering from great toxæmia. Patient  
did not respond to stimulation or any form of treatment. Condition  
grew rapidly worse. Died at 2:30 pm. October 3 1918.

Next of kin:

Eric Carlson, (brother)

929 South East St.,

Tacoma Wash.

Approved:

(Signature of medical officer.)

C. E. COURTNEY  
(Signature of commanding officer.)

Lieutenant MC, U. S. Navy.  
(Grade.)

Captain, U. S. Navy.  
(Grade.)

(In duplicate, except in case of an officer, when a triplicate copy shall be sent to the Bureau of Navigation.)

From: U. S. S. PRESIDENT GRANT  
(Name of ship or station)

Date October 3 1918.

To: BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT.  
(Via official channels)

Subject: **REPORT OF DEATH** in the case of—

Name CARLSON, Andrew Caleb Grade or rate Private USA  
(In full, surname first)

Born: Place Sweden (City Unknown) Date December 7 1887 Age 30  
(At time of death)

Eyes blue Hair brown Complexion ruddy Height 66" Weight 124  
(Inches)

Marks of Identification: L.S.L. cheek  
(From Health Record)

Enlisted: Place Leadville, Colo. Date August 5 1918.

Died: Place USS PRESIDENT GRANT Date October 3 1918  
(Name of city and State, or latitude and longitude.) (Date of death.)

Time of day 2:30 pm. While attached to Co. 16, SARD, enroute to Europe  
(Hour and minute; a. m. or p. m.) (Name of ship or station.)

Burial: Place ----- Date -----

Cause of death Influenza.  
(From nomenclature.)

Origin In line of duty and not due to his own misconduct, the facts being as follows:  
(In line of duty, or not in the line of duty.)

Admitted to sickbay, October 2 1918, with temperature of 103.2°  
pulse 112, resp. 24, complaining of pain in chest back and head,  
slight cough, apparently suffering from great toxæmia. Patient  
did not respond to stimulation or any form of treatment. Condition  
grew rapidly worse. Died at 2:30 pm. October 3 1918.

Next of kin:

Eric Carlson, (brother)  
929 South East St.,  
Tacoma Wash.

Approved:

(Signature of medical officer.)

C. E. COURTNEY

(Signature of commanding officer.)

Lieutenant MG U. S. Navy.  
(Grade.)

Captain U. S. Navy.  
(Grade.)

APPLICATION FOR INSURANCE

My full name is Andrew Calah Carlson  
(Given) (Middle) (Last name)  
 Home address 929 South "W" Tacoma Washington  
(No. and street or rural route) (City, town, or post office) (State)  
 Date of birth December 7th 1887 Age 31  
(Month) (Day) (Year) (Nearest birthday)  
 Date of last enlistment or entry into active service August 5th, 1918  
(Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000.00 payable as provided in the Act of Congress approved October 6, 1917, to myself during permanent total disability and from and after my death to the following persons in the following amounts:

RELATIONSHIP TO ME	NAME OF BENEFICIARY (Given) (Middle) (Last name)	POST OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State	AMOUNT OF INSURANCE FOR EACH BENEFICIARY (In multiples of \$500 only)
Father	Carl Johan Erikson	(a) <del>No. 2. Bueras Landa.</del> (b) <u>Frillessos, Sweden.</u>	\$ 10,000.00
		(a) _____ (b) _____	
		(a) _____ (b) _____	
		(a) _____ (b) _____	
		(a) _____ (b) _____	
		(a) _____ (b) _____	

In case any beneficiary die or become disqualified after becoming entitled to an installment but before receiving all installments, the remaining installments are to be paid to such person or persons within the permitted class of beneficiaries as may be designated in my last will and testament, or in the absence of such will, as would under the laws of my place of residence be entitled to my personal property in case of intestacy.

I authorize the necessary monthly deduction from my pay, or if insufficient, from any deposit with the United States, in payment of the premiums as they become due, unless they be otherwise paid.

If this application is for more than \$4,000 insurance, I offer it and it is to be deemed made as of the date of signature.

If this application is for less than \$4,500 insurance and in favor of wife, child, or widowed mother, I offer it and it is to be deemed made as of February 12, 1918.

If this application is for less than \$4,500 and in favor of some person or persons other than wife, child, or widowed mother, I offer it and it is to be deemed made as of { Date of signature } **Strike out whichever**  
 { February 12, 1918, } **is not wanted.**

NOTE.—If in the last paragraph you strike out "Date of signature" leaving "February 12, 1918," the law gives you \$25 a month for life in case of permanent total disablement occurring prior to such date and the same monthly amount to your widow, child, or widowed mother for not to exceed 240 months less payments made to you while living, but nothing to anyone else in case of your death before such date, and the insurance for the designated beneficiary other than wife, child, or widowed mother is effective only if you die on or after February 12, 1918.

If you strike out "February 12, 1918," leaving "Date of signature," a smaller insurance both against death and disability takes effect at once, but is payable in case of death to the designated beneficiary.

To whom do you wish policy sent? (Name) Carl Johan Erikson, (father)  
 (Address) No. 2. Bueras Landa, Frillessos, Sweden.

Signed at (on board) Camp MacArthur, Texas.  
 the 10th day of September, 1918.

Witnessed by: C. F. Swedel.  
 Rank 2nd Lt. 709

Sign here Andrew Calah Carlson

~~Commanding~~ Personnel Adjutant

Private (Rank or rating) 3rd. Regt. (Organization)

## MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE.

(Each \$1,000 of insurance is payable in installments of \$5.75 per month for 240 months; but if the insured is totally and permanently disabled and lives longer than 240 months the payments will be continued as long as he lives and is so disabled.)

Age	Monthly premium	Age	Monthly premium
15-----	\$0.63	40-----	\$0.81
16-----	.63	41-----	.82
17-----	.63	42-----	.84
18-----	.64	43-----	.87
19-----	.64	44-----	.89
20-----	.64	45-----	.92
21-----	.65	46-----	.95
22-----	.65	47-----	.99
23-----	.65	48-----	1.03
24-----	.66	49-----	1.08
25-----	.66	50-----	1.14
26-----	.67	51-----	1.20
27-----	.67	52-----	1.27
28-----	.68	53-----	1.35
29-----	.69	54-----	1.44
30-----	.69	55-----	1.53
31-----	.70	56-----	1.64
32-----	.71	57-----	1.76
33-----	.72	58-----	1.90
34-----	.73	59-----	2.05
35-----	.74	60-----	2.21
36-----	.75	61-----	2.40
37-----	.76	62-----	2.60
38-----	.77	63-----	2.82
39-----	.79	64-----	3.07
		65-----	3.35

Insurance may be applied for in favor of one or more of the following persons with sum of \$500 or a multiple thereof for each beneficiary, the aggregate not exceeding the limit of \$10,000 and not less than \$1,000 upon any one life:

Husband or wife.

Child, including legitimate child; child legally adopted before April 6, 1917, or more than six months before enlistment or entrance into or employment in active service, whichever date is the later; stepchild, if a member of the insured's household; illegitimate child, but, if the insured is his father, only if acknowledged by instrument in writing signed by him, or if he has been judicially ordered or decreed to contribute to such child's support, and if such child, if born after December 31, 1917, shall have been born in the United States or in its insular possessions.

Grandchild, meaning a child, as above defined, of a child as above defined.

Parent, including father, mother, grandfather, grandmother, stepfather, and stepmother, either of the insured or of his/her spouse.

Brother or sister, including of the half blood as well as of the whole blood, stepbrothers and stepsisters and brothers and sisters through adoption.

Mem. #2266

1st. Lieut. G.M.C.

Port of Embarkation, Hoboken, N.J.

Oct. 27th,

1918.

Mr. Eric Carlson,

929 South East St., Tacoma, Wash.

Regret to advise the death of ~~Private Andrew Galob Carlsson~~

AT SEA ON Oct. 2nd, 1918. from Influenza.

Owing to existing conditions it was impossible to bring remains  
back to the United States and at sunrise \_\_\_\_\_

~~Private Andrew Galob Carlsson.~~ \_\_\_\_\_ was buried at sea with  
full military honors.

Judson,

Brigadier General.

2-M.T.O.  
1-P.A.  
1-File ✓

AD.

Mim. 233

1st Lieut. C.M.C.

Adjutant General / Port of Embark., Hoboken, NJ

Oct. 25

10

Washington, D. C.

Report death of Andrew C. Carlson

Co. 16th Reg. C.A.R.D.

Serial No. 3914220 Death in line

of duty not result of own misconduct. Oct. 3, 1918.  
U.S. President Grant, Influenza. Buried at sea.

Emergency address: Eric Carlson,

929 South East St.,

Tacoma, Wash.

daw-jtl

Judson

2-M.P.O.  
1-P.A.  
1-File  
mal

APPLICATION FOR FAMILY ALLOWANCE  
AND  
INFORMATION FOR ALLOTMENT OF PAY

No. 251000  
(My serial number)

For the Army: A duplicate of this form must be retained with the service record

(Answer ALL questions; give ALL information requested; if not typewritten, use clear legible handwriting, preferably print-hand writing.)

My name is Andrew Calab Carlson (First name) Carlson (Middle name) Carlson (Last name) Pvt. Camp No. 1000 (Rank and organization) S.A.D.  
Home post office 200 South 4th (No. and street or rural route) Washington (City, town, or post office) 25 Age 25 (Nearest birthday)  
Birth Dec 7th, 1908 (Date) Sweden (Place) Service August 11, 1918 (Date of last entrance into active service) Pay, \$ 11.00 (Present pay in U.S.)  
Changes None (Changes in rank or pay, if any, since Nov. 1, 1917)

CLASS A—ALLOTMENTS COMPULSORY

I certify that the persons named below, and none other, come within Class A (wife, former wife divorced, or child, as defined in the Act of October 6, 1917).  
(If you have no Class A relative, write "NONE" in the appropriate Name column. If you claim exemption from the compulsory allotment, fill out the Treasury Form No. 52 and attach herewith.)

Relation-ship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			DATE OF BIRTH			If Married, Give Date; If Not, Enter "No"	Do you Apply for a Gov't Family Allowance?	
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State	Month	Day	Year			
Wife		none											
Child		none											Yes or No
Child													Yes or No
Child													Yes or No
Child													Yes or No
Divorced Wife		none									Monthly Payment Decreed by Court, \$	Remarried? Yes or No	Yes or No

If you wish to make an allotment to your wife or children in addition to the compulsory allotment, state amount of additional allotment, \$  
In the Navy, such additional allotment should be made on S. and A. Form No. 6.

CLASS B—ALLOTMENTS NOT COMPULSORY

Allotments in Class B may be made only to the following relatives: parent (father, mother, grandfather, grandmother, stepfather, stepmother), either of yourself or spouse; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchild, and children of an enlisted woman. To get the Government allowance they must be dependent upon you; but they need not be dependent to get your allotment.

I hereby make voluntary allotments for Class B, to begin on the \_\_\_\_\_ day of \_\_\_\_\_, 191

Relation-ship to Me	Age	NAME			HOME POST-OFFICE ADDRESS			My Habitual Monthly Contribution to Class B Dependents Before Entering Service.	Amount of Allotment	Do You Apply for a Gov't Family Allowance?
		(First)	(Middle)	(Last name)	No. and Street or Rural Route	City, Town, or Post Office	State			
		none						\$	\$	Yes or No
										Yes or No
										Yes or No
										Yes or No

IMPORTANT NOTICE.—If you make allotments to minors in Class A or Class B you should give on the line below the full name, age, and post-office address of the person having their actual care and custody. Unless you request otherwise, payment will be made to such person if of legal age. It is not necessary to secure the appointment of a guardian by court proceedings.

This form should be used for the allotment of pay only to relatives specified above in Class A and Class B.

For all other allotments use Q. M. Form No. 38 in the Army, and S. and A. Form No. 6 in the Navy.

Is this your first application for allowance? \_\_\_\_\_ (Yes or No)

If you wish to present additional information, write on back of this sheet.

Signed at (on board) Overseas Casuals, Camp Merritt, N.I.  
the 21 day of Sept, 1918

I hereby certify that all the foregoing statements are correct and that every member of Class B for whom I claim family allowance is dependent upon me for support in whole or in part.

Witnessed by: Paul A. Kueper  
(Commissioned or warrant officer)

(Sign here distinctly) Andrew Calab Carlson  
(First name) (Middle name) (Last name)

Rank 2nd Lt Inf 1st

(1) The allowance as shown on this application will be for Class "A" \$.....

Class "B" \$.....

Total ..... \$.....

(2) The monthly allotment which I shall charge against the applicant on the pay roll is for Class "A" \$.....

Class "B" \$.....

Total ..... \$.....

(3) The applicant's rate of pay per month is \$.....

(4) The charge on the pay roll of the above-mentioned allotments commenced

{	Class A. ...., ....., 19.....
	(Day) (Month)
{	Class B. ...., ....., 19.....
	(Day) (Month)

\*

(Signed by).....

Rank .....

Entered on pay card by .....  
(Initials Personnel Officer)

Entered on service record by .....  
(Initials Company Commander)

*W.M.*

Address reply to  
General Supt., A. T. Service,  
104 Broad St., New York.

WAR DEPARTMENT,

OFFICE OF THE GENERAL SUPERINTENDENT U. S. ARMY TRANSPORT SERVICE  
NEW YORK

FROM: Effects Quartermaster, Major John A. Nelson, Q.M. Corps.  
TO: Adjutant General U.S. Army, Washington, D.C.  
SUBJECT: Report of Death:  
November, 8th., 1918.

Report is made of the following death:

Name of Deceased: Carlson, Andrew C.  
Rank: Private Organization: Co. 16, S.A.R.D.  
Serial number: 3914220  
Place of Death: U.S.S. PRESIDENT GRANT  
Date of Death: October 3rd, 1918.  
Cause of Death: Influenza  
Origin: In line of duty; not result of own misconduct.  
Next of Kin: (Brother) Eric Carlson,  
Address: 929 South East St., Tacoma, Wash.  
Remarks: Buried at sea.

John Nelson,  
Major, Q.M. Corps  
Effects Quartermaster.

Copy to:  
A.G.O.  
Q.M.G.  
Bur.W.R.I.

Eff.Q.M.  
Form 62.