

337

*no div. shown 193*

G.R.S. Form #114-B

gc

DATE

1. NAME COLLIER, Tom

SERIAL No. 2122027

RANK Pvt.

ORGANIZATION  
& DIVISION

Co.D., 313th Lab.Bn.

GRAVE LOCATION American Mil.Cty.Nevers.Nievre.

395

CTY. NAME

NUMBER

51

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

51

NEVERS (Nièvre)

GRAVE

COMMUNE

DEPT.

COORDINATES

CONCENTRATED TO

Not of record

DATE

GRAVE

ROW

PLOT

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

12-23-18

STATE FROM WHICH HE CAME

*ark*

MEDALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS

Not of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

*W.H. Quarterman*

W.H. QUARTERMAN, CAPT. F.A., Supervisor Area No. 4.

3. FINAL GRAVE LOCATION June 23, 1922

17

10

Block A-

DATE

GRAVE

ROW

PLOT

St-Mihiel Amer. #1253, Thiaucourt (M-e-t-M).

CEMETERY

REC'D  
MAY 28 1922  
A.M. 1922  
G.O.M.C.

MAY 25 1922

Exp'd World War Div.

MAY 25 1922

## 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

Collier 2122029 Tom  
(Surname). (Number). (First Name and Initials).

Private Co. D. 313. In. Bn  
(Rank). (Organization).

PLACE OF DEATH: Nevers, France.

CAUSE OF DEATH: *Chass of circum*

DATE OF BURIAL: December 24th 1918.

PLACE OF BURIAL: New Cemetery

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

Nevers France

GRAVE NUMBER: 51

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: John Collier

ADDRESS: Clifton, Ark.

RELATIONSHIP: Father

REPORTED BY:

*Arthur E. Raulin, Chaplain*  
(Signature and Rank of Reporting Officer).

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

**RECEIVED**

2 JAN 1919

8-9

✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	COLLIER, Tom	3	3 5 2
	CEMETERY	1	3
BURIED	GRAVE	2	17
	ROW	2	10
	BLOCK	1	1
STATE	Arkansas	2	03
RANK	Priv.	1	2
DIVISION	Quartermaster	2	57
ORGANIZATION	313	3	313
ARM	Lat Bn.	1	1
MARITAL	no	1	2
NAME	Haskin	3	
	STATE	2	
RESIDENCE	COUNTY	2	
	CITY	3	
RELATION	Mother	1	16
OTHER		1	
ELIGIBILITY	plead	1	6
NATIVITY	plead 5-28-22	1	
RACE	BLACK	1	2
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	
29/514/			

**AUDITED**

APR 5 1932

at

JW

Gold Pier <sup>Tom</sup> 127789

single m died 5-28-22

S. mus malinda Hasbin

Clifton aq.

1233

329622

Files

5/22

EX. 255

RECEIVED

MAY 15 1930

Examining Section No. 4

AWARDS DIVISION

COLLIER, Tom

C

12-23-18 709

Put 2122 029 Co D 313 Lab Bn

12-23-18

Mother died 5-28-22

Veteran  
Single,

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Collier, Tom

May 28, 1929.

Mrs. Edia Collier,  
Clifton,  
Ark.

*Dead*

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 Tom Collier, Co. D, 31st Labor Bn.,** 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,

*XC 127709 Single*

2 incls.

Act of Congress.  
Envelope.

*m died 5-28-22*

*I Mrs Malinda  
Clifton Ark*

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

*Haskin*

*H*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

August 29, 1929.

Collier, Tom  
1233

Mrs. Edia Collier,  
Clifton,  
Ark.

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?

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

Collier, Tom

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

28

Mrs. Edia Collier,  
IN REPLY TO QM 293 A-C  
Ark.

May 1929.

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

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,

Dup.

Collier, Tom

(Surname)

2, 122, 029

(Christian name in full.)

(Army serial number.)

Pvt.

Co. D, 313th Lab. Bn.

(Rank and organization.)

State your relationship to the deceased

*mother*

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?

*no*

(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)

*Mrs. Edwin Collier  
Clifton, Ark.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Drawn by JH

395-79

12-21

REVIEWED  
OSP SS.

JMM-10-28-20

QM 293 A-C

COLLIER, Tom - Pvt.

November 21, 1924

Mrs. Edia Collier,  
Clifton,  
Arkansas.

Dear Madam:

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,

R.P.HARBOLD,  
Major, Q.M.C.  
Assistant.

1-Incl.  
Record card.



RD  
702

COMPILATION OF DISPOSITION OF REMAINS DATA

File #77003

1. LOCATION INDEX CARD:

(a) Name COLLIER, Tom Ser. No. 2122029 )  
(b) Rank Private Organization Co. D, 313th Labl Bn. ) TYP. HDP  
(c) Date of death 12-23-18 of death Abscess of Caecum ) CKR. OK

11. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(a) Grave No. 53 Row --- Plot --- Sect. --- ) TYP. HDP  
(b) Emerg. Address John Collier, (Father) Clifton, Ark.

111. Files of soldiers dying from contagious diseases: NO CARD ) CKR. OK

IV. A.G.O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. Edin Collier (b) Relationship mother  
(c) Address Clifton, Ark.  
(d) Remains to be brought to U. S.? No  
(e) To be interred in National Cemetery in U. S. at No  
(f) Shipping instructions upon arrival of body in U.S. ---

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

Examiner's Initials JA Date 5-26- 1920

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

---, dated ---  
confirmed request in Par. IV. item ---, above, or requesting that  
no correspondence

Examiner's Initials m Date 5-26- 1920

VI. G.R.S. Files - Correspondence - shows as follows:

No request for disposition

(a) Cancellation memos referred to? yes HW  
Examiner's Initials HW Date 5-27 1920

COUNTRY FRANCE CEMETERY NO. 395 SHEET NO. 79

G.R.S. Form #115  
Amended April 6, 1920.

Make Form #114

Rechecked  
9mm 1-6-21

*for concentration  
St Michael 1283  
at 3/10/21*

X

VII. G. R. S. FORM No. 114 made \_\_\_\_\_, 1920

Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ 1920

VIII. FINAL ACTION:

Following advice forwarded to Europe by- ( cable on \_\_\_\_\_ 1920  
( letter on 8/11 1920

*Par # 2. Not to be returned (maeB)*

IX. CORRECTIONS

CHANGE OF ADVICE	ACTION TAKEN
Desires body be	
Body to be shipped to	

X. SUSPENSION REMARKS:

*Form 120 - mother, w/k request body remain in France*

*12-28-20  
J.M.M.*

To be prepared in triplicate.

DATE Dec. 15, 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 COLLIER, Tom

10. Name

2. No. 2122029

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co.D., 313th Lab.Bn

13. Org.

5. D.D. Dec. 23rd. 1918

14. (a) D.D.

6. C.D. Abscess of Caecum

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 51 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. none

18. Cemetery American Mil.

19. Commune or town Nevers

20. Dept. or County Nievre

21. Country France.

22. G.R.S. Hdqrs. Code No. 395

23. Disinterred (Date) Dec. 14, 1921.

By J. E. Benson

24. Inscription on grave marker:

Name Collier, Tom.

Serial No. 212202

Rank Pvt.

Organization Co. D, 313 Lab. Bn. Gr. 51.

25. Was identification disc found on grave marker? no On body? no.

T. H. Chun  
Signature Junior Technical Assistant

T. H. Chun.

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).

No effects found. Form 16-A accomplished. name in top cover

27. Condition of body badly decomposed. Recognition impossible.

28. Nature of burial uniform and wooden 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 Dec. 15, 1921. By J. E. Benson

31. Casket sealed by J. E. Benson.

Signature of Embalmer, (Supervisor) J. E. Benson

J. E. Benson.

AUDITED BY  
8408 9/24/23

SHIPMENT. (Show actual marking of box.) Box No. C-23698

32. Designation of body:

Name Tom COLLIER Serial No. 212202

Rank Pvt. Organization Co. D., 313th Lab/Bn.

33. Consigned to:

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

34. Casket boxed and marked (Date) Dec. 15, 1921. By J. E. Benson

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 *D E Lowry*  
D. E. Lowry, 1st. Lt. QMC.

36. Remarks

Name (Tom Collier) inscribed on box cover.

37. Shipped from point of Operation: (Date) Dec. 15, 1921.

To point of Concentration Nevers, Nièvre, France. (Name)

Convoyer Signature Shipping Officer

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

22 DEC 1921

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery St. Mihiel (1233) Thiaucourt. M et M.

Convoyer R. L. Hall. Signature Shipping Officer *R. L. Hall*

26 DEC 1921

40. Received: Date

G.R.S. Representative *J B Daniel, Capt, 2MC*

41. Reinterred, June 23, 1922 (Date)

42. Grave No. 17 Section

43. ~~XIV~~ Bk. A Row IO

G.R.S. Representative *A E Dewey*  
A E Dewey 1st. Lt. QMC

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Collier, Tom. SERIAL NUMBER 2122029

RANK Pvt. ORGANIZATION Co. D. 313th Lab. Bn.

2. Disinterred (date) : Dec. 15, 1921. From (give complete location) : Gr. 51

Amer. Cem. # 395. Nevers, Nievre, France.

By : Group 2 Unit Sec. 4.

3. Reburied (date) : June 23 1922 In (give complete location) : Gr. 17 Bk. A Row 10

By : Group Reburial Unit \_\_\_\_\_ Nature of reburial Casket & shipping case

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

Buried in uniform and wooden box. Body badly decomposed. Recognition impossible

5. (a) Identification tags : Buried with body ? no On grave marker ? yes no

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

No effects found.

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

(a) Height (actual measurement) unable to determine

(b) Weight (estimated) " " "

(c) Hair—Color black and kinky

Quantity unable to determine

Characteristics none

(d) Hair on face—Color "

Location "

Quantity "

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

or missing parts) none

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

none

Dec. 3, 12, 13. GC. 10.

Ex. 19, 30, 32.

Dec. 1.

7. Disinterment supervised by J. E. Benson  
J. E. Benson THC

Approved: D. E. Lowry  
1st. Lt. QMC.

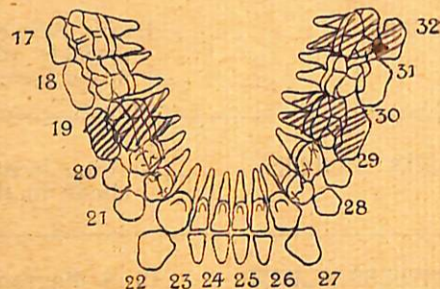
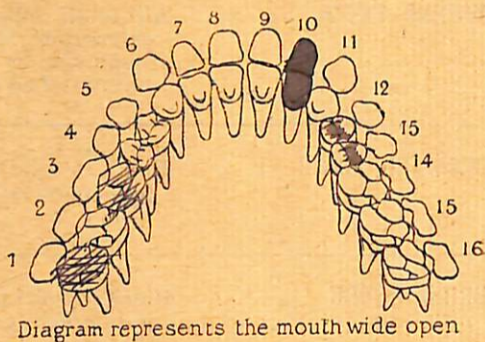
(Title)

8. Reburial supervised by H. L. Kramer  
H. L. Kramer

Approved: A. E. Dewey  
A. E. Dewey JMC

(Title)






Ist. Lt. QMC



## 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.

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
<b>CARIES (CAVITIES)</b>	Outline location and size of cavity, shade in thus:	
<b>DENTURES (PLATES)</b>	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.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
GRAVES REGISTRATION SERVICE  
WASHINGTON

395-79

JUN 9 1920

FROM: Chief, Graves Registration Service, Q.M.C.

TO: Mrs. Edin Collier, Clifton, Ark.

*Rush Answer*

SUBJECT: Remains of Pvt. Tom Collier

The records of this office show that you have requested that his body be not returned to U. S.

*Do not send the body home*

*no charge*

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

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

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	X		
Soldier's Children	1.		
(Name oldest first)	2. X		
	3.		
Father	<i>Edin</i> 10 ead,		
Mother	<i>Edia Collier</i>		
Brothers	1. <i>Willie Collier</i>		
(Name oldest first)	2. <i>Frank</i> "		
Sisters	<i>Malendia Hoskin</i>		

The transfer of bodies will be made entirely at government expense.

Date *June 19, 1920*

Signature *Edia Collier*

Address *Clifton, Ark.* Relationship *Mother*

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

(OVER) 16

*H* ✓



JUN 22 1920

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INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. 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.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If **YOU** are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper **AT ONCE** and mail to this office.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

FILE UNDER NO.

77003, Lou Collier

INDEX SHEET

SYNOPSIS

FILE

DOCUMENT FILED UNDER NO.

For Indorsement on this

case See file papers of William Huff,  
file 83377

H. H. [Signature]

8-3-21

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

77003  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF  
Collier I. 2029 Tom  
(Surname). (Number). (First Name and Initials).

Private Co. D. 313. Ia. Bn  
(Rank). (Organization).

PLACE OF BURIAL: Nevers, France.

CAUSE OF DEATH: Absent 7 years  
December 24th 1918.

DATE OF BURIAL:

PLACE OF BURIAL: New Cemetery

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

Nevers France

GRAVE NUMBER: 6-1

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:

*John Collier*

NEAREST RELATIVE:

*Clifton, Ark*  
ADDRESS:

*father*  
RELATIONSHIP:

REPORTED BY:

*Arthur E. Raulin Chaplain*  
(Signature and Rank of Reporting Officer).

REVIEWED  
OSP SS.

Collier 1.2023 Tom

Private Co D 313 Ia. Bn

Hevers, H. nee.

December 24th 1918.

New Cemetery

Hevers H. nee



File 177003

Case of Tom Collier, 2122029 -  
Post Co II - 313 to Lab. Bu. -

Subj. Location of grave in clp 395,  
News, + trace.

Form 1 A - 18909, Shows above man in gr 53,  
Q. L. B. Shows gr. Loc. to be gr 51 -  
1st Ind. <sup>See file papers, Mr. Huff.</sup> 7-8-21, answering inquiry from  
this office as to unknown in gr. 51 -  
(18908) states records in trace have  
always shown Collier as in gr. 51 -

Decision (8-5-21 - Mr. Hught) for ad-  
justment of Collier in gr. 51, carrying  
gr. 53 blank - See 150324 -

Helem M. Yarbrough

FROM: O. M. G.  
CEMETERIAL DIVISION  
Munitions Building  
Room 1128

PLEASE  
EXPEDITE

WAR DEPARTMENT

Office of the Quartermaster General of  
Washington

G.R.S. Form 8-7-A-1920  
Information requested of A.G.O.

Date 12/30/20.

File No. 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 Collier, ✓
- b. Christian name Tom ✓
- c. Serial Number 212202  
or (2122029) ✓
- d. Organization Co. D, 315th Lab. Bn.
- e. Rank Pvt. ✓
- f. Date of death 12/23/18. ✓
- g. Cause of death Abscess  
of caecum. ✓
- h. Authority (C.O.#) ✓
- i. Emergency address
- j. Relationship

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

- a. Age of enlistment 18
- 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				

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

BY:

H. J. CONNERY  
1st. Lieut. Q.M.G.

CEMETERY NO: 395

SHEET NO: 79

TYPED BY: I.W.

S/713/AML

Rec'd World War Div.  
Date JAN 11 1921

ADJUSTMENT MADE  
JAN 8 1920

FILE

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FILE

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1/3/21

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WAR DEPARTMENT

Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-1920  
Information requested of A.G.O.

Date 12/30/20.

File No. \_\_\_\_\_ Requisition.

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.

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- a. Surname Collier ✓
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of caecum. ✓
- h. Authority (C.O.#) \_\_\_\_\_
- i. Emergency address \_\_\_\_\_
- j. Relationship \_\_\_\_\_

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

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

BY: *[Signature]*  
H. J. CONNERY  
1st. Lieut. Q.M.G.

CEMETERY NO: 395

SHEET NO: 79  
TYPED BY: I.W.

S/713/AML

*Domney 28 Apr 21 11/3/21*

Rec'd World War Div.  
Date 1 JAN 9 1921

ADJUSTMENT MADE

JAN 8 1920

FILE

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THE GOVERNMENT

DEPARTMENT OF THE ARMY

WASHINGTON

ADJUSTMENT MADE  
JAN 8 1921

FILE NO. 100-100000-100000

THE ADJUTANT GENERAL'S OFFICE, WASHINGTON, D.C.

INSTRUCTIONS FOR THE USE OF THIS FORM

1. This form is to be filled out by the person who is responsible for the collection of the information shown on this form.

2. The name of the person who is responsible for the collection of the information shown on this form.

3. The name of the person who is responsible for the collection of the information shown on this form.

4. The name of the person who is responsible for the collection of the information shown on this form.

5. The name of the person who is responsible for the collection of the information shown on this form.

6. The name of the person who is responsible for the collection of the information shown on this form.

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9. The name of the person who is responsible for the collection of the information shown on this form.

10. The name of the person who is responsible for the collection of the information shown on this form.

JAN 4 1921

RECEIVED

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