

295
293

G.R.S. Form #114 B
MMB

To The A. G. O.

13737

OCT 7 - 1926

DATE 10/4/21

1. NAME CLYDE, Joe N.

SERIAL No. 83487

RANK Pvt. 1st

ORGANIZATION Co. G 127th Inf.

GRAVE LOCATION Argonne, Amer.

& DIVISION 32 Div
Romagne/s/Montfaucon 1232 Sec.97

CTY. NAME

NUMBER

198

Sec.97

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

Fleury-sur-Aire (Meuse)

GRAVE

COMMUNE

DEPT.

COORDINATES

Bar-le-Duc 51NE, 249.8N, 310.E

CONCENTRATED TO

6/20/19

198

97

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.

Tag on stake over body. Tag on body completely corroded.

DATE OF DEATH

Oct 15, 1918

STATE FROM WHICH HE CAME

Mont

Data Form #1.

SUBSEQUENT REBURIALS

MEDALS OR DECORATIONS AWARDED

None

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

M. B. BIRDSEYE

1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION

10/4/21

29

54

H

DATE

GRAVE

ROW

Block

PLOT

Meuse Argonne American Cty # 1232 Romagne sous Montfaucon

CEMETERY

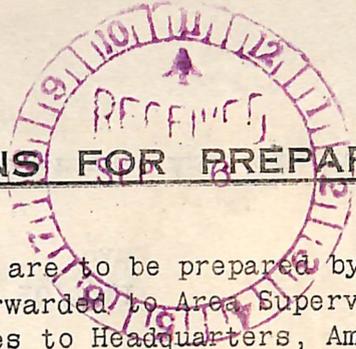
Major General

The Adjutant General

By *Wt*

AUDITED BY
B.W. 5-1-23

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.



OCT 11 1926

*Head of Household 10/15/18 @ 334
1/19/18 bloom*

R

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Clyde 83497
.....
(Surname). (Number). (First Name and Initials).

1st Lt
.....
(Rank). (Organization).

PLACE OF DEATH: *Abbeville, Ala*

CAUSE OF DEATH: *Gas*

DATE OF BURIAL: *17 Oct 1918*

PLACE OF BURIAL: *Am M.C. Co. Reg. 51st*

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

GRAVE NUMBER: *see plot # 22*

HOW MARKED: Name Peg? Cross?

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: *Wm. H. ...*

(Signature and Rank of Reporting Officer).

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

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name CLYDE, Joe H.

Number: 83487

Rank Pvt.

Organization: Co G 12th Inf.

Disinterment and Reburial made by Group _____

Unit _____

Disinterred (Date)

From: (Give complete location)

20th June, 1919

0-1- Grave #26 Amer. Mil. Cty.,

FLEURY-sur-AIRE, MEUSE

Map 51 NE E 310. N 249.8

Reburied (Date)

in: (Give complete location)

20th June, 1919

Grave #198 Section #97 Plot #4

ARGONNE AMER. CTY., #1232

ROMAGNE, MEUSE

1232

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

Burial good. Body buried in blanket and in fair condition.

Was one identification tag found upon body? Yes

What other means of identification were found upon the body? None

CONFIRMED NO. 12322

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by C.O. 170, G.H.R. 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. Guskey

R. H. ROSENTHAL

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

C.O. Group _____

Unit _____

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Clyde,</i>	<i>Cly</i>	3	<i>3-0-12</i>
<i>Joe m.</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>29</i>	2	<i>29</i>
	ROW <i>34</i>	2	<i>34</i>
	BLOCK <i>H</i>	1	<i>8</i>
STATE	<i>Mont.</i>	2	<i>31</i>
RANK	<i>Priv 1st.</i>	1	<i>2</i>
DIVISION	<i>32</i>	2	<i>32</i>
ORGANIZATION	<i>127'</i>	3	<i>127</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>(Father)</i>	<i>no.</i>	1	<i>2</i>
NAME <i>Clyde,</i>		3	
<i>Mr. George</i>	STATE <i>W.Va.</i>	2	
RESIDENCE <i>RR #1</i>	COUNTY <i>Putnam</i>	2	<i>43</i>
<i>Ashland, Va.</i>	CITY <i>Dunbar</i>	3	<i>888</i>
RELATION <i>no SWS</i>	<i>mother</i>	1	
<i>no Law</i>	<i>Father (no.)</i>	1	
ELIGIBILITY	<i>dead 5-20-25</i>	1	
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	<i>dead</i>	1	

AUDITED

APR 19 1932
R8

Joe m.

M.L.H. 29/514/PJ.

1232

Clyde, Joe M. Pvt. Co. G, 127th Inf. Mont.

Date of mother's death. 5-20-25

~~SM?~~

~~Loco?~~

Single

XC141380

5-17X

Seebode

father -
George Clyde
R-R #1
Ashland - Va

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Clyde, Joe N. 1232 F

July 8, 1930.

Mr. Clyde,
O'Neill, Nebr.

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

Clyde, Joe N.
1232.

Sept. 5, 1929

Mrs. Clara M. Clyde,
O'Neill, Nebr.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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:

*no.) There is a
father) mother is dead*

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.

*no mother is dead)
there is a father and
4 sister ~~living~~*

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

John T. 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

Clyde, Joe N.

June 29 1929.

Mrs. Clara M. Clyde,
O'Neill, Nebraska.

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 Joe N. Clyde, Co.G, 127th 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 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 re-married 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Clyde, Joe N. 1232 F

July 8, 1930.

Mr. Clyde,
O'Neill, Nebr.

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

Clyde, Joe N.
1232.

Sept. 5, 1929

Mrs. Clara M. Clyde,
O'Neill, Nebr.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 29, 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
Clyde, Joe N.

June 29 1929.

Mrs. Clara M. Clyde,
O'Neill, Nebraska.

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 Joe N. Clyde, Co.G, 127th 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 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.

Clyde,

(Surname.)

Joe N.

(Christian name in full.)

83,487

(Army serial number.)

Pvt

Co G, 127 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)

Geo. Clyde
O'Neill Neb

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

4-22-2.

checked MV

Drawn by G.L.
1232-Sept. 97-38
4-22-21

QM 293 C-R

October 11, 1923.

Mr. George Clyde,
O'Neill,
Nebr.

Dear Sir:

The Quartermaster General desires you to be informed that the permanent grave of Private Joe H. Clyde, Company G, 127th Infantry, is Grave 29, Row 34, Block H, 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. 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.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed 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. L. FOSTER
Assistant.



OCT 11 1923

B. O. C.

RD

W. B. R.

23/668/ARK

REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 3, 1921.

1. REMAINS OF XXXX XXXX CLYDE, JOE N. SERIAL NUMBER 83487
RANK Pvt. ORGANIZATION Co., G. 127th Inf.

2. Disinterred (date): Oct. 3, 1921. From (give complete location):
Gr. 198 sec 97 pt. 4, Meuse-Argonne Cem., #1232.
By: Group Duriscoe Unit Sec. 1

3. Reburied (date): Oct. 4, 1921. In (give complete location):
Meuse Argonne Cem. #1232. Row 34 Black H. Gr. 29
Unlined Casket.
By: Group Reburial Sec. Unit Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
Pine box, and blanket, decomposed features unrecognizable.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
body tag destroyed by corrosion.
(b) Other means of identification found upon disinterment, and general remarks:
None

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

(a) Height (actual measurement) Undeterminable

(b) Weight (estimated) undeterminable

(c) Hair—Color undeterminable

Quantity undeterminable

Characteristics None

(d) Hair on face—Color None

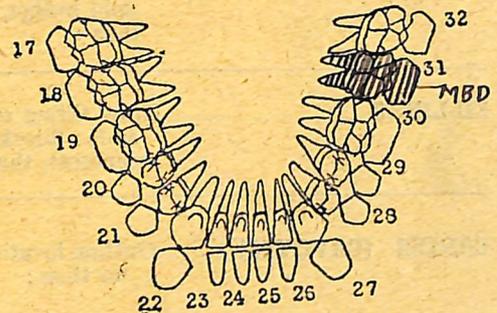
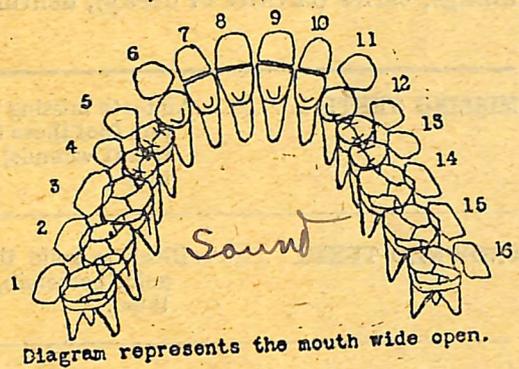
Location None

Quantity None

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

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

fracture on right skde of skull.



7. Disinterment supervised by W. G. Duriscoe S. E.

Approved: [Signature]
R. Richard 1st. Lt. QMC.
(Title)

8. Reburial supervised by W. B. SPILL
concentration

Approved: [Signature]
JAMES W. YOUNGER,
CAPT., QMC.
(Title)



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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."		

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



To be prepared in triplicate.

DATE October 3, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name CLYDE, Joe N. 10. Name _____
- 2. No. 83487 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. G 127th Inf. 13. Org. _____
- 5. D.D. 10-15-18 14. (a) D.D. _____
- 6. C.D. D.O.W. r.i.a. (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 198 Sec. 97 15. Grave No. _____ Sec. _____
- 8. Plot 4 Row _____ 16. Plot _____ Row _____
- 9. _____ 17. _____
- 18. Cemetery Argonne, Amer. 19. Commune or town Romagne-s/Montfaucon
- 20. Dept. or County Meuse 21. Country France
- 22. G.R.S. Hdqrs. Code No. 1232 Sec. 97
- 23. Disinterred (Date) October 3, 1921 By W. G. Durisoe

24. Inscription on grave marker:

Name CLYDE, Joe N. Serial No. 83487
 Rank Pvt. Organization Co. G, 127th Inf.

25. Was identification disc found on grave marker? Yes (Stake on body? Yes)

W. G. Durisoe
 Signature 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 corroded beyond recognition.

27. Condition of body Decomposed; features unrecognizable.

28. Nature of burial Pine box, and blanket.

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 October 3, 1921 By W. G. Durisoe

31. Casket sealed by W. G. Durisoe
 Signature of Embalmer, (Supervisor) *W. G. Durisoe*

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-7478

32. Designation of body:

Name CLYDE, Joe M. Serial No. 83487

Rank Pvt. Organization Co. G 127th Inf.

33. Consigned to:

Name of Permanent Cemetery Argonne, Amer. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) October 3, 1921 By W.G. Durisoe

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 R. RICHARDS, 1st Lt. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) October 3, 1921

To point of Concentration Meuse-Argonne Cemetery #1232.

Convoyer Signature Shipping Officer

(Name)

Geo. F. Spann
GEO. F. SPANN
Captain, Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer

(Name)

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cem. #1232. Oct. 4, 1921.

(Date)

42. Grave No. Row 34 Block H Gr. 29 Section

43. Plot Row

G.R.S. Representative JAMES W. YOUNGER
CAPT., Q.M.C.

irz.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #61689

(a) Name CLYDE, Joe N. Ser. No. 83487
(b) Rank Pvt. Organization Co.G, 127th Infantry
(c) Date of death 10/15/18 (d) Cause of death DWRIA

TYP. DMA
CKR. B. J.

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

(a) Grave No. 198 Row - Plot 4 Sec. 97 TYP. DMA
(b) Emerg. Address Mrs. Clara M. Clyde (mother) Paddock, Nebr.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Geo. Clyde (b) Relationship Father

(c) Address O'Neill, Neb.

(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 P. L. Date 4-22-21, 1920.

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

_____, dated _____

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

Examiner's Initials P. L. Date 4-22-21, 1920.

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

(a) Cancellation memos referred to? Yes, P. L.

Examiner's Initials P. L. Date 4-22-21, 1920.

COUNTRY FRANCE CEMETERY No. 1232-sec. 97 SHEET No. 38

Checked
7-27-21
64

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #61689

(a) Name CLYDE, Joe H. Ser. No. 83487
 (b) Rank Pvt. Organization Co.G, 127th Infantry } TYP. DMA
 (c) Date of death 10/15/18 (d) Cause of death DWR1A } B. J.

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

(a) Grave No. 198 Row _____ Plot 4 Sec. 97 TYP. DMA
 (b) Emerg. Address Mrs. Clara M. Clyde (mother) Paddock, Nebr.

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

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

.....

V. Following advice forwarded to Europe by { cable on _____, 192
 Section -97 { letter of transmittal on 5-6-, 192
 Pak. 2 - Not to be returned (JEN)

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. _____

1. G. E. S. Form No. 1
2. Soldier's
3. Service in block
4. Rank
5. Date of Draft
6. Date of Discharge
7. Town or Cantonment
8. Grade No.
9. Name Post
10. Buried with
11. If name unknown
12. Map Reference
13. Date of Report
14. Group



61689

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Clyde 83487 Joe N.
(Surname) (Number) (First Name and Initials)

Priv. Co. G. 1st Inf.
(Rank) (Organization)

PLACE OF DEATH: Ake Hosp #1114

CAUSE OF DEATH: Gen. Head

DATE OF BURIAL: 17 Oct 1918

PLACE OF BURIAL: Am. Mil Cem. Perry - S - Ohio
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

GRAVE NUMBER: Sect. Plot 1, # 22

HOW MARKED: Name Peg? Cross?
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?

NEAREST RELATIVE: (64)

ADDRESS:

RELATIONSHIP:

REPORTED BY: T. White Chaparral
(Signature and Rank of Reporting Officer)



FILE

4-22-21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 97

FORM 115 Sheet No. 3F

HJK

(Initials)

OSP-SS
Form No. 1011.

S/2053/LML