

To The A. G. O.

G.R.S. Form #114 B

DEC 17 1925

3352

173

DATE

jw.

1. NAME COFFEY, Lewis

SERIAL No. 3235246

RANK Pvt.

ORGANIZATION Co.E, 804th Pion.Inf.

8 DIVISION

GRAVE LOCATION St.Mihiel American Cty, Thiaucourt, M-et-M.

#1233

CTY. NAME

NUMBER

205

Sec.8

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

116

Briey

M et M 889

GRAVE

COMMUNE

DEPT.

COORDINATES

Metz 36 SE

273.18 N

366.87 E

CONCENTRATED TO

4/23/19

205

Sec. 8

4

DATE

GRAVE

ROW

PLOT

St. Mihiel

1233

CEMETERY

CTY. NUMBER

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

Tag on cross and body.

DATE OF DEATH

Mar 20, 1919

STATE FROM WHICH HE CAME

Ala

Data F-1

MR

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

I. H. JOFFE, 1st Lieut., QMC.

3. FINAL GRAVE LOCATION Aug.11, 1922

33

7

Block D

DATE

GRAVE

ROW

PLOT

St.Mihiel American No.1233, Thiaucourt

CEMETERY

AUDITED BY

AR 4/3

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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

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

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

4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Coffey 3235246 *Lewis*
(Surname). (Number). (First Name and Initials).

Pvt. *Co. E.* 804 *Pion. Inf.*
(Rank). (Organization).

PLACE OF DEATH: *Field Hosp. 159, Manila, Taus*

CAUSE OF DEATH: *Gun shot wound*

DATE OF BURIAL: *March 21, 1919*

PLACE OF BURIAL: *Tracy, France*

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

GRAVE NUMBER: *Plot C, No. 90*

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

Headboard? *—* Bottle? *—*
IDENTIFICATION TAGS: *Two tags*

Was one buried with body? *Yes*

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

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

NEAREST RELATIVE: *—*

ADDRESS: *—*

RELATIONSHIP: *—*

REPORTED BY: *Erasmus Dooley*

Chaplain, Evac. Hosp. #18
(Signature and Rank of Reporting Officer).

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

RECEIVED
CENTRAL
24 MAR 1919

Place NEUFCHATEAUDate 27 May 1919.REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: COFFEY, LewisNumber: 5235246Rank: Pvt.Organization: Co E 804 Pioneers

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date) _____ From: (Give complete location) _____

23 April 1919.Grave 118 Plot 1 Sec B BRIEY, M et M36 SE E368.87 N273.18

Reburied (Date) _____

in: (Give complete location) _____

23 April 1919Grave 205 Sec 8 Plot 4ST. MIHIEL AMERICAN CEMETERY #1233THIAUCOURT, M et M. 52 NE E362.03 N241.44

Report as to nature of original burial and condition of body upon disinterment:
Body in good condition, buried in box. Body fully dressed and wrapped in sheet.

Was one identification tag found upon the body? YesWhat 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. Thomas H. ButcherR. H. ROSENTH2nd Lieut. Q.M.C.U.S.AC.O. Group _____ Unit _____

Substation of: 1st. District N. District

O.C. Class DATE

Substation of: O.C. Class

H. H. BOBENZ

Station master of the 1st. District N. District
first of the 1st. District N. District
first of the 1st. District N. District
first of the 1st. District N. District



None

None other means of identification were found on the body. None
was one identification was found upon the body. Yes

body in good condition, buried in box. body fully dressed and wrapped in sheet.
before as a matter of interest only and condition of body was satisfactory:

Substation of: H. H. BOBENZ

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Substation of: H. H. BOBENZ

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Coffey</i>	<i>Cof</i>	3	<i>3 5 6</i>
<i>Lewis</i>	CENTRE <i>1233</i>	1	<i>3</i>
BURIED	GRAVE <i>33</i>	2	<i>37</i>
	ROW <i>7</i>	2	<i>07</i>
	BLOCK <i>20</i>	1	<i>4</i>
STATE	<i>Ala</i>	2	<i>01</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>Inf</i>	2	<i>51</i>
ORGANIZATION	<i>804</i>	3	<i>804</i>
ARM	<i>Prison</i>	1	<i>1</i>
MARITAL	<i>Father</i>	1	<i>2</i>
NAME <i>Coffey</i>		3	
<i>A. T</i>	STATE	2	
<i>Fackler, Ala</i>	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	<i>1</i>
ELIGIBILITY	<i>Head</i>	1	<i>6</i>
NATIVITY	<i>Head 11-24-27</i>	1	
RACE	<i>BLACK</i>	1	<i>2</i>
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

APR 5 1932

AL

Rm

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

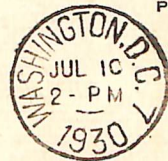
WASHINGTON D. C.

OFFICIAL BUSINESS

REASON FOR
NON-DELIVERY
CHECKED



UNCLAIMED ☒ UNKNOWN
DECEASED ☒ FOR BETTER ADDRESS
MOVED LEFT NO ADDRESS ☐ REFUSED
NO SUCH POST OFFICE IN STATE NAMED ☐



PENALTY FOR PRIVATE USE TO AVOID
AIR-MAIL
PAYMENT OF POSTAGE \$3.00





WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Coffey, Lewis - 1233 F

July 8, 1930

Mr. A. T. Coffey
Fackler, Ala.

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:

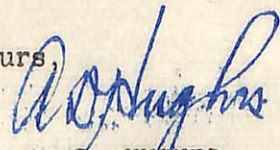
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

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

August 29, 1929.

Coffey, Lewis
1233

Mrs. Jane Coffey,
Tackler,
Ala.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated May 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?

No

Mother died

*Remember the 24th
1927 has no step
mother*

For The Quartermaster General

Very truly yours,

A. J. Coffey
father of Lewis Coffey

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

May 28, 1929.

Coffey, Lewis

Mrs. Jane Coffey,
Packler,
Ala.

Dear Madam:

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 mother of the late Private Lewis Coffey, Co. E, 304th Pioneer Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

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

In the event your son was survived by a widow who has since remarried it is 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.

H

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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,

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Enclosures:

Envelope

Act

Amendment

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Captain, Q. M. Corps,
Assistant.

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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The records of this office show that you are the mother of the late Private Lewis Coffey, Co. E, 804th Pioneer Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

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

In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

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For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

H✓

Coffey Lewis 3,233,246 ✓
(Surname) (Christian name in full.) (Army serial number.)
Pvt Co E 804th Pioneer 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 remains.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here)

Andrew T. Coffey
Father and

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

2-2-21

1233-6510

W. H. H. & Co. L. G.

checked
2-3-21
ss

QM 293 A-C

COFFEY, Lewis - Pvt.

March 11, 1924

Mr. Andrew T. Coffey,
Packlor,
Ala.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

1-Incl.
Record card.

Assistant.

R. L. FOSTER

RD



COMPILATION OF DISPOSITION OF REMAINS DATA

File #101340

I. LOCATION INDEX CARD:

(a) Name COFFEY, Lewis Ser. No. 3235246 TYP. evs
 (b) Rank Pvt. Organization Co. E. 804th Pio. Inf. CKR. 13.7
 (c) Date of death 3/20/19 (d) Cause of death GSW inflicted by
another soldier in quarrel over

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

(a) Grave No. 205 Row - Plot 4 Sec. 8 TYP. evs
 (b) Emerg. Address Mrs. Jane Coffey (Mother), Tackler, Ala.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt -

(a) Name Andrew T. Coffey (b) Relationship Father
 (c) Address Tackler, Ala.
 (d) Remains to be brought to U. S.? no
 (e) To be interred in National Cemetery in U. S. at -
 (f) Shipping instructions upon arrival of body in U. S. -
 (g) Disposition instructions if not brought to U. S. -

Examiner's Initials L. G. Date 2-2-, 1920.

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

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

Examiner's Initials L. G. Date 2-2-, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: No request for disposition

(a) Cancellation memos referred to? Yes PS
 Examiner's Initials PS Date 2/3, 1920.

COUNTRY FRANCE

CEMETERY No. 1233

SHEET No. 651

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

3-7729

Make Form No. 114

CARDED FEB 28 1921

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____

VIII. FINAL ACTION:

Following advice forwarded to Europe by

cable on _____, 1920

letter on _____, 1920

MAR 4 1921

Par. 2 Not to be returned.

RECEIVED

JUN 24 1921

Cemeterial Division

Overseas Project Sub-Section

FEB 18 1921

EA

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

April 13, 1921 - #120, Mr. Andrew J. Coffey, Jackson, Alabama, father, N.Y. desires body remain in Europe. #6-10-21am

To be prepared in triplicate.

DATE Aug. 11, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

jw.

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name COFFEY, Lewis
 2. No. 3235246
 3. Rank Pvt.
 4. Org. Co.E, 804th Pion.Inf.
 5. D.D. March 20th 1919
 6. C.D. Died result of gunshot wounds

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 205 Sec. 8
 8. Plot 4 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None

18. Cemetery St.Mihiel American
 20. Dept. or County M-et-M.
 22. G.R.S. Hdqrs. Code No. # 1233

19. Commune or town Thiaucourt
 21. Country France

23. Disinterred (Date) Aug. 11, 1922.By C. V. Russell

24. Inscription on grave marker:

Name Coffey, Lewis
 Rank Pvt.

Serial No. 3235246
 Organization Co. E 804th Pion. Inf.

25. Was identification disc found on grave marker? No On body? YesSignature C. V. Russell
Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Tag on body reads-- Lewis Coffey, 3235246. GRS plaque on body agrees with 114-A.27. Condition of body Badly decomposed. Features unrecognizable.28. Nature of burial Wooden box and uniform.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.30. Body prepared and placed in casket: Date Aug. 11, 1922 By C. V. Russell31. Casket sealed by C. V. Russell

Signature of Embalmer, (Supervisor)

C.V. RussellAUDITED BY
102 11-10-23

SHIPMENT. (Show actual marking of box.) Box No. **C-29553**

32. Designation of body:

Name **Lewis COFFEY** Serial No. **3235246**

Rank **Pvt.** Organization **Co.E, 804th Pion.Inf.**

33. Consigned to:

Name of Permanent Cemetery **St. Mihiel American Cty #1233, Thiaucourt, M-et-M.**

34. Casket boxed and marked (Date) **Aug. 11, 1922,** By **C.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 **J.J. Powers, 1st Lt. OMC.**

36. Remarks

None

37. Shipped from point of Operation: (Date) **Aug. 11, 1922.**

To point of Concentration

(Name)

Convoyer Signature Shipping Officer

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery **St. Mihiel Amer. 1233, Thiaucourt France.**

(Name)

Convoyer Signature Shipping Officer **J.J. Powers, 1st Lt. OMC.**

40. Received: Date

G.R.S. Representative

August 11, 1922.

41. Reinterred

(Date)

42. Grave No. **33**

Section

7

43. Plot

Row

G.R.S. Representative **A. E. D. Dewey, 1st. Lieut. OMC**

REPORT OF DISINTERMENT AND REBURIAL

Place Thiaucourt, FranceDate August 11, 1922.1. REMAINS OF COFFEY, Lewis SERIAL NUMBER 5235246RANK Pvt ORGANIZATION Co. F. 804 Pion Inf.2. Disinterred (date): August 11, 1922 From (give complete location): Gr. 205 Sec 8 Plot 4 Cemetery R33.By: Group 1 Unit 13. Reburied (date): August 11, 1922 In (give complete location): Gr. 33, Row 7, Bk. DCemetery 1233, Thiaucourt, M.A.By: Group Reburial Unit 1 Nature of Reburial In casket and shipping case

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

Wooden box and uniform. Badly decomposed. Features unrecognizable.5. (a) Identification tags: Buried with body? Yes On grave marker? No

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

Tag on body reads "Lewis Coffey 5235246" GRS plaque on body agrees with 114-A.

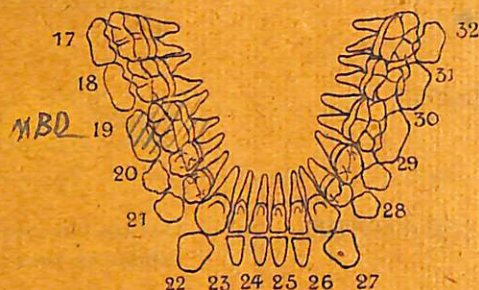
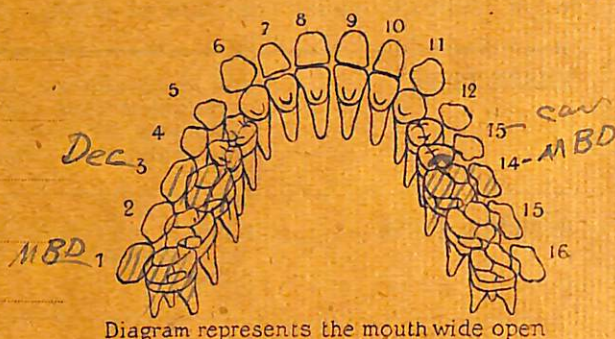
6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) none to det.(b) Weight (estimated) -do(c) Hair—Color -doQuantity -doCharacteristics -do(d) Hair on face—Color -doLocation -doQuantity -do

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

or missing parts) none visiblemissing before
death 1, 14, 19.decayed 3.cavity 15.

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

none visible.7. Disinterment supervised by C. V. RussellC. V. RussellApproved: J. J. Powers(Title) 1st Lieut8. Reburial supervised by H. L. KramerH. L. KramerconcentrationApproved: A. E. Dwyer(Title) 1st Lieut

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.

File #101340

D.K. (2.25.21)

DEX CARD: Lewis

3235246

672

(a) Name..... Pvt. Ser. No. Co. E. 804th Pib. Inf. TYP.
(b) Rank..... 3/20/19... Organization Cause of GSW inflicted by
(c) Date of death..... death another soldier in quarrel over
.....

205

QVS

(a) Grave No..... Row..... Plot..... Sect.....
 Mrs. Jane Colley (Mother), Fackler, Ala. TP.....
 (b) Emerg. Address..... Fackler

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

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.....192....
Par. 2 Not to be returned. *EW*

MAR 1- 1921

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. 6-24-1921

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

CEMETERY NO.
1233

SHEET NO.

651

S/R 66/LML

PRIORITY 104

FEB 28 1921 *H. L.*

1253-651

June 17, 1921.

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

Re: Coffey, Lewis, Pvt.,
Serial Number 3235246,
Co. E, 804th Pion.Inf.

Mr. Andrew T. Coffey,
Packer, Alabama.

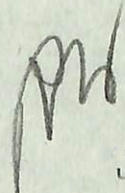
Dear Sir:

Your shipping inquiry dated April 13, 1921, requesting that the remains of the deceased soldier named above be left in France 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 express its sympathy in your bereavement.

By authority of the Quartermaster General;

 MAILED

JUN 18 1921

BY:

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

COR. BR. G. R. S.

F. C. PALLAS, *mks*
Executive Assistant.

RECEIVED
JUN 24 1921

Cemeterial Division
Overseas Project Sub-Section

HRB/BR

NR

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON

APR 9 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mr. Andrew T. Coffey, Tackler, Ala.

SUBJECT: Remains of Pvt. Lewis Coffey Ser No. 3235246 Co E 804 Pion Inf

The records of this office show that you have requested that the body of the above-named

soldier remain in Europe

No change cms

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

GEORGE H. PENROSE,
Colonel, Q. M. G.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married? No

APR 15 1921

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow <u>None</u>			
Soldier's children. (Name oldest first.)			
1 <u>None</u>			
2			
3			
Father <u>Andrew T. Coffey</u>		<u>Tackler</u>	<u>Ala</u>
Mother <u>Jame P. Coffey</u>		<u>Tackler</u>	<u>Ala</u>
Brothers. (Name oldest first.)			
1			
2			
3			
Sisters. (Name oldest first.)			
1			
2			
3			

Date April 13th 1921

Signature

Andrew T. Coffey

Address Tackler Alabama.

Relationship

Father

April 13th 1921, 192

I, the undersigned, am the Father and nearest living next of kin of the within-named
(Relationship.)

soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. ~~To be returned to the U. S. and shipped to~~

(Name.)

(R. R. station.)

(State.)

3. ~~To be returned to the U. S. and buried in~~

~~National Cemetery~~

Cemeterial Division
Overseas Project Sub-Section

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature

Andrew T. Coffey

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.

7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

3-7500

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Coffey 3235246 Lewis
(Surname). (Number). (First Name and Initials).

Pvt. Co E., 804 Pion. Inf.
(Rank). (Organization).

PLACE OF DEATH: *Field Hosp. #157, Marala*
Tour

CAUSE OF DEATH: *Killed by bullet wound*

DATE OF BURIAL: *March 21, 1919*

PLACE OF BURIAL: *Bray, France*

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

GRAVE NUMBER: *Plot C., No 90*

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

Headboard? *Yes* Bottle? *Yes*

IDENTIFICATION TAGS: *Two tags*

Was one buried with body? *Yes*

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: *Erasmus Dooley*

Chaplain Erac. Hosp. No 18
(Signature and Rank of Reporting Officer).

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



4/9/19

G.R.S. Form No. 8: Central Records Liaison.

Memo. For: G.R.S. representative. C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: COFFEY
() Number: 3235246
() First Name: Lewis
() Rank: Pvt.
() Company: E
() Organization: 804th. Pioneer Inf.
() Date of Death:
() Cause:
() Place:

Location of hospital:

- Number " "
Class " "
() Relative: Mrs Jane Coffey
() Relationship: Mother
() Address: Jackler
Authority:
Cablegram No.:
Telegram from: also.

dated:

- () Reported to Washington:
C.C. Nos: 490

(Underscore the "official" C.C.)

- () Remarks:
() Show present status on reverse side.

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

Initials of Reporter:



31.17

Adjustment Made
MAR 5 1921

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-10

Information requested of A.G.O.

Date 2/4/21.

File No.

File No. 101340

Registration.

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 Coffey ✓

f. Date of death 3/20/19. ✓

b. Christian name Lewis ✓

g. Cause of death GSW inflicted

c. Serial Number 3233246
or (3235246) ✓

by another soldier in quarrel
h. Authority (C.O.#) over crap
game. ✓

d. Organization Co.E, 804th Pion.Inf. ✓

i. Emergency address Mrs Jane
Coffey, Fackler, Ala
j. Relationship mother

e. Rank Pvt. ✓

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

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

DENTAL CHARTS

(See Physical report of
examination prior to enlistment)

a. Strike out teeth missing

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

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

FILE

C.W.

CEMETERY NO: 1233

SHEET NO: 651

TYPED BY: I.W.

S/713/IML

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

BY: H. J. CONNER

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

Rec'd World War Div
Date FEB 5 1921

Rec'd S & S Div. A.G.O.

FEB 5 1921

FEB 8 1921

RECEIVED

FILE