

REPLARES.	Kenniston, Luther	E 2,725,048 (Number)	RECORD AND DATE.	
	EnlistedMay 27/18	(Number.)		
	Ernest H. Kennisto	n (Father)		
	Amherst, Ne.	Emergency address.)		
	Statement	nder Act of Congress,	-	
- commenced the compact of the compa	July 11, 199	Enorgency, ackiness.) A. G. Ul		
	RECORD AND DATE.	REMARKS.		
	Jun 11/18 Assed	4th Co DB		
	White or Colored			
	Residence Umhers	t, Hancock Co M	6 1	
	Entleted, Inducted)	E 00 000 18		
	Place of birth Am	Ellewolth Me herst Me		
	Amor date o birth	Deft 23, 1892		
	e vanisations de la			
7-2-6	Grades 101	302 7.41. + disch		
	Total !!	aug 10/18:		
		0		
	Overseas service July	16/18- May 3/19		No.
	Percent disabled o	16/18- May 3/19		1
	den disch on demonstrate	Jan 7/19		
	Tomounizen:	24		
			- Who was a	
	Form 267 A C C			
	Form 267, A. G. O. Ed. Jea. 11-18-750,000.	3-2695 COVE	CR)	
			2.02	
	8—2605			
	The state of the s			

\*Regular Army

\*National Army

\*National Guard -\*Enlisted Reserve Corps

\*Strike out words not applicable.

#### PAY CARD.

MONTHLY WAR RISK ALLOTMENTS (CLASSES A AND B).

Class,	\$f	rom,	191	Discontinued	191_
Class,	\$	from,	191	Discontinued,	191
Class	\$	from	191	Discontinued	101

MONTHLY WAR RISK AND PRIVATE INSURANCE PREMIUMS (CLASSES C AND D).

	. 70			A.T.		
Class C,	\$670 from Junel.	1918	Changed	to	\$,	191
Class,	\$from,	191	Changed	to	\$,,	191
Class	\$from,	191	Changed	to	\$,	191

MONTHLY CLASS E ALLOTMENTS (Including Liberty Bond Allotments)

from OCT- 1918 Discontinued F. PT-201940 Hass E, \$\_\_\_\_\_\_, 191\_\_ Discontinued\_\_\_\_\_, 191\_\_ llass E, \$\_\_\_\_\_\_from\_\_\_\_\_\_, 191\_\_ Discontinued\_\_\_\_\_, 191\_\_

FORFEITURES, DEDUCTIONS, AND PARTIAL PAYMENTS

(Stoppages for loss of or damage to Government property or supplies; mounts due on account of partial payments, overpayments, post exchange, ost laundry, tailor, company fund, transportation, or subsistence; and stopages, including detained pay, under sentence of a court-martial and on acount of absence without leave, absence from duty because of disease resulting rom the soldier's own intemperate use of drugs or alcoholic liquor or other disconduct, etc.)

isconduct, etc.)		The second second
Date.	Description and amount of stoppage.	Rolls on which deduct- ed. (Give months and amounts.)
101		
		2
, 191	9/11	- No. 1997
, 191	The state of the s	
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, 191		
, 191		

May 27 ... 8 ...



SPECIAL

TO: SUPPLY ROOM

For photostatic copies of -Phys. Exam. #1 (1 page only)

Kenniston, Luther E.

gc 1-205 7-29-38

Transferred to, 191
Transferred to, 191
Grade TVT. 104: Co. 0#15 AUG-11, 1918
Grade
Grade
Grade, 191, ADDITIONAL PAY
(Marksmanship, gunner qualification, rating, mess sergeant, extra duty, certificate of merit, foreign service, short payment, etc. Give dates.)
Left terretorial Simite of U.S. for foreign seaver buts 16, 191
Foreign Service Pay to May /3/19 inc
Signature of soldie Luther & Kenniston
Signature of soluter (10 be signed and witnessed when card is started.)
Witnessed by Melogian Leophonia
(Signature, with rank and organization of witnessing officer,)
†Date, 191 Last paid in full to include, 191
J. V. MURPHY, 2nd LT, Q. M. C, by AGT. FOR La LT. J. F. BLAKER, O. M. C.
(Signatura Will Hand and sorganizat 3020 crsonnel officer.)
†Date, 191 Last paid in full to include, 191
by
(Signature, with rank and organization of personnel officer.)
†Date, 191 Last paid in full to include, 191
by
(Signature, with rank and organization of personnel officer)
Date, 191 Last paid in full to include, 191
by
(Signature, with rank and organization of personnel officer.)
†To be filled out only in case of transfer or detachment.
INSTRUCTIONS
1 A pay account on this form will be opened for each soldier upon enlistment
or reenlistment, or upon entry into active service in case of reservists.
2 When the soldier is to be transferred or detached, this card, indorsed by the personnel officer, will be delivered to the company or detachment com-
nander, who will make a copy of so much thereof as may be required for the
the personnel officer, will be delivered to the company or detachment com- nander, who will make a copy of so much thereof as may be required for the perparation of indorsement on the service record. If the soldier is a member of a party to be transferred or detached, the card will be turned over by the company or detachment commander to the officer or noncommissioned officer
ompany or detachment commander to the officer or noncommissioned officer
nissioned officer be placed in command of his party, the card inclosed in a
ompany of detactment commander to the omicer or noncommissioned officer n command of the party. If he is to travel alone, or if no officer or noncomnissioned officer be placed in command of his party, the card inclosed in a ealed envelope will be turned over to the soldier. Upon arrival of the party or the individual soldier at the new station this card will be delivered to the new company or detachment commander, who will, when practicable, compare the contribution with the service record and travenity thereon, with the service record and travenity thereon, with the service record and travenity thereon, with the service record and travenity thereon.
new company or detachment commander, who will, when practicable, compare he entries thereon with the service record and transmit the card to the new personnel officer.
3. Each erasure or interlineation on this card will be initialed by the personnel officer.
4. In case the space provided for any part of the record proves insufficient
No. 644a, A. G. O.
5. When the soldier is furloughed to the reserve, discharged, or otherwise eparated from the active service, his pay card will be filed with the service
ecord. 3-5757

CAUSE OF REJECTION THE REGISTRANT DESCRIBED ABOVE WAS THIS DATE THE ADJUTANT ICE FOR DUTY IN .... ORDER NO. 1.0 ... NAME CLASSIANCE E. MANDESTATSERIAL NO. 7
THE REGISTRANT DESCRIBED ABOVE HAS THIS DATE BEEN INDUCTED (NTO MILITARY SERV Form 1029-A PMGO Below this line to be filled in by MII RANK AND ORGANIZATION SIGNATURE. DATE May 27, 1910 72504 Personnel Officer DATE S HOUR ... CALL No. AND ORDERED TO REPORT T 400 0

WORLD WAR DIVISION INFORMATION SHEET Please furnish wover sheet and contents, including questionnaire of the above named man. Clay ton 120 5 7/21.
Clerk Wing Floor D W. W. Divn. C.S. & contents herewith Gram/Bk-DDW.-123/38 REC'D WORLD WAR DIV. JUL 125 1938

TO MEDICAL SECTION:

Name .

Army serial number

Please furnish all available clinical records in this case.

Wing Floor

Mim # 207

(OVER)

#### MEMORANDUM

# ADDITIONAL INFORMATION DESIRED

Veteran's name KENNISTON, Luther Edward

XC No. 2,740,620

Information desired is indicated by paragraphs marked (X) below.

- X (a) Copy of the record of examination at time of entrance into service.
- X (b) Copy of the record of examination at time of separation from service.
- (c) Copy of all available records covering all periods of medical treatment and observation, including hospitalization.
- (d) Photostatic copies of all draft records, including the questionnaire required by the Selective Service Act and the examination by the Draft Board, where indicated.
  - (e) Marital status, including name and address of wife or next of kin, given at each enlistment.
  - (f) Personal description, to include marks and scars, height, complexion, color of hair and eyes, occupation at enlistment, date and place of birth, and tracing of signature.
  - (g) Copy of complete report of Board of Officers which investigated veteran's death.

U. S. GOVERNMENT PRINTING OFFICE 15-949

WORLD WAR DIVIE!

WORLD WAR DIVISION WAR DIVISION INFORMATION SHEET

To											
	-	(Section	) .				(Claim	number)			
	(Surnamo	(0	hristian	name)	()	Initial)	(Army	serial	number)		

Information or action desired:

Kenniston Luther E

2 725 048

Pvt. lcl

Hq. Co., 302d Fld. Art. May 27, 1918

None fd. or

oleimed

Mone fd. of record

Photostatic copy of report attached Yes

of report attached
General

None fd. of record

May 7, 1919

\* Note Veterand Manifestration, G.A.O., or Pension Office claim numbers.
Mim # 181 (OVER)

VERIERCATION OF SERVICE STRIAL AND HEADSWONE CAS	S G A OS	Org.	6	21/15	discharge	25 05 27 05 05 27 05 05		Marie a		(Clerk)	
CALLS FOR VERIED RELATIVE BURIAL	A.S.N.	Rank	Division	Date of enl.	Date and char.	10 mil	Residence	Any rec. reenl.	55/64	(Date)	Mim # 205

Kenniston, Luther Edward 2,725,048	R. A.	RANK	ARM OR STAFF CORPS	DIVISION	REGIMENT	COMPANY
(Christian Name) (Number)	N. A.	Pvt.		76	302 FA	На
Amherst, Maine	N. G.					
(State)	O. R. C.	P-1		17	11	11
Ernest H. Kenniston Father	See H. See			~		_
Notify in Emergency) (Relationship)  Amherst, Maine	U.S.M.C.					
Street Address) (City) (State)						
May 27, 1918 (Date of Commission)						
Ellsworth, Maine 1893						
(Date of Birth)				No. of Car	d	

VERIFIED by '/L \*RECORD OF TRANSFERS AND CHANGES

Aptd Pvt lcl 0 15 R-3 8/11/18:::

Photograph, Diagram, or Description of Place of Burial

Org O

Form 1010-P. M. G. O. (See Sec. 122 S. S. R.) enmain, July (Surname.) STATEMENT OF PERSON EXAMINED. 1. Have you found that your health and habits in any way interfere with your ability to earn a livelihood? If so, give details WO 2. Do you consider that you are now sound and well? If not state details wo ow as of indigestion and elementers 3. Have you ever been under treatment in any hospital or asylum? If so, for what ailment? Yes James of hospitals or sylums all Bunkers, Bangor we Dates of admissions and discharges about light years Jago 4. Have you been confined to your bed at home under a physician's care within the past year? for what ailment and for what length of time? 200 Name of physician I certify that the foregoing questions and my answers thereto have been read over to me; that I fully understand the questions, and that my answers thereto are correctly recorded and true in all respects. I further certify that I have been fully informed and know that making or being a party to making any false statement as to my fitness for military service renders me liable to punishment by imprisonment. PHYSICAL EXAMINATION BY EXAMINING PHYSICIAN OF LOCAL BOARD. Person under examination stripped.) Weight 149/2lbs.; height 693/4inches. Girth of chest (at nipples): At expiration 3 inches. At inspiration, 37 inches. General examination (head, chest, abdomen, extremities) Zormal Nose and throat homes Lungs normeal Heart Wormal Genito-urinary organs (urine will be examined in suspicious cases) \_\_\_\_ Hemorrhoids Ou Small externa Flat foot or other deformities of feet Flat feet Eyes: Vision—Right eye, 20/30 ; left eye,
Ears: Hearing—Right ear, 20/20 ; left ear, Teeth: Missing teeth Upper, 8 7 6 5 4 3 2 1 Lower, 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (Strike out those that are missing.) Special entry-Particular qualifications of registrant found to be physically deficient and not physically qualified for general military service (note hereunder any trades, professions, or other civil occupations in which the registrant has had experience) I certify that I have carefully examined the person named on the first page hereof and have carefully recorded the results of the examination, and that it is my judgment and belief that he physically qualified for general military service. physically qualified for special or limited military service as physically deficient and not physically qualified for military service by reason of Date\_\_\_\_

# APPLICATION TO BE SENT TO MEDICAL ADVISORY BOARD.

I hereby make application to be sent to a Medical Advisory Board for further physical examination.
Date
(Signature of registrant.)
REFERENCE TO MEDICAL ADVISORY BOARD.
Respectfully referred to Medical Advisory Board
for further physical examination of the person named on the first page hereof.
Place
Date
(Member of Local Board.)
PHYSICAL EXAMINATION BY MEDICAL ADVISORY BOARD.  (Person under examination stripped.)
Weight lbs.; height inches.
Girth of chest (at nipples): At expiration inches; at inspiration inches.
General examination (head, chest, abdomen, extremities)
Nose and throat
libert
Genito-urinary organs (urine will be examined in suspicious cases)  Hernia  Hemorrhoids
ration of other deformaties of feet
Lyes: Vision—Right eve
Haring Kight oor
RIGHT. LEFT.
Teeth:  RIGHT.  LEFT.  Missing teeth {Upper, 8 7 6 5 4 3 2 1
Remarks
I hereby certify that the person named on the first page hereof has been carefully examined and that the results of the examination have been carefully recorded and that it is the judgment and belief
of the Medical Advisory Board that he
[physically qualified for general military service.
physically qualified for special or limited military service as physically deficient and not physically qualified for military service by reason of
physically dencient and not physically qualified for military service by reason of
Place
Place
Date (Designation.)
FINDING OF LOCAL BOARD.
This Local Board physically qualified for general military service.  physically qualified for special or limited military service as physically deficient and not
on the first page hereof physically deficient and not physically qualified for military service by reason of
Place Ellsworth me.
Date July 11 1915 Isoland a flat
(Member of Local Board.)
APPEAL FROM FINDING OF LOCAL BOARD.
I hereby appeal from the above finding of Local Board for
on the ground that
Date
3—5110 (Signature of registrant.)

## DECISION OF DISTRICT BOARD.

The District Board finds the person named on the first page hereof
Date(Member of District Board.)
PHYSICAL EXAMINATION AT PLACE OF MOBILIZATION.  (Person under examination stripped.)
Weight lbs.; height inches.  Girth of chest (at nipples): At expiration inches; at inspiration inches.
General examination (head, chest, abdomen, extremities)
Nose and throat
Heart Lungs
Genito-urinary organs (urine will be examined in suspicious cases)
Hernia Hemorrhoids Hemorrhoids  Flat foot or other deformities of feet Nonation Viladual moderate Hernia
Eyes: Vision—Right eye 10 ; left eye 20/20
Eyes: Vision—Right eye 20/20 ; left ear 20/20 Ears: Hearing—Right ear 20/20 ; left ear
Teeth:
right LEFT
Teeth:  RIGHT  LEFT  Missing teeth {Upper, 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8} (Strike out those that are missing.)
Remarks
I CERTIFY that I have carefully examined the person named on the first page hereof and have
carefully recorded the results of the examination, and that it is my judgment and belief that he
physically qualified for general military service. is physically deficient and not physically qualified for general military service by reason of
1st physically deficient and not physically quartied for general infinitely service of
a fleres - Wolff
Camp Fleet By Frances
Date
All defects noted
existed prior to FIRST INDORSEMENT
existed prior to FIRST INDORSEMENTATION Service bergson of
existed prior FIRST INDORSEMENT MARKET MARKET SET TO THE PRINCIPLE OF THE
WARRIE WARRIED
Camp.
Doto
(Special examiner.)
SECOND INDORSEMENT.
Acceptance Rejection recommended.
Camp
Date(Division Surgeon.)
(Division Surgoun)
THIRD INDORSEMENT.
ALIELLE ALLE CALCULATION
Approved Disapproved as recommended in second indorsement.
Disapproved
Camp
Date(Major General, Commanding.)
3—5110 (Major General, Commanding.)

## APPLICATION FOR ADJUSTED COMPENSATION FOR SERVICE IN

Army

(Army, Navy, Coast Guard, or Marine Corps)

Applicant will make no entries in this column

This application must be sent to the War Department, Navy Department, or Marine Corps, as icated in instructions, depending on whether your last service was in the Army, Navy, Coast Guard, or Marine Corps. Use the envelope provided for this purpose, with the proper address printed on it.

2V 1924 COMP. BR

Application number

c3-8781

#### READ INSTRUCTIONS OVER CAREFULLY

To the Secretary of War or Secretary of the Navy.

The following statements are made by me in support of my claim for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act:

Name of veteran:  Kenniston Luther  (Lest) (First)	2		Application in		
	71				The second
	Edward		Service or	705 840	
		Aiddle)	Serial No. 2,	(2),940	
. Present address of veteran or depend	Hent . Third	& Somerse	t Streets C/	Folwell.	Land I
a resolve address of voteral of depend	101101-11-11-1-1-1	(House	number and street)	Bro. & Co.	
Philadelphia Philadelp	hia Penr	nsylvania			
(City) (Count		(State)			
Date of birth of veteran . Septembe			THE RESERVE OF THE PARTY OF THE	Maine	
(massass)	(Day)	(Year)	(City)	(State)	
Original entry into World War serv	ice in the Arr	ny, Navy, (	Coast Guard, o	r Marine Corps	1500
was as a Private	on	May	27	1918	
(Rank or grade)	OH	(Month)	(Day)	(Year)	
at Ellsworth Maine					1
. Date of separation May 7			p Devens, Ma	ssachuetts.	-
	Day) (Year)		6	10.0	
. I did (did not) have oversea service.	July 16	,1918-	- mays,	1919	
	0				
Service in organizations, at stations	or on vessels i	in the order	named as follo	)ws:	
.302 nd Field Artillery	P				To the least to
A					
ABSENCES	from				DINE!
DUCTIONS FOR					1
TO SHAME STATE AND ADDRESS OF THE PARTY OF T	from				1 11 11 11
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	from				
					1
	from		to		
Character in 12 1					TELET.
. Character given on discharge certific	ateExc	cellent			
Item 9 will be filled in only by man who	a compies on	of subsect			FEEL ST
Item 9 will be filled in only by men whose	e service or part	or wnose serv	nce was in the M	tarine Corps	
Embarked for oversea service on					VIII
of the service off	(Name of vess	sel)	(D	ate)	
at	and disembar	ked from	013/24	8 53	
(Name of port)	una disempai	Red Hom	(Name of	vessel)	100
	at		op r	eturn to United	
(Date)		(Name of port)	, OH I	Court to Ollited	12 19

13.	. (	Commissioned service: GRADES FROM— TO—	
		• NONE	
14.	. I	was a commissioned or warrant officer performing home service not with troops and receiving commutation of quarters or of subsistance from	
		to, and during this period I was on duty at the following stations:  STATION FROM— TO—	
15.	Ι	was granted a farm or industrial furlough from	
16.	Ι	was (was not) a conscientious objector who performed no military or naval duties whatever, and did (did not) refuse to wear the prescribed uniform of the branch of service in which I was serving.	
17.	Ι	was (was not) discharged for alienage.	-
18.	R	emarks:	3
19.	I	certify that I am the named in this application;	
		that the statements made herein are made by me of my own free act and deed for the purpose of applying for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act; and that the same are true and correct to the best of my knowledge and belief.	
		Date July 21 1924 Signature Luther Edward Kenniston	
		Item 20 will not be filled in when dependent makes application (Last)	
20.		e, the undersigned, certify that we know the person signing the application to be identical with the veteran whose service is set forth in the above application; that we have known	
		him (her) for years and (To be filled in by first witness) years and (To be filled in by second witness) years, respectively;	
		and that he (she) understands the statements made by him (her) and the penalty provided by law for making false statements.	
		Signature of witnesses: (1) Such (Middle name) (Last name)	
		2819 N. Dood St. Thilas Re	
		(2) (First name) (Middle name) (Last name)	
		e3—8781 [4.37. A) 10 and 10 an	

-	-	-	MA	T	~	-	10PS	

NV		DUPLICATE	
Homniston	Inther	A CONTRACT OF THE PARTY OF THE	Application No. 1826282
(Last name)	(First name)	(Middle name)	
Pvt. 1st.	ol. ndq	4.00. 302 P. A.	2725048
(Rank)	3	(Organization)	(Serial No.)
The service or other official	records of the above-named	d veteran that are now on file	in this Department show the following facts:
Service after Apr	il 5. 1917, and be	efore July 1, 1919:	
HOME MOT 27			
		,191=days)	
		,191days)	
		,191=days)	(days @ \$1.00=\$
Other	, 101 00	, 101	(
OVERSEAS Jul 16	191 8 to May	3 .191 9= 292 days)	
		,191=days)	
		,191=days)	
		,191=days)	
Oulei		, 20 2	
HOME May 4	.191 9 to May	7,191 9 4 days)	
		,191=days)	
		,191 =days)	
			(days @ \$1.00=\$
Typed Examined	1 4.	ev value of computed	service of veteran, \$ 357.50
Typed	8	Computed hl-MExam	
There are no exceptions under	World War Adjusted Compen	sation Act, in the case of this ve	eteran, other than those set forth in this certificate.
REMARKS			
VENIALVO			

KENNISTON LUTHER E 2725048 PVT HQ CO 302 F A 76 DIV PORT LINCOLN JULY 16, 1918

KENNISTON LUTHER E 2725048 PVT ICL HQ CO 302 FA

CANANDAIGUA (BOST) MAY 3,1919CP DEVENS

BENEFICIARY	Hommiston :	Urs. Elsie	Dora	wice A
	(Last name)	(First name)	(Middle name)	(Relationship)
Appropri	(T-1)			Market Comment
ADDRESS	(House number)	et Sts. A Polwell		
	(22 odso 11 dilibor)		(Street)	
	Philadelphia			
(City)		(County)		(State)
I certify that	the person fi	rst named on the fac	e of the certific	ate is the applicant
and is a veteran;	that he was d	ischarged under hono	rable conditions;	that he was born
that his address i	s Third & Sc	omerset Sts. % Folue		
		niladelphia, Pennsyl		
that the date of h Service Credit due	nis application veteran is \$	n is Jul 23 357.50; and that t	,192 ; that the	e amount of Adjusted

GOVERNMENT PRINTING OFFICE 62—13135

JOHN W. WEEKS,

Secretary of War.

facts of record upon which the conclusions hereinbefore reached are based.

# SERVICE RECORD

# Kenniston, Luther

or corps of department for which words not applicable.

(Company and reciment or arm or corps of department for which failisted.)

\*\*State.ord\*\* voods not applicable.\*\*

\*\*INSTRUCTIONS.\*\*

1. Opening of record.\*\*—When a soldier is callisted or recalisted a service record on this form will be opened for him by the expenting of the record on this form will be opened for him by the recent did the first part of Current Enlistment, page 3. Other data called for by the printed headings or by these instructions will be supplied from time to time as occasion arises by the soldier's company or detachment commander, care being taken to make the record complete and to keep it up to date at all times.

2. Forwarding to first station.\*\*—When a soldier is sent from the recruit designated officer, amp, or regiment, for assignment, the adjutant, or other designated officer amp, or regiment, for assignment, the adjutant, or other designated officer amp, or regiment, for assignment of a soldier to a company, and to the proper commanding officer.

3. Transmission to command, the service record will be forwarded by mail to the proper commanding officer.

3. Transmission to company. —Upon assignment of a soldier to a company, the post, camp, or regimental commander will transmit the service record to the commanding officer of the company to which he is assigned, detaching the Army.

4. Soldiers transferred of detached.—When a soldier is transferred or detached from his company, the company commander will fill out the second independent of the Army.

4. Soldiers transferred of detached.—When a soldier is transferred or detached from his company, the company commander will fill out the second independent and the manner prescribed in paragraph 2, above, in the case of soldiers leaving recruit depots. Subsequentindorsements will be filled out as the soldier's change of station or status requires, the original service record thus following the soldier's change of station or status requires, the original service record thus following the soldier's wherever he goes. Each commanding officer for

# T AND ASSIGNMENT CARD

Army serial number 2 225 048
KENNICTAN
(Surname.) (Christian name in full. See instruction 2.) colored
Assigned to (Company and regiment or corps or department; if unassigned, so state.)
ResidenceResidence
(Street and house number; if none, so state.)
Amkerst toward Main
(Town or city.) (County.)
Place of enlistment, i.e. place at which 11:
to report for military duty, as specified in notice from local
board: Elloworth M-
(Town or city.) (State,)
Date of enlistment, i. e., date specified in notice:
Did soldier report in person at the
Did soldier report in person at the place and on the date
specified? If not, state place and date of reporting:
(100 of no.)
, 191
Last service in Regular Army; if none, so state:
(Company and regiment or corps or department.)
Discharged
Last service in National Guard or Organized Militia; if none, so state:
(Company and regiment or corps or department.)
Discharged Discharged of corps of department.)
Discharged May / , 1918
00
He has Blue eyes, Brown hair,
complexion and : 5 a gly
person to be notified in case of emergency as
(me + 9+10 m + 1 111)
(Name and degree of relationship; if friend, so state.)
- v
(Street and house number; if none, so state.)
the first the fi
(Town or city.) (State or county)
(State of country.)
*Strike out word not applicable.
Corm No 32 - 3

(For National Army.) Ed. Jan. 18-18-1,000,000.

3-4779

10. Changes in entries.—Erasures of entries on a service record are prohibited. All changes in original entries must be made by drawing lines through the entries and each change will be duly authenticated by the signature of the officer making it, the reason for the change being stated.

11. Additional space for entries.—In case the space under any heading, except "Deposits" in the body of the record proves insufficient, the entry will be continued under "Remarks," page 5. If the space under "Remarks," or "Deposits" is insufficient, additional sheets will be securely pasted at the bottom of the page, as indicated by footnote. If the space for showing change of station or status in an indorsement is insufficient, the entry will be continued under "Due United States." One indorsement may, if necessary, occupy the space allotted to two. If there be more than 12 indorsements, an additional sheet will be securely pasted at the bottom of the last page of the form, as indicated by footnote. Under no chroumstances will sheets or silps of paper be pasted or attached to a service record except as provided above.

12. Initiality of entries.—Each entry under "Military Record," pages 4 and 5, "Clothing Account," pages 6 and 7, and "Allotments," page 7, will be initiated by the recruiting officer or company commander, as the case may be. Where there are no date of record relating to a printed heading, the space under that heading will be left blank, except that in case of transfer to another organization or furlough to the reserve the company commander will insert his initials in such blank spaces to show that he has not overlooked the entries. Negative entries, such as "None," "Nothing," etc., will not be made in any part of the form except as required for street and house number and indorsements.

DESCRIPTIVE LIST.
Residence: (None)
(Sirset and house number: Il none, so state.)
(Town or city.)
Name and address of person to be notified in case of emergency:
Cernest Kenniston (Tather)
Name and degree of relationship; if friend, so state.)
(Street and house number; it hone, so state.)
Born in (State.) me
Age at enlistment, Myrs. and mos.; occupation,
Eyes, Blue ; hair, Ruburn
Complexion, Medicine; height, 5 feet 9 / highes;
Married or single: Married
Indelible or permanent marks and physical defects at enlistment:
Clars on both Pences
Size of uniform shoet 91/2 E
7
Vaccinated: May 31, 1918; result, * unsuccessful
Vaccinated: Jone 7 , 1916; result, unsuccessful
completed: Jac 13

#### DECLARATION OF SOLDIER

Having been enlisted in the National Army of the United

States, I declare: 1. I was born in. (Town or city.) (State or country.) lember, 18.7.2 \_\_\_\_day of\_ and am by occupation a.... 2. \*I am a citizen of the United States. \*I made legal declaration of my intention to become a citizen of the United States on the\_\_\_\_ (Name of court.) \*I am a {citizen } (subject) (Give country, if not a citizen of the United States.) 3. \*I am single. -

(Give names and relationship; if no dependents, so state.)

4. The following persons are solely dependent upon me for

\*I am married and have ......children.

(Signature of soldier.)

\*Strike out words not applicable.

support:

The entries on this card are correct to the best of my knowledge and belief. All information required by the instructions on the service record of the soldier has been entered on that record. 7 HWEetin

Camp Devens, Mass.

Date: JUM 7

Place:

#### INSTRUCTIONS.

1. An enlistment and assignment card will be made on this form for each soldier of the National Army, except those rejected at point of mobilization on account of physical disability or for other reasons. It will be prepared as soon as practicable after completion of physical examination and forwarded, with letter of transmittal, directly to The Adjutant General of the Army with forms for report of physical examination and identification

from
from , 191 , to, 191 .
Discharged as; character,;
(Grade.)
Company and regiment or corps or department.)
Discharged as; character,;
(Grade.
from , 191 , to
Discharged as; character,
(Grade.)
from, 191 , to, 191 .  (Company and regiment or corps or department.)
(Company and regiment of colps of steps of the
Discharged as; character,
from
(Company and regiment or corps or department.)
Oischarged as. (Grade.)
from
(Company and regiment or corps or department.)
Discharged as; character,
from , 191 , to , 191 . (Company and regiment or corps or department.)
Discharged as; character,;
(Grade.)
from, 191 , to, 191 . (Company and regiment or corps or department.)
Discharged as ; character, ; character,
*Insert headings below last discharge from the Regular Army to show service in Volunteer Army, Navy, Marine Corps, and National Guard or Organized Militia, in
the order named.
1.13 Ellsworth mand
CUBRENT ENLISTMENT. Queil
162
Serving inenlistment period.
Accepted for enlistment at
Enlisted may 2, 1918, at
AMILIO OF CLASSICS
by Manorlad same place and date
Assigned to The Contract of Co
(Company and regiment of corps of district of district of district of district of district of corps of district of
at
Transferred to 302 d B.a. 76 Dir Camp Drown Mass June 15. 197
Accompany and regiment or corps of department.
Assond to Hg.Co. 302 FA. Tune 18,7918.
(Company and regiment or corps or department.)
Furloughed to reserve at
, 191 . Character:
†Honorably discharged; †discharged and not recommended for reen-
Hstment; †dishonorably discharged at
listment;  disnohorably discharged at
, 191 . Character:
†Strike out words not applicable.

Recruit toilet outfit issued , 19 Oversea shaving outfit issued . 19	Passed through gas Oct 18 19 18 Camp de Souge (Give designation of gas school)	EIGN I	, 19 ; , 19 ; , 19 ; , 19 ; , 19 ; , 19	19 ; , 19 ; , 19 ; , 19 ; , 19	Wound Chevron authorized, 19;, 19;	(State nature of service, with date)	Distinguished Service Medal awarded , 19	(State action, with date)	Distinguished Service Cross awarded , 19	(Attach over "Convictions by Court-martial" page 5, present form)	Each entry on this page will be initialed Menni Byon
--	--	--------	---	--------------------------------	------------------------------------	--------------------------------------	--	---------------------------	--	---	--

Chevron per Par 3, CO#37,
Jan 30, 1919, denoting six
months service overseas.

Sailed from Pawelow, France for Uni
States april 20,1919.

Arrived at Boston Mass on return to a
United States May 3 1919. Lettel

Grade:

Levis &

Marksmanship, gunner qualification, or rating:

St. Mihiel Sector (Ville-en-Woevre — St. Hiloire

St. Mihiel Sector (Ville-en-Woevre-St. Hiloire
offensive), Corps Troops, November 5 to 11/1918
wattles, etc.: In action in sector
between manhaeles and
st. Hilain from hor. 1 to

would or other injuries received in action:

Medal of honor (action, with date thereof, for which granted):\_\_\_\_\_

westertificate of merit (nature of service, with date thereof, for which granted):\_\_\_\_\_

Love Rurloughs:

Time lost to be made good under A. W. 107:

(b) Confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

# EDUCATIONAL QUALIFICATIONS. (To be copied from Form CCP-1.)

Years in gramm	ar school [	High school 4
College of univer	rsity 2 Gradu	ate work
Specialized in_ Speaks *English,	Economics	mun.
Intelligence ratin	8	
occ	UPATIONAL QUALIFI	
Main occupation	Student	To the second
Years 14	*Apprentice: *Journey	man; *Expert.
Just what did h	e do? studied	conomics
-	Wee	kly wages \$
Next best occupa	tion Operated gas	soline launch
Years 2 1/2	*Apprentice; *Journey	man; *Expert:
Just what did he	e do?	
	Wee	kly wages \$
	IILITARY QUALIFICA	rions.
Army specialty.	Rating, † with date.	Rerating, † with date.
Reconnaissa	nce	
Sapper	Rifle grenadier	- Am'nition cannoneer-
Pioneer Stokes mortar	Riteman Automatic rifleman -	- Gun cannoneer
1-pounder ———— Telephone ————	Company clerk — Runner	Instru. man (artillery) Agent of communica-
Radio	Machine gunner	- tion (artillery)
Visual signalman Wagoner	Horseshoer ————————————————————————————————————	- Lithographer
Hand bomber -	— Gunner (artillery) -	- Rigger
†Ex=Exce	t words not applicable. ellent; VG=Very good; G=	Good; F=Fair.
	6-a	

The Date of the Land of the La		8.)					
turns	-						
		191 , Articl					
		191 , Articl					
*court-martial	es of War						
*court-martial	; approved.	191 , Articl	es of War				
*court-martial	; approved.	191 , Articl	es of War				
*court-martial; approved191 , Articles of War							
*court-martial	approved.	191 , Articl	es of War				
		191 , Article					
		191 , Article					
		191 , Article					
			San				
		" or "Summary," as the case					
Pay detained by couri	-martial co	llected on pay roll as fo	ollows:				
, Month.	Amount.	Month.	Amount.				
www.	Dols. Cts.	- Indian	Dols. Cts.				
, 191		, 191					
,191		, 191					
,191		,191					
,191		, 191					
,191							
,191		,191					
REMARKS (See Instru	ction 11):						
PASSED BY N	EURO-1	SYCHIATRIC					
BOARD. DATE	Mu	M 31 19 K	LVA				
MEADENED FOR TO	DERCULO	S AND PASSED	1125/2				
R	READ A		2/10				
TOILET KIT ISSUI		14 1918/ 9 (3)	7.0 10				
TOTAL RIT 15501		W. P.	2				

Additional sheets for "Remarks," if required, will be attached here. (See Instruction 11.)

wa

										will be injunity	
	Date of Issue.		ilue.	Date of Issue.	Va	lue.			RECORD OF COL	NVICTIONS BY COURTS-	MARTIAL-
		Dols	. Cts.		Dols.	Cts.				(Continued).	
-	house								CM	annaluted by	
6	we									appointed by	
									* A. W		
									Sentence as approved	:	
									I certify the above	is correct.	, 19
										, Com	idg.
									C. M.,	appointed by	
									* A. W		*
	C	LOTHI	NG SE	TTLEMENTS.							
	(To be made semiann	ually ar	ad whe	n soldier is separated	from th	9 90.					
		1	ive ser	vice.)		20			Sentence as approved		
										Approved	. 19
	Date of		of Clo		Balan	00			I certify the above i	s correct.	
	Settlement. Allows	ance.	Since	Last United	Due					, Com	de.
			Settle	ment. States.	Dorare			/	A SECTION AND ADDRESS OF THE PERSON AND ADDR		
			1.	7.	1	7/	1			MPANY PUNISHMENT.	10 -1
,	A 4	Teun was	1	Poer posts	million	1//	8			4, Manual for Courts-Martial.)	
En .	42/1 h.			1 in			1		be submitted in evide	punishments will under no	rith record of
	El tille	1	4	10 2 28		100 mm mm mag.			previous convictions.		
	Land -		2	Urnanch					Offense, including date.	Punishment awarded, with	Decision on
14									owner, merening trace,	date.	appeal.
1	Sassis With	A		( Van Month		~~~					
	*****										
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1	rot moles	A		Tex Mouth							
J.E	.0				1	1.69.3					
ONC.	30			ENTS.							
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	- Carrier	_191 (); (	iiscont	nued Jop. O.O.	192	20					
18	Sper month f	or	mon	ths beginning with the	month	of					
				nued							
34											
:	per mouth f	07	mon	ths beginning with the	month	of		0404			
		191 : d	liscont	nued	101				A STATE OF THE STA	THE RESERVE OF THE PERSON OF	********
			2000						*A. of W. and synopsis	of specifications of which found	guilty, includ-
			(7)		3-375			ASS .	ing dates.	6-c	
										9-0	e3-6357

То			-191
This soldier*	-	To	
	0	This soldier*	
He was last not do to the	- 1	138 27	
He was last paid to include, 191		He was last paid to include	****
(Panis and		By	, 191
Due United States (See Instruction 5); if nothing, so state:		(Rank an	d name of quartoymaster.
		Due omted States (See Histi	uction 5); if nothing, so state:
****			
This soldier†an allotment running.			
His character ist		This soldier† an a (Has or has not.)	llotment running.
I have personally verified all entries under "Due United States."		His character is†	
		I have personally verified all	entries under "Due United States."
Commanding.			
		***************************************	Commanding.
6th IND.		THE STREET STREET	
			2d IND.
, 191			
To		20 + 1 C	June 14 , 191 8
This soldier*		To (0.302d pl. 76	Dir Chemp Drows mars.
		This soldier have as fut	fr px * 3020 2.9. 96 Die Cam
He was last paid to include, 191		Aurus, mass per 1.0.l. 9. 760	ir Camp Normo Mass. Jul 12, 141
Ву		He was last paid to include	say du from ent 191
(Rank and name of quartermaster.)  Due United States (See Instruction 5); if nothing, so state:		Ву	name of quartermaster.)
		Due United States (See Instru	oction 5); if nothing, so state:
		On fine 30, 1918 d	ers Prem 6:70
F			
This soldiert an allotment running.			
		This soldier for med an alle	otment running. But have
His character ist		(Has or has not.)	9.1
Das omteu states."		His character ist  I have personally verified all e	ptries under "Due United States."
*********************************		to,	To lance
* Give characteristics			U woef
<ul> <li>Give change of station, or status of soldier, with number, date, and source of order.</li> <li>† To be filled out in handwriting of officer signing indorsement.</li> </ul>		hota	Commanding.
(11) 69-275		Give change of station, or status	of soldier, with number, date, and source of order. of officer signing indorsement.
		Issigned to Hg. Co	302 FA VORC
		The state of the s	June 15, 1918.

This form will be pasted over page 14 of the Service Record. In case there are completed indorsements on page 14, this form will be attached to the bottom of the page.

FINAL INDORSEMENT.
CAMP DEVINE MASS W/OC
may x 7 ,1919
TO THE ADJUTANT GENERAL OF THE ARMY:
enniston Luther E. 2725048
(Surname.) (Christian name.) (Army serial number.)
was, at this place and on this date, separated from service in The
United States Army because of later, 15, 1918 and Par. 19 S. O. 291 Hibores.
U.S.A.C. CAMP DEVENS, DATED NOV. 21, 1918
His character is College
*Final statements furnished.
*Paid in full to date of separation from the service.  *Discharge certificate furnished.
Service with American Expeditionary Forces:
JUL 161918
Sailed from U. S. for foreign service
Arrived at port overseas, 191
Sailed from port overseas for U.S, 191
Arrived at port on return to U.S., 191
Instructions relating to War Risk Insurance furnished.
Treasury Department, B. W. R. I., Form 333, Notice of Discharge, has been transmitted to camp personnel adjutant.
P. TO & Kommer Son
(Soldier'e signature.)
Address furnished for future reference:
(Number and street or rural route.)
(City, town, or post office.) (State or country.)
I have verified the foregoing entries.
MARKE !
I Company
Cattura 362 F. P.
111-6
Commanding 144
ble.

To	
This soldier*	
A DIA OVACATA "	10.00
***************************************	
He was last paid to include, 191	
By	
(Rank and name of quartermaster.)	
Due United States (See Instruction 5); if nothing, so state:	
*	-
This soldier† an allotment running. (Has or has not.)	
His character ist	-
I have personally verified all entries under "Due United States."	
Commanding.	
10th IND.	
	-
191	
То	
This soldier*	-
AMS SVILLEGY	
***************************************	
He was last paid to include, 191	
Re	
(Rank and name of quartermaster.)  Due United States (See Instruction 5); if nothing, se state:	
The states (New Mastraction s); It nothing, so state:	
	4
This soldiert an allotment running. (Has or has not.)	
(Has or has not.)	
His character ist	
vermed an entries under "Due United States."	
# G	
Commanding.	

Give change of station, or status of soldier, with number, date, and source of order
 † To be filled out in handwriting of officer signing indorsement.

#### CERTIFICATE OF EXAMINING SURGEON

The soldier named above has this date been given a careful physical exami-
nation, and it is found that  *He is physically and mentally sound.  *Le is physically and mentally sound with the following exceptions:
(Describe the nature and location of the defect, wound, injury, or disease.)
***************************************
(+io )
The record in hour or dimensel 100 Ullrainte receil in death or disciplify
The wound, injury, or disease his likely to result in death or disability.  In my opinion the wound, miny of disease had a congruence in the line
in my opinion the wound, minute of disease did not originate in the line of duty in the military service of the United States.
In my opinion the wound, minty of disease and another in the line of duty in the military service of the United States.  In view of occupation he isper cent disabled.
in my opinion the wound, minty of disease and not originate in the line of duty in the military service of the United States.
In my opinion the wound, injury, or disease adding originate in the line of duty in the military service of the United States.  In view of occupation he is
In my opinion the wound, injury, or disease adding originate in the line of duty in the military service of the United States.  In view of occupation he is
In my opinion the wound, injury, or disease adding originate in the line of duty in the military service of the United States.  In view of occupation he is
In my opinion the wound, injury, or disease adding originate in the line of duty in the military service of the United States.  In view of occupation he is
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In my opinion the wound, min'ry or disease and did not originate in the line of duty in the military service of the United States.  In view of occupation he is
In view of occupation he is
In my opinion the wound, min'ry or disease and did not originate in the line of duty in the military service of the United States.  In view of occupation he is

SEPARATION FROM SERVICE IN THE UNITED STATES ARMY Vermiton Luther E 272500

Venne	ton	Lut	her E	2	725048
(Surname.)	tel (Chri	stian name.	otro	(Army seris	o 2 F A
(Grade.)	Stu	lend real	ment or arm	or corps or	department.)
	(Occupa	tion prior to	entry into s	orvice.)	

#### DECLARATION OF SOLDIER

Question. Have you any reason to believe that at the present time you are suffering from the effects of any wound, injury, or disease, or that you have any disability or impairment of health, whether or not incurred in the military service?

Q. If so, describe the disability, stating the nature and location of the wound, injury, or disease.

Q. When was the disability incurred?

A. ....

Q. Where was the disability incurred?

Q. State the circumstances, if known, under which the disability was incurred.

A. .....

I declare that the foregoing questions and my answers therete have been read over to me, and that I fully understand the questions, and that my replies to them are true in every respect and are correctly recorded.

Witness: 0 0 0 0 4 - 01

(1)

(Signature of witnessing oneer.)

A 3 0 2 7 7 7 (Rank and organization.)

Place Carefo Daves Maes

Form No. 135-3, A. G. O. Nov. 11, 1918.

03--6595

### REPORT OF BOARD OF REVIEW

(See instruction 2.)

From a careful consideration of the case and a critical examination of the

	ND:

WE FIND:	
*That he is physically and mentally *He is physically and mentally soun (Describe the nature and location o	sound, d with the following exceptions: f the defect, wound, injury, or disease.)
	,,,,
The wound, injury, or disease tis n	ot) likely to result in death or disability.
f duty in the service of the United	r disease (†did rdid not) originate in the line States.
In view of occupation, he is	per cent disabled.
(Name.)	(Rank.), M.C., U.S.Army.
(Name.)	(Rank.) M.C., U.S.Army.
(Name.)	(Rank.), M.C., U.S. Army.
(Place ar	101
* Strike out the part of the certi	
+ Strike out words not applicable	The Production of the case.

#### INSTRUCTIONS.

1. This report will be made out for each soldier, immediately preceding separation from service in The United States Army.

2. If the declaration of the soldier and the certificate of the examining surgeon do not agree, the case will be referred to a board of review, to consist of not less than two medical officers, convened by the camp, post, or regimental commander, which will complete the report on page 4 of this form.

3. When completed the report will be forwarded, with the service record of the soldier, to The Adjutant General of the Army in compliance with instructions prescribed in orders and regulations.

#### CERTIFICATE OF IMMEDIATE COMMANDING OFFICER

#### I CERTIFY THAT:

\* Aside from his own statement I do not know, nor have I any reason to believe, that the soldier who made and signed the foregoing declaration has a wound, injury, or disease at the present time, whether or not incurred in the military service of the United States.

* The soldier who made and signed the foregoing declaration has a twound,
†injury, †or disease, which was incurred about, 191 ,
1
The nature and location of the †wound, † njury, †or disease, so far as known,
are
χ.
V and
The circumstances under which incurred were
1
***************************************
In my opinion the wound, injury, or disease tidd not originate in the line
of duty in the military service of the United States.
Remarks
***************************************
The man
Ul. Alathal
a de ach Du
annual and the state of the sta
Commanding
0,4

Kenniston, Luther E. 2,725,048

Cp Devens, Mass 302 Regt F A May 7/19

Pvt 1st C1 Hq Co

Hon disch

(Surname.) (Christian name.)

Pvt 1.01 Hq Co 302 FA (Rank.) (Organisation.)

F-1017 -65

Arrived at Boston, Mass., May 3, 1919, from France: S. S. "Canandaigua."

Forwarded to: Cp Devens

Emergency address:

Mr. Ernest H. Kenniston (Father) Amherst, Maine.

Form No. 697, A. G. O.

\* Regular Army.

\* National Guard.

\* Enlisted Reserve Corps.

# INDIVIDUAL EQUIPMENT RECORD

		THE REAL PROPERTY.		ALL DE	acase Co.	R. R. R. P.
	4	CLOTH	ING ACC	COUNT		
ARTICLES.	SIZE.		Tona .			
	1316.m4	/ -1	Issump.		TURNE	IN.
	7	1036	10		5/11/-	
DATE LINE	- 4	11/1	4		17/4	-
Bags, barrack		1/1			1	
Beltz, wrist		11				
Blankets		B			31	
Brassards					-	
Breeches, cotton.					1	
Breeches, woolen		1				
Caps, servics				-		-
Chevrons						
Coats, denim					7-	
Coats, cotton					1	
Coats, woolen		111			1	-
Cords, hat						-
Drawers, cotton.						
Drawers, woolen .		12				
Gauntlets, winter						
Gloves		///				
Hats, denim						
Hats, service						
Laces						
Laces, shoe						
Leggins						De Est
Neckties						
Ornaments, cap.						
Ornaments, col-		2 2	1 1			
Overcoat, O. D.		1 1				
Overshoes.arctic -						
Ponchos						
Shirts, fiannel		21				
Shoes, gymna-						
Shoes		1				
Blicker		1 /				
Stockings, cotton -						
Stockings, woolen -	4	E H				
Buspenders						-
Trousers, denim						
Undershirts,						
Undershirts,	2	2				-
Sid Tags	3	2				
1300 million 1-	- 7	-				_
						-
	1					-
Officents Total	10	01		===	07	
Officer's Initials	N	-12-	_'	-I-H	2	
Kenne	ston.	The out we	inds not app	lostile.	37250	48
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(Orade.)	(0)		0., 00		141	
Write grade and or	rgus relate the	with pen	cil and corre	arm of corp cet as chang	s or departmentes occur.	nt.)

(2) °3-5357



ORDNANCE PROPERTY ACCOUNT

QUARTERMASTER PROPERTY ACCOUNT								
ARTICLES.	1	52	Issumb.			5	Turni	D IN.
DATE LINE	the	2/0			/	2		
DATE LINE	1	1			-	7		
Bar, mosquito	+	-		-		4		
Bedstead, Iron	+			-		+		_
Bugle, with E.M.P	+			-		-		
Cases, pillow	+			-		+		
Oot	1	-		-	-	+		100
Covers, mattress	11					+		To the last of
Head net, mosquito	1					+		THE PART
Locker, trunk						+	-	-
Mattress						+		
Overcoat, blanket-lined.						+		100
Pillow						1		
Pole, tent, shelter	T	-		1		1		1 100
Receiver, card, bedstead.	1					1		
Ropes, shelter tent								
Sack, bed								36
Sack, pillow								THE PARTY
Sheets, bed	T							
Sling, bugle								THE CASE
Tent, shelter, half	1							1.00
Whistle and chain								
Kayor	11	1						
shaving 13	1	11						100
sile! KU	1	1				1		100
gas mask	+	17				1		and and
Hames	1	11						
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	+-1						-	-
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QUARTERMASTER PROPERTY ACCOUNT

96

#### ORDNANCE PROPERTY ACCOUNT

ORDNANCE PROPERTY ACCOUNT					
Astrolas.	isaumo.	TURNED IN.			
DATE LINE	1/14	1110			
41		1//			
Meat can. Cup. Knife. Fork. Spoon.					
Knife	77				
Fork	4				
图 Spoon					
Bandoleer, Cavalry					
Bayonet and scabbard					
Blanket roll straps					
Bolo and scabbard Brush and thong					
Can, bacon					
Can, condiment					
Canteen and cover	-4				
strap					
Canteen strap, Cavalry.					
Cartridges, cal					
Cartridge belt					
Cartridge belt and					
Front sight cover					
Gun sling					
Hand axe and carrier					
Hatchet and cover					
Magazines, extra	The state of the s				
Magazine pocket					
Oller and thong case					
Puck carrier Fick mattock and	· <del>             </del>				
carrier					
Pick, Cavalry, and cover					
Pistol No					
Pistol holster					
Pouch for first aid	- /				
Fouch for small articles					
Ration bag					
Record case, N. C. O					
Revolver No					
Rifle cover					
Rifle scabbard					
Rule, 2-foot, folding					
Saber and scabbard Saber knot					
Saber straps, pairs					
Shovel and carrier					
Steel tape, 5-foot					
Spurs, pairs					
Spur straps, sets	*				
Stockcover Trench knife and scab-					
bard					
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