

317

179

DATE 6/22/22

1. NAME CONNOLLY, PATRICK SERIAL No. 1675971

RANK PVT. ORGANIZATION CO. D 308th Inf. & DIVISION

GRAVE LOCATION Amer.Cty. Beaune, Cote D'or CTY. NAME NUMBER 83

74

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 71 Beaune (Côte d'Or)

GRAVE COMMUNE DEPT.

COORDINATES E.152.2 N.212.8 (Lambert Zone Sud)

CONCENTRATED TO 11-13-20 74 DATE GRAVE ROW PLOT

Amer.Cty.Beaune (Côte d'Or) N°.83

CEMETERY CTY. NUMBER

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

No tag buried with body. Bottle found with name. Cross bearing name Eugenie Mancini, Pvt.Co.B, 327th.Inf;grave 72 was over this body (from data on form 16-A. No other data).

Also found scapular and medal on neck.

Both cases OK

SUBSEQUENT REBURIALS Nothing of record

DATE OF DEATH GRAVE ROW PLOT CEMETERY Oct 20, 1918.

STATE FROM WHICH HE CAME Mass.

DATE GRAVE ROW PLOT CEMETERY

MEDALS OR DECORATIONS AWARDED none

SIGNATURE, AREA SUPERVISOR W.H. Quarterman W.H. QUARTERMAN, CAPT. F.A., Supervisor Area N°4

3. FINAL GRAVE LOCATION 6/22/22 33 9 Block A. XBLOCK

DATE

GRAVE

ROW

Block A.

XBLOCK

St. Michel American Cemetery #1233. Thiancourt. M-at-M. CEMETERY

AUDITED BY M.J.D. 5/18/23



Robert O. Davis, Major General, The Adjutant General

By MAY 27 1925

World War 1914-1918 MAY 25 1925

11-11-12

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.

*Dead of Disease 10/23/18 ee 294
1514/8 187m.*

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Connolly **1,675,971** **Patrick**.....
(Surname). (Number). (First Name and Initials).

Pvt. **Co. D. 308th Inf.**.....
(Rank). (Organization).

PLACE OF DEATH **Base Hospital No. 47. A. B. F.**.....

CAUSE OF DEATH **Pneumonia.**.....

DATE OF BURIAL: **23 October, 1918.**.....

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

American Burial Plot assigned, Beaune,.....

Coted'Or......

GRAVE NUMBER **71.**.....

HOW MARKED: Name Peg?..... Cross?.....
 Headboard?..... Bottle?.....

IDENTIFICATION TAGS **Yes. One.**

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 **Michael Connolly.**.....

ADDRESS **Ferry Lea, Cliften Co. Galloway,**.....
Ireland.

RELATIONSHIP **Father.**.....

REPORTED BY:
Chaplain, Base Hospital No. 47......
(Signature and Rank of Reporting Officer).

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

Base Hospital #47
Hospital Center, A.P.O. 909
American Expeditionary Forces.

21 October 1918.

From: The Commanding Officer.
To: Central Records Office, A.E.F.
Subject: Report of Death.

1. Name: Patrick Connolly, #1,675,071.
2. Rank: Private.
3. Company: D.
4. Regiment: 308th Infantry.
5. Date of Death: 20 October 1918.
6. Cause of Death: Broncho-pneumonia primary type three.
7. Autopsy Findings: Above cause verified. Autopsy performed by Hospital Center Laboratory.
8. Place of Burial: Beaune, Cote d'Or, France.
9. Cemetery: American Burial Plot assigned.
10. Grave number: 71.
11. Address of Nearest relative: Terrylea, Cliften Co. Galloway, Ireland.
12. Nearest relative: Father: Michael Connolly.
13. Age: 23.
14. In line of duty: Yes.
15. Result of own misconduct: No.


C.G. Levison
Lt. Col. M.C.

Base Hospital #47
Hospital Center, A.P.O. 909
American Expeditionary Forces.

21 October 1918.

Report

From: The Commanding Officer.
To: The Adjutant General, A.E.F.
Subject: Report of Burial.

R

Reptd - Died of Broncho Pneumonia - Oct. 20/18
P.C. 294 *Own #13787*
11/10-18

1. ✓ Name: Patrick Connolly, #1,675,971.
2. Rank: Private.
3. Company: D.
4. Regiment: 308th Infantry.
5. Date of Death: 20 October 1918.
6. Cause of Death: Broncho-pneumonia primary type three.
7. Place of Death: Base Hospital #47.
8. Date of Burial: 23 October 1918.
9. Cemetery: American Burial Plot assigned.
10. In what town and department: Beaune, Cote d'Or, France.
11. Number of Grave: 71. ✓
12. Marking of Grave: Headboard.
13. ~~Bottle - 1 tag~~ buried with body placed between the undershirt and O.D. shirt.
14. ~~Disposition of Duplicate tag~~ ~~fastened to headboard.~~ No tag.
15. Nearest relative: Michael Connolly.
16. Relationship and address: Father. Terrylea, Cliften Co. Galloway, Ireland.

Received
A. G. O.
1 - NOV 1918
G. H. Q. A. E. F.

C. G. Levison
C. G. Levison
Lt. Col. M. C.



✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>CONNOLLY</i>	<i>CON</i>	3	<i>3 5 4</i>
<i>Patrick</i>	CEMETERY <i>1233</i>	1	<i>3</i>
BURIED	GRAVE <i>33</i>	2	<i>33</i>
<i>S# 1675971</i>	ROW <i>9</i>	2	<i>09</i>
<i>DD 1/20/18</i>	BLOCK <i>a</i>	1	<i>1</i>
STATE	<i>Mass</i>	2	<i>25</i>
RANK	<i>Priv.</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>308</i>	3	<i>308</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Connolly, Mrs</i>	<i>con</i>	3	<i>3 5 4</i>
<i>Barbara</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>No loc -</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE <i>29/514/ County</i>	<i>Ireland</i>	<i>2</i>	<i>05</i>

AUDITED

FEB 8 1938

- R.M. -

EW

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

*Came to J. S.
1915 age 21*

DATE 8-25-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Connolly, Patrick J.	Pvt.	1675971	Co. D, 308th Inf.	10-20-18

STATE _____ CTY. NO. 1233 GRAVE 33 ROW 9 BLOCK A

	Check relationship	Living - Deceased	
NAME	MOTHER <i>cons</i>	: <input checked="" type="checkbox"/>	:
AND	STEPMOTHER (For the year prior to commencement of service)	: <input type="checkbox"/>	:
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: <input type="checkbox"/>	: <u>(m)</u>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: <input type="checkbox"/>	: <u>mis-Barbara Connolly</u>
	WIDOW (Who has not remarried)	: <input type="checkbox"/>	: <u>Henry Lea</u>
	<u>Single man</u>	: <input type="checkbox"/>	: <u>Clifden</u>
		: <input type="checkbox"/>	: <u>County Galway</u>
		: <input type="checkbox"/>	: <u>Ireland</u>

Veterans Bureau Claim Number C 71698
29/156

1-9-33

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Connolly, Patrick J

May 28, 1929.

Mother:

XC 71 698

Mrs. Barbara Connolly,
75 Chandler St.,
Boston, Mass.

Mrs. Barbara Connolly
Derrylea, Clifden
County Galway,
Ireland

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 Patrick J. Connolly, Co. D, 308th 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.

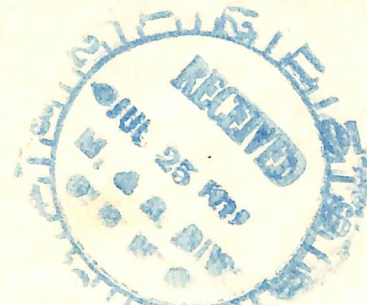
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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



I 113012

C-71698
675-28

C-71698

Co B 101 Inf

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

May , 1929.

Connolly, Patrick J

28

Mrs. Barbara Connolly,
75 Chandler St.,
Boston, Mass.

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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.

Q.M.G. & R.D.
MAY 28 PM 3 06
DISPATCHED

April 1, 1924

CONNOLLY, Patrick J., Pvt.

The Quartermaster General desires to invite your attention
Mrs. to Barbara Lombardy, which gives the permanent cemetery location of
the soldier's grave in which you are interested,
Boston, Mass.

Dear Madam:
This American military cemetery is one of those to be main-
tained 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,

Assistant.

1-Incl.
Record card.



R. P. HARBOLD

MFK

R.P.H.

To be prepared in triplicate.

DATE November 14, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

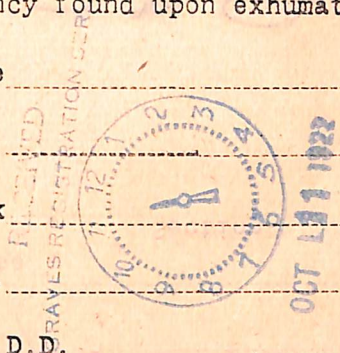
COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CONNOLLY, PATRICK
 2. No. 1675971
 3. Rank Pvt.
 4. Org. Co.D 308th Inf.
 5. D.D. 10-20
 6. C.D. Broncho Pneumonia

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



Discrepancy found upon disinterment

7. Grave No. 74 Sec. _____
 8. Plot _____ Row _____
 9. _____

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

18. Cemetery Amer.
 20. Dept. or County Cote D'or

19. Commune or town Beaune
 21. Country France

22. G.R.S. Hdqrs. Code No. 83
 23. Disinterred (Date) Nov. 14, 1921.

By W. C. Rapine.

24. Inscription on grave marker:

Name CONNOLLY, Patrick
 Rank Pvt.

Serial No. _____
 Organization Co.D, 308th Inf.Gr. 74

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

Ray Brown
 Signature Junior Technical Assistant
RAY BROWN.

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).

~~XXXXXXXX~~ No effects found. Form 16a accomplished. Scapulars found, on body. Bottle containing reburial slip found on body.
 27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial Buried in uniform, burlap, and in wooden box.

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 Nov. 14, 1921. By W.C. Rapine.

31. Casket sealed by _____

Signature of Embalmer, (Supervisor

W. C. Rapine.
W. C. RAPINE.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-15356

32. Designation of body:

Name Connolly, Patrick Serial No. 1675971

Rank Pvt. Organization Co. D 308th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Nov. 14, 1921. By W. C. Rapine.

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. L. FAIN, Capt. Q.M.C. bjm

36. Remarks

37. Shipped from point of Operation: (Date) Nov. 14, 1921.

To point of Concentration Beaune (Cote d'Or) France.

(Name)

Convoyer Signature Shipping Officer Capt. Q.M.C.

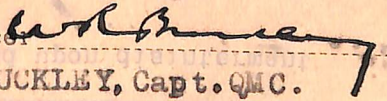
38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date 16 NOV 1921

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

(Name)

Convoyer Michael Plotkin Signature Shipping Officer 

W. R. BUCKLEY, Capt. QMC.

40. Received: Date Nov. 19, 1921.

G.R.S. Representative F. D. Daniel, Capt. 2mc.

41. Reinterred: June 22 1922

(Date)

42. Grave No. 33 Section

43. ~~XX~~ot Bk. A Row 9

G.R.S. Representative 

A E Dewey Ist. Lt. QMC

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Patrick Connolly J. SERIAL NUMBER 1675971

RANK Pvt ORGANIZATION C.O.D. 308th Inf.

2. Disinterred (date): 11-13-20 From (give complete location): Grave #71 in cemetery #83 commune of Beaune, Cote d'Or, France

By: Group #5 Unit Section II Field Forces

3. Reburied (date): 11-13-20 In (give complete location): Grave #74 in cemetery #83 commune of Beaune, Cote d'Or, France

By: Group #5 Unit Section II FF Nature of reburial Wooden box (Uniform)

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

Wooden box (Uniform) Badly decomposed

5. (a) Identification tags: Buried with body? No (bottle with name.) On grave marker? Yes

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

Cross bearing name Eugenie Mancini, Pvt., Co.B. 327th Inf., grave #72 was over this body. Scapular and medal on neck.
A shift of cross that brought what was really 71st body under cross 72

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

(a) Height (actual measurement) estimated 5 ft 8"

(b) Weight (estimated) 160 lbs

(c) Hair—Color black full

Quantity full

Characteristics long and curly

(d) Hair on face—Color none

Location none

Quantity none

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

missing parts) none

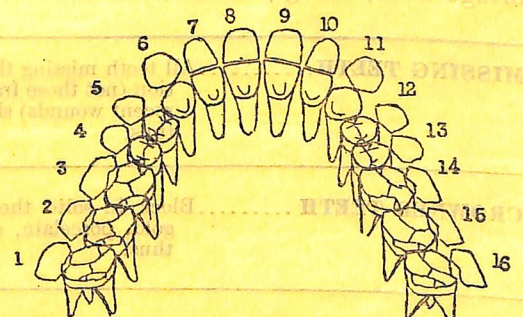
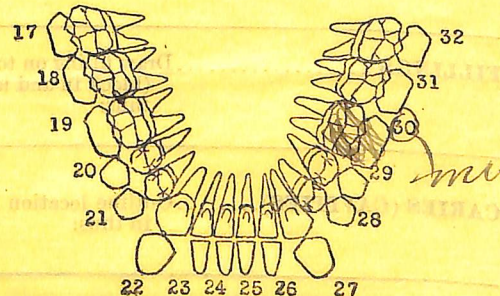


Diagram represents the mouth wide open.



(f) Wounds or missing parts (received at time of casualty) none

30046

7. Disinterment supervised by F.O.Chick Approved: John N. Merrick

(Title) 1st Lt., M.C.

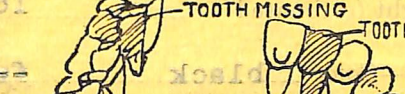


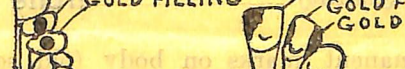

8. Reburial supervised by F.O.Chick Approved: John N. Merrick

(Title) 1st Lt., M.C.

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:	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p>GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p>SILVER FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p>CAVITY DECAYED DECAYED</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."

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.



 RECEIVED
 31 1921
 G. R. S.

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 14, 1921.

1. REMAINS OF CONNOLLY, Patrick. SERIAL NUMBER 1675971
RANK Pvt. ORGANIZATION Co. D, 308 Inf.

2. Disinterred (date) Nov. 14, 1921. From (give complete location) Gr. 74
Amer. Mil. Cem. # 83. Beaune (Cote d'Or) France.
By : Group 4. Unit 4.

3. Reburied (date) : June 22 1922 In (give complete location) : Gr. 33 Bk. A Row 9
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, burlap, and in wooden box. Badly decomposed,
recognition impossible.

5. (a) Identification tags : Buried with body ? No. On grave marker ? Yes.
(b) Other means of identification found upon disinterment, and general remarks :

Scapulars found with body. Bottle containing reburial slip found on
body. 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) U to D.

(c) Hair—Color U to D.

Quantity U to D.

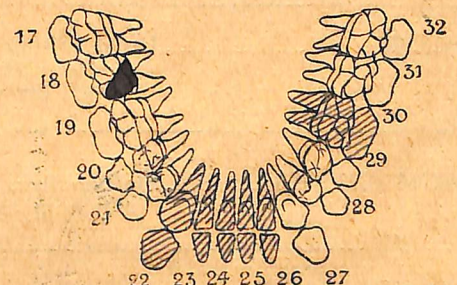
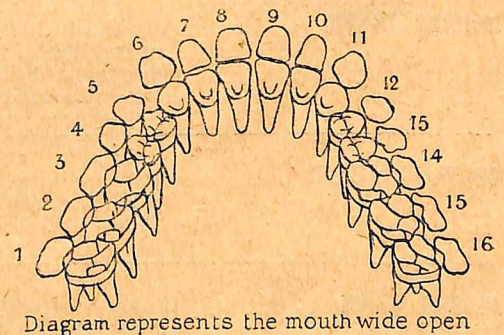
Characteristics U to D.

(d) Hair on face—Color U to D.

Location U to D.

Quantity U to D.

(e) Permanent marks on body (old scars, peculiarities,
or missing parts) U to D.



(f) Wounds or missing parts (received at time of casualty) No. 18, S.F. No. 22, 23, 24,
25, 26, MAD. No. 30, MBD.

None.

7. Disinterment supervised by W. C. RAPIVE

Approved: R. L. FAIN,
RB, (Title) Capt. Q.M.C.

8. Reburial supervised by H L Kramer

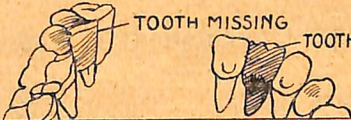




Approved: A E Dewey bjm
(Title) Ist. Lt. QMC

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

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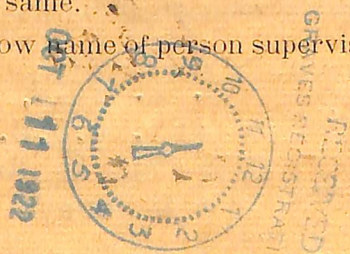
1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial 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.



7765

G. R. S. Form No. 115

COUNTRY FRANCE

Cemetery No. 83

Sheet No. 41

File No. 40438

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name CONNOLLY, Patrick J. Ser. No. 1675971)
 (2) Rank Pvt Organization Co. D, 308th Infantry) TYP. JS
 (3) Date of death 10/20/18) CKR. MB

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

(4) Cause of death Broncho Pneumonia) TYP. FR
 (5) Grave No. 71 Row --- Plot --- Sect. ---) CKR. MCW

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD Date of receipt None

(6) Relationship mother
 (7) Name Barbara Connolly
 (8) Address (E. A.) Miss Mary Connolly, 75 Chandler St, Boston, Mass.
 (9) Desires remains brought to U. S.? No
 (10) Desires remains brought to U. S. and interred in National Cemetery at ---
 (11) If brought back, what shipping instructions? ---

ALS 4-15-20

C. A. G. O. CORRESPONDENCE Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. No correspondence

(13) A. G. O. Files EXAMINED by att (Date) 4-16-20

D (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos.? Yes. etc.) Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? -20 C (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

Cpl. Francis Campbell, Co. F, 305th Inf, 77 Div. A. E. F. (2-21-19) asks for location of grave.

(15) G. R. S. Files EXAMINED by G. C. (Date) 5-4-20

FORM 115A COMPLETED

(over)

CARDED

H 2-21-21-137

Rechecked files per mem 2-1-21

Exhumed 1-23-22 for Concentration St Michael, 1233 att 2/14/22

(216/21 m. 250 0.7)

CEMENTERIAL DIVISION

RECEIVED.

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) _____

APR 29 1921

(16) Removal of Remains (within custody of G.R.S.) to _____

(17) Instructions that remains be left undisturbed _____

(18) Typed by _____ Checked b. _____ (Date) _____

B. G. R. S. FORM NO.114 made (Date) _____

(19) Typed by _____ Checked by _____ (Date) _____

C. SUSPENSION REMARKS:

D. Dispatched (Date) **MAY 8 1921** (Let. Trans. no. _____)

Approved by _____

(Date) _____

II. LINES EXAMINATION

(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____
(7) _____
(8) _____
(9) _____
(10) _____

J.M.S.

G.R.S. Form #120
Shipping Inquiry.

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

MAY 7 1920

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Miss Mary Connolly, 75 Chandler St., Boston, Mass
Pvt. Patrick Connolly
SUBJECT: Remains of.....

The records of this office show that you have requested that his
body be not returned to United States

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			
Soldier's Children	1.		
(Name oldest first)	2.		
	3.		
Father			
Mother			
Brothers	1.		
(Name oldest first)	2.		
Sisters			
Date	Signature		

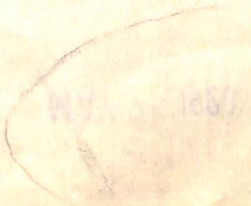
Address..... Relationship.....
Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper.
EM (OVER)

NAME OF DECEASED SOLDIER
ADDRESS OF DECEASED SOLDIER
CITY AND STATE OF DECEASED SOLDIER
NAME OF NEAREST RELATIVE
ADDRESS OF NEAREST RELATIVE
CITY AND STATE OF NEAREST RELATIVE
NAME OF NEAREST RELATIVE
ADDRESS OF NEAREST RELATIVE
CITY AND STATE OF NEAREST RELATIVE
NAME OF NEAREST RELATIVE
ADDRESS OF NEAREST RELATIVE
CITY AND STATE OF NEAREST RELATIVE

NAME OF NEAREST RELATIVE
ADDRESS OF NEAREST RELATIVE
CITY AND STATE OF NEAREST RELATIVE

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.



March 28th, 1921.

File No. 298.8 Cem. Div. Cor. Br.
(Connolly, Patrick J.)

Mrs. Barbara Connolly,
75 Chandler St.,
Boston, Mass.

Dear Madam:

Kindly advise this office at your earliest convenience whether or not the late Patrick J. Connolly, Private, Serial No. 1675971, Co. D, 308th Infantry, is survived by widow, children, or father, and if so, please furnish their names and addresses.

This information is necessary in order that the Department may be assured that the legal next of kin of the late soldier may have an opportunity of expressing his or her wishes relative to the disposition of the remains.

If the late soldier is not survived by any of the above mentioned relatives, please state this fact, and also whether you desire the body left in France and buried in a permanent American Cemetery, returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Virginia.

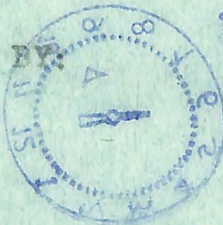
The Department desires to convey to you renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:

R. E. SHANNON,
Captain, QM Corps,
Officer in Charge.

J. F. BUTLER,
Captain, Infantry.

Mailed - O.R.D.
MAR 30 1921



RECEIVED
MAR 30 1921

MB/CP

32-41
RECEIVED

March 28th, 1921

Miss No. 2018, Div. 1, Mr. Br.
(Connally, Patrick J.)

Mrs. Barbara Connally,
78 Chandler St.,
Boston, Mass.

Dear Madam:

Kindly advise this office at your earliest
convenience whether or not the late Patrick J. Connally,
Private, Serial No. 1478721, Co. D, 308th Infantry, 1st
Division, 28th Infantry Brigade, 8th Army, was
survived by widow, children or father, and if so,
please furnish their names and addresses.

This information is necessary in order that
the Department may be assured that the latest next of
kin of the late soldier may have an opportunity of ex-
pressing his or her wishes relative to the disposition
of the remains:

If the late soldier is not survived by any
of the above mentioned relatives, please advise this
office and also whether you desire that the remains be
buried in a permanent cemetery. If the remains are
to be buried in a permanent cemetery, please advise the
name of the cemetery and the location of the grave.
If the remains are to be buried in a temporary cemetery,
please advise the name of the cemetery and the location
of the grave. The National Cemetery at Arlington, Virginia,
is the National Cemetery at Arlington, Virginia.

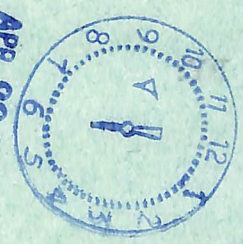
APR 29 1921

The Department desires to convey to you
revised assurance of its sympathy in your bereavement.
RECEIVED
by authority of the Quartermaster General:

W. E. SHANNON
Captain, Col. Grade,
Officer in Charge

G. H. S.
Captain, Infantry

APR 29 1921
G. H. S.



RECEIVED
MAR 30 1921
MAILED-0-0

COMPILATION OF DISPOSITION OF REMAINS DATA

See Form 115
 Oct 2/4/22

I. LOCATION INDEX CARD: (A.S.N.) H2-21-21-B.7.
(3-17) 2/16/21 file 40438
 (a) Name Connolly, Patrick J. Ser. No. 1675971 TYP.
 (b) Rank Pvt. Organization Co. D. 308th Infantry
 (c) Date of death 10-20-18 Cause of death Broncho pneumonia

II. REGISTRATION CARD.-(Check Reg., Card Inf. against Loc. Ind. Inf.):
 (a) Grave No. Row Plot Sect. TYP. bf
 (b) Emerg. Address -----

III. Files of soldiers dying from contagious diseases no card OKR B.7.

IV. Information on which advice to Europe in letter of transmittal was based:
AGO card no date Barbara Connolly (mother)
wishes remains left in France.

V. Following advice forwarded to Europe by - (cable on 192
 (letter of transmittal on 5-8-1920)
Does not state what advice was cabled to Europe.

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. Feb. 19, 1921. 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. 4/29 192 1.

COUNTRY France CEMETERY NO. 83 S.HEET NO. 41
 G.R.S. FORM 115-A
 August 1920

S-666/MB

FORM 115-A COMPLETED
HOBOKEN, Feb. 23, 1921

RECEIVED

FEB 25 1921

GENERAL DIVISION
OVERSEAS PROJECT SUB-SEC.

Connolly,
(Surname.)Patrick J.
(Christian name in full.)1,675,971
(Army number.)

Pvt.

Co.D, 308th Inf.

(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: *I am pleased to leave remains where they at present lie, anxious as I would be to have them here.*
(Name of person to receive remains.) (Express office.) (Telegraph office.)

(Number and street.)

for
(City or town.)

(State.)

(Sign here)

Barbara Connolly
witness *S. Ann DiStefano* *S. P. V. G. Clifton*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Dawson Jay P. M.

83-41
2-7

Received 78 P.D.

REVIEWED
OSP SS.

□

○

Mass. State Committee
13-14 State St.
Boston, Mass.

40438 40438
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE

Connolly **1,675,971** **Patrick**
(Surname). (Number). (First Name and Initials).

Pvt. **Co. D. 308thInf.**
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital No.47.A.E.F.**

CAUSE OF DEATH: **Pneumonia.**

DATE OF BURIAL: **23 October, 1918.**

PLACE OF BURIAL:

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

American Burial Plot assigned, Beaune,
Coted'Or.

GRAVE NUMBER: **71.**

HOW MARKED: ~~Name~~ Peg? ~~Cross?~~

Headboard? **Yes.** Bottle? **Yes.**

IDENTIFICATION TAGS: **Yes. One.**

Was one buried with body? **No.**

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: **Michael Connolly.**

ADDRESS: **Terry Lea, Cliften Co. Galloway,**
Ireland.

RELATIONSHIP: **Father.**

REPORTED BY:

Chaplain, Base Hospital No. 47. A. E. F.
(Signature and Rank of Reporting Officer).

REVIEWED
OSP SS

NOV 8 1918

FROM: C. G. G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

WAR. DEPARTMENT

Office of the Quartermaster General of the Army
Washington

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

Date 2/11/21.

File No. Requisition.

(SPECIAL)

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.

*2/16/21
mep*

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Connolly
- b. Christian name Patrick J.
or (Patrick)
- c. Serial Number 1675971
- d. Organization Co. D, 308th Inf.
- e. Rank Pvt.
- f. Date of death 10/20/18.
- g. Cause of death B. Pneumonia.
- h. Authority (C.O.#)
- i. Emergency address
Miss Mary Connolly
- j. Relationship Sister - 75 Chandler St Boston Mass

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

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

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

*Connolly - 12nd 7th -
epg - 2 - 12 - 2/11/21*

FEB 12 1921

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

BY:

[Signature]
H. J. CONNER,
1st. Lieut. Q.M.C.

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

FEB 12 1921

CEMETERY NO: 83
SHEET NO: 41
TYPED BY: I.W.

Office of the Quartermaster General of the Army
Washington

Date 2/11/21.

U.S.G. Form 8-W-4-0
Information Form of A.G.O.

File No. Registration

FEB 15 1921

(SPECIAL)

From: Quartermaster General, U.S. Army, (Comptrol Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for U.S.G.

1. It is requested that the items checked below be completed. Response
containing all information should be returned to the

- 1. Date of birth 10/20/18
- 2. Name of birth B. Thompson
- 3. Christian name Taylor T.
- 4. Serial Number 145071
- 5. Organization Co. D, 308th Inf.
- 6. Rank Pvt.

PHYSICAL DESCRIPTION
(See page 2 of the Service Record)

- 1. Age at enlistment
- 2. Color of eyes
- 3. Color of hair
- 4. Height
- 5. Weight
- 6. Permanent marks and physical defects at enlistment (Old injuries or scars)

BY SPECIAL INSTRUCTIONS
appear right lower left

Quartermaster General, U.S. Army

FEB 15 1921

RECEIVED

100
100
100

FROM: O. Q. M. G.
~~SECRET~~ CEMETERY DIVISION
Munitions Building
Room 1135-

PLEASE
EXPEDITE

INVESTIGATION AND ADJUSTMENT DEPT.,
Investigation Unit.
WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

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

Date 12-13-20.

File No. 40438 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 CONNOLLY, ✓ f. Date of death 10-20-18. ✓
- ✓ b. Christian name Patrick J. ✓ g. Cause of death Pneumonia ✓
- ✓ c. Serial number 1675971 ✓ h. Authority (C.C.#) #294 ✓
- ✓ d. Organization Co. D, 308th Inf. i. Emergency address Miss Mary Connolly, 75 Chandler St., Boston, Mass. ✓
- ✓ e. Rank Pvt. ✓ j. Relationship Sister. ✓

BODY DESCRIPTION

(See page #2 of the Service Record)

- ✓ a. Age at enlistment 2 yrs - 9 mos ✓
- ✓ b. Color of eyes Blue ✓
- ✓ c. Color of hair Black ✓
- ✓ d. Height 5ft - 10 1/4 in ✓
- ✓ e. Weight 15 1/4 lbs ✓
- 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

*Connolly, Rank 7 yrs
En Per Dec-12-13-20*

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

World War Dept.
Date DEC 13 1920

Macauley.

BY:

H. J. Conner

H. J. CONNER,
Captain, Q.M.C.

1st. Lieut.

File # 40438.

40438

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.

April 21st 1919.

FROM : Chief, Graves Registration Service, American E.F.
TO : Corpl. Francis Canfield, Co.F. 305th Infantry, 77th Division
American E.F.
SUBJECT : Pvt. Patrick Connolly, 309th Infantry, American E.F.

In reply to your letter of inquiry, with reference to the regretted death of this soldier, according to the records at these headquarters he is buried in American Cemetery at BEAUNE, department of the COTE D'OR. The grave is #71

The burial information has not as yet been confirmed by the field force of this service, but notification has been made to us as herein stated, and is officially entered.

By direction

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

(Enclosures-G.R.S.:)
(10-B. .004.5. :)

MBD/MT.

Per MAURICE B. DIX,
Captain, American Red Cross
Representative assigned to
Graves Registration Service.

REVIEWED
USP SS.

40438

TO:- REGISTRATION BRANCH, G.R.S.

FILE NUMBER

FROM:-

DATE: 3/18/19.

Please furnish information as indicated below regarding the following soldier:

NAME CONNOLLY, PATRICK.

NUMBER

RANK PRIVATE.

ORGANIZATION 309th. Regiment. 78th. DIV.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	
7.	Who reported burial?	
8.	Has report been confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags.	
11.	Who is nearest relative?	
12.	Has M/R been notified? (Give Date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	

N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.

REVIEWED
OSP SS.

TO: REGISTRATION BRANCH, G.R.S.

FILE NUMBER 40438

FROM: A. K. E.

DATE: 2/21/19

Please furnish information as indicated below regarding the following soldier:

NAME

CONNOLLY, PATRICK - NUMBER

RANK

PVT. ORGANIZATION

309th INF.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	(1) Patrick Connolly, 1675971 Pvt. Co. D 308th Inf.
2.	Date of Death.	(2) October 20, 1918.
3.	Cause and place of death.	(3) Broncho pneumonia
4.	Number of Casualty Cablegram	(4) CC#294
5.	Date buried.	(5) October 23, 1918.
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	(6) Cty. #83 Grave #71 Amer. Cty., Beaune, Cote D'Or.
7.	Who reported burial.	
8.	Has report been confirmed by G.R.S.	(8) No
9.	Report as to Grave Marker.	(9) Headboard & bottle.
10.	Report as to Identification Tags.	(10) One attached to grave marker
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	(12) Yes. December 25, 1918.
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No. ?	

N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.

REVIEWED
OSP SS

40438

Base Hospital #47
Hospital Center, A.P.O. 908
American Expeditionary Forces.

21 October 1918.

From: The Commanding Officer.
To: Graves Registration Service A.E.F.
Subject: Report of Death.

- 1. Name: Patrick Connolly, #1,675,071.
- 2. Rank: Private.
- 3. Company: D.
- 4. Regiment: 308th Infantry.
- 5. Date of Death: 20 October 1918.
- 6. Cause of Death: Broncho-pneumonia primary type three.
- 7. Autopsy Findings: Above cause verified. Autopsy performed by Hospital Center Laboratory,
- 8. Place of Burial: Beaune, Cote d'Or, France.
- 9. Cemetery: American Burial Plot assigned.
- 10. Grave number: 71.
- 11. Address of Nearest relative: Terrylea, Cliften Co. Galloway, Ireland.
- 12. Nearest relative: Father: Michael Connolly.
- 13. Age: 23.
- 14. In line of duty: Yes.
- 15. Result of own misconduct: No.

C.G. Levison
C.G. Levison
Lt. Col. M.C.

REVIEWED
OSP SS

3 NOV 1918

Base Hospital #47
Hospital Center, A.P.O. 909
American Expeditionary Forces.

21 October 1918.

From: The Commanding Officer.
To: Graves Registration Service, A.E.F.
Subject: Report of Burial.

1. Name: Patrick Connolly, #1,676,971.
2. Rank: Private.
3. Company: D.
4. Regiment: 308th Infantry.
5. Date of Death: 20 October 1918.
6. Cause of Death: Broncho-pneumonia primary type three.
7. Place of Death: Base Hospital #47.
8. Date of Burial: 23 October 1918.
9. Cemetery: American Burial Plot assigned.
10. In what town and department: Beaune, Cote d'Or, France.
11. Number of Grave: 71.
12. Marking of Grave: Headboard.
13. Original tag buried with body placed between the undershirt and O.D. shirt.
14. Duplicate tag fastened to headboard.
15. Nearest relative: Michael Connolly.
16. Relationship and address: Father, Terrylea, Clifton Co. Galway, Ireland.

C. G. Levison
C. G. Levison
Lt. Col. M. C.

REVIEWED

3 NOV 1918

CONNOLLY, Patrick

Medical Officer, A.F.O. 803
British Expeditionary Force

21 October 1918

The Commanding Officer,

From:

Graves Registration Service,

To:

Report of burial.

Subject:

Name: Patrick Connolly, P.O. No. 101.

1.

Rank: Private.

2.

Company: D.

3.

Regiment: 808th Infantry.

4.

Date of death: 20 October 1918.

5.

Cause of death: Broncho-pneumonia (primary type).

6.

Place of death: Base Hospital 477.

7.

Date of burial: 28 October 1918.

8.

Cemetery: American Graves Registration Service.

9.

In what form and department: Issues, Code of Graves.

10.

Number of graves: 71.

11.

Location of graves: Base Hospital 477.

12.

Original tag buried with body placed between the neck and O.D. shirt.

13.

Original tag forwarded to headquarters.

14.

Parent relative: Michael Connolly.

15.

Relationship and address: Father, Terrence Connolly, 100 St. John's Street, Dublin, Ireland.

16.

RECEIVED
OCT 21 1918
F. B. LEVISON
HEADQUARTERS
GRAVES REGISTRATION SERVICE

83

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