

Apr 27 1928

DATE 1/10/22

1. NAME CHILCOAT, William W. SERIAL No. 2866357

RANK Pvt. ORGANIZATION Co. E. 18th Inf. DIVISION

GRAVE LOCATION Meuse Argonne American, Romagne/s/Montfaucon, Meuse. 1232, Sect. 23
CTY. NAME NUMBER

181 Sect. 23 4
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Nothing of record Chateau Chery, Meuse
GRAVE COMMUNE DEPT.

COORDINATES 280.4N 301.45E 35SE

CONCENTRATED TO 6-5-19 181 Sec. 23 4
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.

DATE OF DEATH Oct 8, 1918

STATE FROM WHICH HE CAME Meuse

MEDALS OR DECORATIONS AWARDED 50 1, 1st div Army 1/1/20

Data from Form 1

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

ejr/tm DATE GRAVE ROW PLOT CEMETERY

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

3. FINAL GRAVE LOCATION 1/10/22 26 21 Block C
DATE GRAVE ROW PLOT

AUDITED BY
3-22-22
E. M. L.

Robert C. Davis
Major General
Meuse-Argonne American Cty. Romagne-ss-Montfaucon (Meuse) 1232
CEMETERY

Ways 8 1928

A.G.O.
APR 30 1922
WAR DEPT.

RECEIVED
GRAVES REGISTRATION SERVICE
MAY 21 1946

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.



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

..... **Chile** **2866357** **William W.**
(Surname.) (Number.) (First Name and Initials.)

..... **Private** **None**
(Rank.) (Organization.)

DATE OF BURIAL **October 15, 1918.**

PLACE OF BURIAL **S. E. Exerment.**

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

GRAVE NUMBER **#7**

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

..... **Home address: Fulton, Mississippi.**

REPORTED BY:

..... *Charles Sumner*
(Signature and Rank of Reporting Officer.)

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

Co E 18th Inf.
1st Division

CHILCOAT, William ^WX. - Pvt. 286637

No information.

Signed : S.D. Campbell,
Captain.

A/A/

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Chilcoat	3	389
BURIED	CEMETERY	1	1
	GRAVE	2	26
	ROW	2	21
	BLOCK	1	3
STATE	Miss	2	28
RANK	Priv.	1	2
DIVISION	1	2	01
ORGANIZATION	18	3	018
ARM	Inf	1	1
MARITAL	Mar	1	2
NAME	Chilcoat	3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER	(no loco) (no SM)	1	
ELIGIBILITY	Dead	1	4
NATIVITY	(11-10-28)	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Father

Audited
 APR 18 1932
hr B

AGB
 ACCEPTANCE
 29/514

MS
Rm

Slr.

2866357

1232

XE153818

Chilcoat, Wm W. Pvt - Co 8 - 18 Aug 1861
Single

Date mother's death? 11-10-78

Father - Benj. P. Chilcoat, Fulton, Miss -

~~S. M.?~~

MB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Chilcoat, William 293, A-1052 P
IN REPLY REFER TO

July 8, 1930

Mr. Benj. P. Chilcoat
Itawamba County
Valton, Miss.

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:

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

DATE January 16, 1930

NAME (S)	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Chilcoat, William W.	Pvt.	2866357	Co. E. 18th Inf.	Oct. 8, 1918

STATE	Massachusetts	CTY. NO.	1232	GRAVE	26	ROW	21	BLOCK	C
-------	---------------	----------	------	-------	----	-----	----	-------	---

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: : ✓	(7) Mr. Benj. C. Chilcoat
	STEPMOTHER (For the year prior to commencement of service)	: : :	Fulton, Miss.
NAME	MOTHER THRU ADOPTION	: : :	
AND	(For the year prior to commencement of service)	: : :	
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	_____
	WIDOW (Who has not remarried)	: : :	_____
		: : :	_____

Veterans Bureau Claim Number
 29/156/

XC-153818

1/22/30

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Chilcoat, William P. 1232 F
IN REPLY REFER TO QM 296 A-C

July 8, 1930

Mr. Benj. P. Chilcoat
Itawamba County
Vulton, Miss.

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:

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

IN REPLY REFER TO QM 293 A-C

(Chilcoat, William W.)

June 28, 1929.

Mr. Ben P. Chilcoat,
Fulton, Miss.

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 Private William W. Chilcoat, Co. E, 18th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, 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

Chilcoat, William W.
1232

August 29, 1929.

Mr. Ben P. Chilcoat,
Fulton,
Miss.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 28, 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

June 23, 1929.

(Chilcoat, William W.)

Mr. Ben P. Chilcoat,
Fulton, Miss.

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 Private William W. Chilcoat, Co. E, 18th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, 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.

Chilcoat

William W

2,866,357

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt

Co E, 18th Inf.

(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 rema'ns.)

(Express office.)

(Telegraph office.)

gsk Number and street.)

(City or town)

(State.)

(Sign here)

W. W. Chilcoat

Chilcoat,

(Number and street or rural-route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

(over)

Original letter sent to-
Mr. Ben P. Chilcoat,
R F D 2
Fulton, Miss.

checked by

4-4-21

Drawn by

MP 4-2-21

cty 1232 sec 23-38

In reply refer to:
293 C-R

June 21, 1923.

Mr. Ben P. Chilcoat,
Fulton,
Miss.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private William W. Chilcoat, Company B, 16th Infantry, is Grave 26, Row 21, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

Very truly yours,

H. J. Canner,
Assistant.

ED
LOZ
23/236/ARK

Place NEUFCHATEAU.

Date 17th June 1919.

REPORT OF DISINTERMENT AND REBURIAL

808.34

Remains of:

Name: CHILCOAT William W.

Number 2866357

Rank: Unkn

Organization

Unkn

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (Give complete location)

6 5th June 1919.

Grave #7 B/A CEMETERY

CHATEL CHEHERY, MEUSE 35 NE 301.45 E 280.1 N

Reburied (Date)

In: (Give complete location)

5th June 1919.

Grave #181 Sec #23 Plot #4

ARGONNE AMERICAN CEMETERY #1232

ROMAGNE, MEUSE.

1232

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

Burial good, buried in uniform, body partly decomposed.

Was any identification tag found upon the body?

Yes.

What other means of identification were found on the body?

None.

CONFIRMED N°D

10715

Note.

If upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Dept direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues of identity in doubtful cases, notation wherever will be made and reported to Chief, Graves Registration Service.

Supervised by:

Lt. Fischer

R. H. ROSENTHAL

2nd Lieut. Q.M.C.U.S.A.

cmf.

G.O. Group

Unit

RECEIVED
JULY 8 1919
O. S. W. S.

COMPILATION OF DISPOSITION OF REMAINS DATA File #80834

*4/15/21 Examined
for Concentration
Munich - Argonne
4/21/22
#1232*

I. LOCATION INDEX CARD:

(a) Name CHILCOAT, William W. Ser. No. 2866357
(b) Rank Pvt. Organization Co. E, 18th Inf.
(c) Date of death 10-8-18 (d) Cause of death K/A

TYP. aeu
CKR. [initials]

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

(a) Grave No. 181 Row - Plot 4 Sec. 23 TYP. aeu
(b) Emerg. Address Ben. P. Chilcoats, Father, Fulton, Miss.

III. Files of ~~soldiers dying from contagious diseases~~ CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

ok (4-4-21)

Date of receipt None

(a) Name B. P. Chilcoat (b) Relationship Father
(c) Address add omitted
(d) Remains to be brought to U. S.? No
(e) To be interred in National Cemetery in U. S. at _____

(f) Shipping instructions upon arrival of body in U. S. _____

(g) Disposition instructions if not brought to U. S. _____

Examiner's Initials M.P. Date 4-2-, 1921

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

_____, dated _____

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

Examiner's Initials M.P. Date 4-2-, 1921

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

*No request for disposition.
G.R.S. gives home address - Fulton, Miss.*

(a) Cancellation memos referred to? Yes

Examiner's Initials M.P. Date 4-2-, 1921

COUNTRY France CEMETERY No. 1232, Sec. 23 SHEET No. 38

AP 4-16-21

[Handwritten signature/initials]

To be prepared in triplicate.

DATE Jan 10 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT *rms.* COMPARATIVE REPORT

Records of G.R.S. Headquarters. Discrepancy found upon exhumation of body

- 1. Name CHILCOAT, William W. 10. Name _____
- 2. No. 2866357 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. E, 18th Inf. 13. Org. _____
- 5. D.D. 10-8-18 14. (a) D.D. _____
- 6. C.D. KIA (b) D.B. None

Discrepancy found upon disinterment

- 7. Grave No. 181 Sec. 23 15. Grave No. _____ Sec. _____
- 8. Plot 4 Row _____ 16. Plot _____ Row _____
- 9. _____ 17. None

- 18. Cemetery Meuse Argonne American. 19. Commune or town Romagne/s/Montfaucon.
- 20. Dept. or County Meuse. 21. Country France.
- 22. G.R.S. Hdqrs. Code No. 1232, Sect. 23.

23. Disinterred (Date) Jan 10 1922 By C V Russell

24. Inscription on grave marker:

Name William W Chilcoat Serial No. 2866357
 Rank Pvt. Organization Co E 18th Inf

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

J L White
Signature Junior Technical Assistant

PREPARATION J L White

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).

None

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial US Uniform, burlap pine 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 Jan 10 1922 By C V Russell

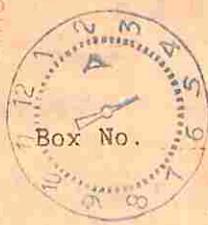
31. Casket sealed by C V Russell

Signature of Embalmer, (Supervisor C V Russell)

C V Russell

AUDITED BY

RECEIVED
GRAVES REGISTRATION SERVICE



JUL 27 1922

SHIPMENT. (Show actual marking of box) Box No. C-20909.

32. Designation of body:
Name William W. CHILCOAT Serial No. 2866357
Rank Pvt. Organization Co. E. 18th Inf.

33. Consigned to:
Name of Permanent Cemetery Meuse Argonne American, 1232, Romagne/s/Montfaucon, Meuse.

34. Casket boxed and marked (Date) Jan 10 1922 By G V Russell

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 A E Dewey

36. Remarks A E Dewey 1st Lt. QMC

37. Shipped from point of Operation: (Date) Jan 10 1922 cc

To point of Concentration Morgue Romagne
Convoyer W J Royed (Name)
Signature Shipping Officer G F Spann

38. Received at Railhead or Point of Concentration: Date G F Spann, Capt. QMC

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery (Name)
Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery # 1232 (Date) Jan 10th 1922

42. Grave No. 26 Section

43. Plot BLOCK Row 21

G.R.S. Representative James W. Younger
James W. Younger, Capt QMC.
jt.

Place Romagne Sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Jan, 10, 1922.

1. REMAINS OF CHILCOAT WILLIAM W. SERIAL NUMBER 2866357

RANK Pvt. ORGANIZATION Co., E. 18th Inf.

2. Disinterred (date): Jan, 10, 1922. From (give complete location):
Gr. 181 sec 23 pt 4 Cem., #1232.

By: Group Russell Unit Sec.1

3. Reburied (date): _____ In (give complete location): _____

Jan. 10th 1922 Meuse Argonne Cemetery # 1232 Gr. 26 block C row 21

By: Group re-burial S Unit _____ Nature of reburial unlined casket

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

US uniform, burlap and pine box. body badly decomposed features
unrecognizable.

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

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

body tag checks with records.

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color _____

Location do

Quantity do

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

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

Imp to det.

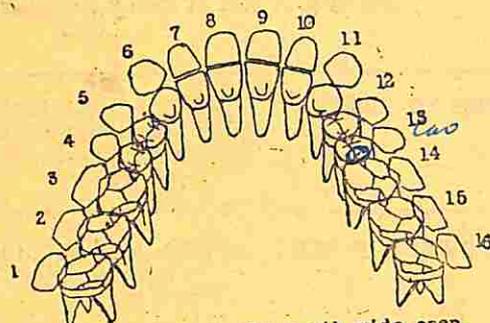
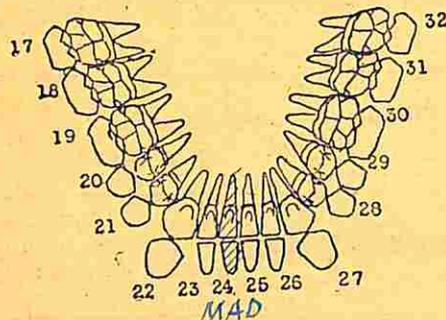


Diagram represents the mouth wide open.



7. Disinterment supervised by C. V. Russell

Approved: A. E. Dewey 1st Lt. QMC
(Title)

8. Reburial supervised by A. U. Dufault

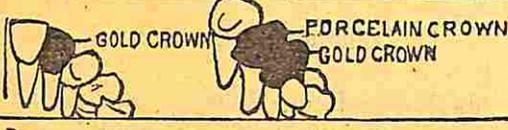
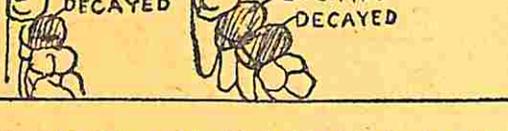
Approved: James W. Younger, Capt QMC
(Title)

jt.

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

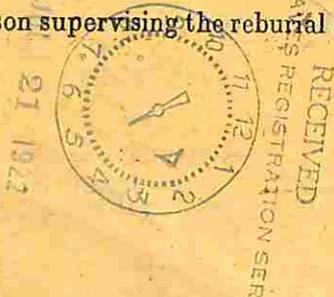
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

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

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

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



COMPILATION OF DISPOSITION OF REMAINS DATA File #80834

See Form 115
att 4/21/22

I. LOCATION INDEX CARD:

(a) Name CHILCOAT, William W. Ser. No. 2866357
 (b) Rank Pvt. Organization Co. E, 18th Inf. } TYF.W
 (c) Date of death 10-8-18 (d) Cause of death E/A } 823

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

(a) Grave No. 181 Row - Plot 4 Sec. 23 TYF.W
 (b) Emerg. Address Ben. P. Chilcoat, Father, Fulton, Miss. (4-4-21) 826

III. Files of soldiers dying from contagious diseases _____ CKR. 1073

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 APR 12 1921, 192
 Sec #23

Par. # 2 Not To Be Returned

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

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

AP 4-16-21



Communal List No. 678-209
Daily Report No. _____

80834

1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's No. 286635

3. CHILCOAT Surname (in block letters) WILLIAM W. First Name and Initials

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Date of Burial American Cemetery

7. EXERMONT Town or Commune (in block letters) ARDENNES Department

8. 7 Grave No. 12 Plot No. or Letter

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

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

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

951

12. 280 2 N 301 8 E Lambert (35) Map reference, if interment is outside of cemetery

Hillside, westside of valley, running N.

13. & S. 1/2 Kilo from Exarmont, S. Give name of Chaplain or Burial Officer

P.P. 1128

Signed O.H. Deagherty

Group 2 Unit 306 G. R. S.



