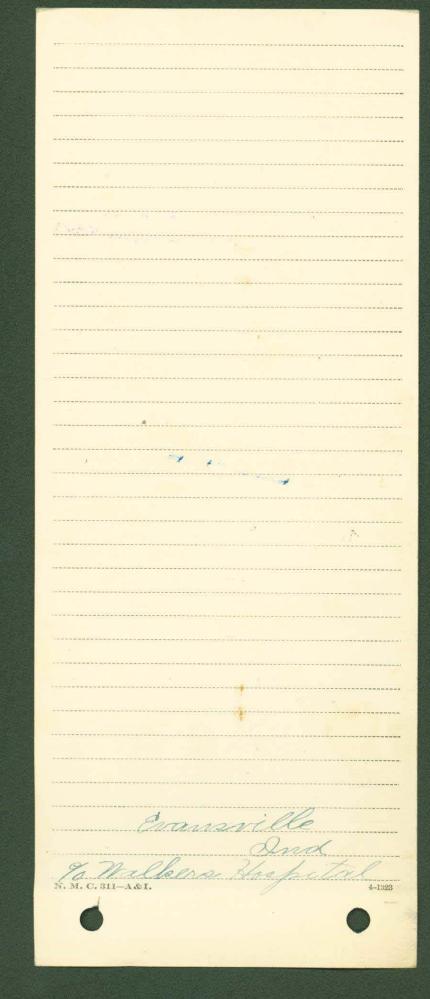
S. ALLEGED DISEASE OR INJURY  2. SUBSEQUENT RESERVE OR RETIRED STATUS  3. SALLEGED DISEASE OR INJURY  2. SUBSEQUENT RESERVE OR RETIRED STATUS  3. SALLEGED DISEASE OR INJURY  2. SUBSEQUENT RESERVE OR RETIRED STATUS  3. SALLEGED DISEASE OR INJURY  3. SALLEGED STATUS RECORDS  3. SALLEGED DISEASE OR INJURY  3. SALLEGED STATUS RECORDS  3. SALLEGED STATUS RECORDS  3. SALLEGED STATUS RECORDS  4. SALLEGED STATUS RECORDS  4. SALLEGED STATUS RECORDS  4. SALLEGED STATUS RECORDS  4. SALLEGED STATUS RECORDS  5. SALLEGE	13	10-26-82	/ W Veter	rans Admin	nistration	REQU	EST FOR INFORMAT		273 2	2 1599
A RINE CORPS    STANDARD AND ADDRESS OF VA REQUESTING OFFICE   VETERAN & ADMINISTRATION   10.00000   10.00000   10.00000   10.00000   10.00000   10.00000   10.00000   10.00000   10.00000   10.0000		ED /				Charles and and			-	
STANSHERM ADDRESS OF VAR EQUESTING OFFICE  VETERALS A DMINISTRATION  STS NORTH PENNSYLVANIA ST  10. VAINSURANCE NO.  27.3-22-1599  13. OCICAL SECURITY NO.  27. OCICAL SEC	BRANCH OF SEF	RVICE		8. LAST NA	ME - FIRST N	AME - MIDDLE	EINITIAL (Under Which Served)			
VETERANS ADMINISTRATION  575 NORTH PENNSYLVANIA ST  ROM INDIANAPOLIS IN 46204  10 DATE OF BRATE STATES  ROM INDIANAPOLIS IN 46204  11-30-94 BENEGAP IL 09-04-8  1						27 300 20 300 30	In social escupia	EV NO		
ROM INDIANAPOLIS IN 46204.  11-30-94 SENEGAP IL 09-04-8  13. SRIGHTANTON DITT A DJUDICATION 2301  14-05-17 D8-18-17 UNV NO  15-05-17 D8-18-17 UNV NO  25. SUBSEQUENT RESERVE OR RETIRED STATUS 23. OBLIGATION TERMINAL DATE NO NO  25. ALLEGED DISEASE OR INJURY 26. DATES OF TREATMENT 27. PLACE OF TREATMENT 28. TYPE NO NO  26. DATES OF TREATMENT 27. PLACE OF TREATMENT 28. TYPE NO NO PENCLOSURES OR OBJUST 18 VERIFIED CORRECT. AND IT STREAMS AND IT OR 19 (Winchever AND ITS TREATMENT 18 VERIFIED CORRECT. AND ITS TREATMENT 18 VER					10. VA INSC	PRANCE NO.				M-2
B. DATE STREED IT DATE SECRETARIES OF THE STREET OF THE ST					11-30-	-94 BEI			COMPANY OF THE PARTY OF THE PAR	
8-05-17 08-18-17 UNV NO.  25. ALLEGED DISEASE OR INJURY 26. DATES OF TREATMENT 27. PLACE OF TREATMENT 28. TYP  26. DATES OF TREATMENT 27. PLACE OF TREATMENT 27. PLACE OF TREATMENT 28. TYP  27. PLACE OF TREATMENT 28. TYP  28. ADDITIONAL INFORMATION  OMP LETE VERIFICATION OF SERVICE.  29. ADDITIONAL INFORMATION  OMP LETE VERIFICATION OF SERVICE.  20. AND 11 OR 19 (Whichever AND 12 OR 19 (Whichever AND 18 THROUGH 18 VERIFIED CORRECT.  20. OF ENCLOSURES ORIGINAL RECORDS CLINICAL RECORDS MATION OF SERVICE WATCH AND 18 THROUGH 18 VERIFIED CORRECT. AND 18 THROUGH 18 VERI					The state of the s		N 2301			
25. SUBSEQUENT RESERVE OR RETIRED STATUS 23. OBLIGATION TERMINAL DATE  NONE  25. ALLEGED DISEASE OR INJURY  26. DATES OF TREATMENT  27. PLACE OF TREATMENT  27. PLACE OF TREATMENT  28. TYP  38. ADDITIONAL INFORMATION  OMPLETE VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(stat))  OMPL	6. DATE ENTERED	17. DATE SEPARATED FROM ACTIVE DUTY	18. CHARACTER OF SEPARATION OR DISCHARGE	19. SERVICE	E NO.	20. LAST GRA	ADE, RATE, RANK OR ORGAN	IZATION	3/11	21.SEPARATIO FORMS ON FILE
23. SUBSEQUENT RESERVE OR RETIRED STATUS 23. OBLIGATION TERMINAL DATE  25. ALLEGED DISEASE OR INJURY  26. DATES OF TREATMENT  27. PLACE OF TREATMENT  28. TYPE  29. ADDITIONAL INFORMATION  OMP LETE VERIFICATION OF SERVICE.  20. DATE OF TREATMENT  20. DATE OF TREATMENT  21. TEMS 8, AND 11 OR 19 (Whichever)  AND 15 THOUGH 15 VERIFIED CORRECT.  26. DATE OF TREATMENT  27. PLACE OF TREATMENT  28. TYPE  28. TYPE  29. ADDITIONAL INFORMATION  OMP LETE VERIFICATION BY SERVICE DEPARTMENT (Check applicable bar(et))  PORWARDED  AND 15 THOUGH 15 VERIFIED CORRECT.  AND 15 THOUGH 15 VERIFIED CORRECT.  AND 15 THOUGH 15 VERIFIED CORRECT.  EXCEPT.  ONLY OF ENCLOSURES ORIG. COPY NO. ENCLS. (CORL.) ORIG. COPY  SERVICE NATIONAL MEDICAL RECORDS NO. ENCLS. (CORL.) ORIG. COPY  SERVICE NATIONAL MEDICAL RECORDS	8-05-17	08-18-17	UNV							NO
23. SUBSEQUENT RESERVE OR RETIRED STATUS 23. OBLIGATION TERMINAL DATE  24. RETIRED STATUS  NONE  25. ALLEGED DISEASE OR INJURY  26. DATES OF TREATMENT  27. PLACE OF TREATMENT  28. TYPE  29. ADDITIONAL INFORMATION  OMP LETE VERIFICATION BY SERVICE DEPARTMENT (Check applicable bar(ex))  PORTUGATE REDUCATED RECORDS  TEMBS, AND IS OR S VINCENAME  PORTUGATE REDUCATED RECORDS  PORTUGATE  NO. OF ENCLOSURES  ORG. COPY NO. ENCLS. (Com.)  ORIG. COPY  ORG. OF ENCLOSURES  ORG. COPY  ORG. OF ENCLOSURES  ORG. COPY  NO. ENCLS. (Com.)  ORIG. COPY  SERVICE  SERVICE  SIGNATURE AND TITLE					10000					1
NO. DE 25. ALLEGED DISEASE OR INJURY  26. DATES OF TREATMENT  27. PLACE OF TREATMENT  28. TYP  28. TYP  29. ALLEGED DISEASE OR INJURY  20. DATES OF TREATMENT  27. PLACE OF TREATMENT  28. TYP  28. TYP  28. TYP  29. ALLEGED DISEASE OR INJURY  27. PLACE OF TREATMENT  28. TYP  28. TYP  28. TYP  29. ALLEGED DISEASE OR INJURY  27. PLACE OF TREATMENT  28. TYP  28. TYP  28. TYP  29. ALLEGED DISEASE OR INJURY  28. TYP  29. ALLEGED DISEASE OR INJURY  29. ALLEGED DISEASE										
28. ALLEGED DISEASE OR INJURY  26. DATES OF TREATMENT  27. PLACE OF TREATMENT  28. TYP  28. TYP  29. ADDITIONAL INFORMATION  OMP LETE VERIFICATION OF SERVICE.  (6. ENDORSEMENT-VERIFICATION BY SERVICE DEPARTMENT (Check applicable dox(rs))  ITEMS 8, AND 11 OR 19 (Whichever and 15 or 10 (Whicheve		RESERVE OR RETIRE	D STATUS 23. OBLIG	GATION TERM	INAL DATE		24. RETIRED STATUS	275	11400	
9. ADDITIONAL INFORMATION  OMPLETE VERIFICATION OF SERVICE.  10. ENDORSEMENT-VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))  ONLY OF A STANDARD OF THE STANDARD		CED DISEASE OF IN	HIDY	26 DAT	TES OF TREAT	MENT	27 PLACE OF T	REATMENT		28. TYPE
AVAILABLE REQUESTED RECORDS   ITEMS 8, AND 11 OR 19 (Whichever number was used as the identifier), AND 16 THROUGH 18 VERIFIED CORRECT.   AND 16 THROUGH 18 VERIFIED CORRECT.   AND 16 THROUGH 18 VERIFIED CORRECT.   EXCEPT:  O. OF ENCLOSURES ORIG. COPY NO. ENCLS. (Cont.) ORIG. COPY SERVICE INFORMATION   SIGNATURE AND TITLE   N - C    EALTH RECORDS   CLINICAL RECORDS   SERVICE INFORMATION   SIGNATURE AND TITLE   N - C    SIGNATURE AND TITLE   SIGNATURE AND	. ADDITIONAL I	NFORMATION	ON OF SERVI	CF.	b 107					
FORWARDED    Number was used as the identifier), AND 16 THROUGH 18 VERIFIED CORRECT.   EXCEPT:    Oo. of enclosures   Orig. copy   No. encls. (cont.)   Orig. copy   Service   Information   Service   Information   Nation	9. ADDITIONAL I	NFORMATION	ON OF SERVI	CE.						
NO. OF ENCLOSURES ORIG. COPY NO. ENCLS. (Cont.) ORIG. COPY HEALTH RECORDS CLINICAL RECORDS INFOR- MATION  WASICAL EXAMINATIONS AT ENTRANCE  THYSICAL MEDICAL RECORDS	9. ADDITIONAL I	NFORMATION VERIFICATIO	SERVICE DEPARTME	ENT (Check app						
HEALTH RECORDS  CLINICAL RECORDS  CLINICAL RECORDS  CLINICAL RECORDS  MATION  SERVICE INFORMATION  MATION  DENTAL RECORDS  DENTAL RECORDS  MEDICAL	9. ADDITIONAL I  OMP LETE	VERIFICATION BY REQUESTED RECORD	SERVICE DEPARTME DS ITEMS 8 number AND 16	ENT (Check app., AND 11 OR 1; was used as th	9 (Whichever e identifier), VERIFIED COI		AND 16 THROUGH 18	e identifier),		
HEALTH RECORDS  CLINICAL RECORDS  CLINICAL RECORDS  CLINICAL RECORDS  MATION  SERVICE INFORMATION  MATION  DENTAL RECORDS  DENTAL RECORDS  MEDICAL	9. ADDITIONAL I  OMP LETE	VERIFICATION BY REQUESTED RECORD	SERVICE DEPARTME DS ITEMS 8 number AND 16	ENT (Check app., AND 11 OR 1; was used as th	9 (Whichever e identifier), VERIFIED COI		AND 16 THROUGH 18	e identifier),		
AT ENTRANCE DENTAL RECORDS DENTAL RECORDS MEDICAL MEDICAL RECORDS RECORDS	9. ADDITIONAL I  OMP LETE  0. ENDORSEMEN	VERIFICATION BY REQUESTED RECORD	SERVICE DEPARTME DS ITEMS 8 number AND 16	ENT (Check app., AND 11 OR 1; was used as th	9 (Whichever e identifier), VERIFIED COI		AND 16 THROUGH 18	e identifier),		
	9. ADDITIONAL I  OMP LETE  O. ENDORSEMEN  AVAILABLE FORWARDE	T-VERIFICATION BY REQUESTED RECORD	SERVICE DEPARTMEDS ITEMS 8 number AND 16  Aug (a)  NO. ENCLS. (Cont.)  CLINICAL RECORDS	ENT (Check app., AND 11 OR 1: was used as th THROUGH 18 N	9 (Whichever e identifier), VERIFIED COI	RRECT.	AND 16 THROUGH 18 EXCEPT:	e identifier), VERIFIED GO		

99378

LEACH. Roscoe Reed BORN: 30 November 1894 APPLIED: July 27, 1917 AT: Danville, Ill. ENLISTED: August 5, 1917 AT: Paris Island, SC. Paris Island, July 31, 1917 AVIATION DET, PHILADELPHIA, PA. 1st Aviation Squad Mineola L 10 CT 1 4 1917 PURLO DEC 19 1917 10 DEC 23 1917 At L. Charles La frJan6 18 Expert Kifleman /0 - 61 M QO. 220 Series 1917 At Miami, Fl. fr. Apr | 18 Amounted Corporal JUN 12 19183 of ma Appointed Sergeant JUL 6 1918/+ JOINED 3rd, Squadron 1st. MAF JUN 17 1918 On De Kalb July 18 1918 Ashore FRANCE and server, with Army fr. Aug. 1, 1918 FURLO JUL / 1918 TO JUL 4 1918 On Mercury Dec 3 & Ashers Norfolk Dec 20 18 FURLO DEC 2/ 1918 TO Expert Riglaman 5-/7-/9 MQO, 143 Series 1919 AT QUANTICO, VA. JUN 13 1919 Disch. Conv. of Govt., Sergeant Aug 18,19 Squadron C., M. A. F., Quantico, Va .. Char. "Ex." G. C. MEDAL 3 / 7 7 /



Disch Vinitial Gorrestly Pass Along

Mis. Chkd

Died Cas. Sec

Died Cas. Sec

Ent. Reg

Mis. Postg

Accts. Cld

C Ma

F. P. Sec

Q.M. Clo. W. F. & M. R. C. A. M. R. C. A. M. R. C. M. R. C. M. M. M. R. C. M. M. R. C. M. M. R. C. M. M. R. C. M. M.

MARINE BARRACKS, PARIS ISLAND, S. G. ISSUED ONE NEW CLOTHING BAG

War Carantale Properties

SEP 25 1917

Edward Woven Bankey Sung CAPTAIN, A. Q. M., U. S. M.C. (FOR USE IN ADJUTANT AND INSPECTOR'S DEPT.

U. S. MARINE CORPS.



SERVICE-RECORD BOOK

OF

Llach SURNAME.

Roscoe Reed

RANK.

Sergeaut;

AUG 5 - 1917

DATE OF ENLISTMENT.

IN ADJUTANT AND ECTOR'S DEPT.

DATE OF DISCHARGE.

DATE OF DISCHARGE, EXTENDED ENLISTMENT

REASON OF DISCHARGE

CHARACTER GIVEN ON DISCHARGE.

N. M. C. 109—A&L 4-21-17—50m

4-516



1. This book becomes a part of the staff him throughout his enlistment. Entries sha tions contained herein, but no entry shall be plished by the administration of the oath.

2. Enlistments.-When a man's enlistm and date of enlistment shall be entered on th on pages 2 and 3 in the presence of the officer be filled in under the supervision of such Pages 2 and 3 should be filled in and sign place and date of the taking of the oath of e date of enlistment.

3. Forwarding.—Upon the termination retirement, death, or desertion, this book warded through official channels to the A discharge certificate is to be prepared at h the book shall be forwarded from posts ar days, and from posts and stations west of expiration of the term of service.

4. Professional and conduct record. this heading on June 30 and December 31 o is transferred, retired, discharged, deserts,

(a) Transfers.—When a man is transfer 4 to 9. When a man is transferred to the R

(b) Joinings.—When a man joins, surren shall be made on pages 4 to 9. Circumstan delivery shall be noted on pages 10 to 13.

(c) Furloughed for remainder of enlis of men transferred.

5. Special qualifications.—Enter all es duty for which detailed, date of detail, date duty, and why relieved. The manner of perf to by the officer having eognizance of the w important notation merely because he is the

6. Offenses, etc.-Enter where, and date mitted, giving hour and date from and to w ments awarded, rewards offered if a deserted 10 to 13, need not be signed, but a line shall is transferred, discharged, etc.

7. Desertion.-Should a man desert, on ] if any, of the following circumstances attended posal of effects, especially uniform; secret ; clothes; declarations to comrades and known distant point; escaping from arrest and qui or duty; the commission of an offense and I

known of intention to desert, a statement to that effect shall be made. Entry shall also be made of the hour and date, place, or port of desertion, and whether or not a reward has been offered. A copy of the reward offered, if any, shall be forwarded with this book to headquarters, but not pasted therein. A man who deserts will be given "0" in

151

8. Death.—In the event of death, proper entries will be made on pages 4 to 9 and 10 to 13; also the hour, date, place, and cause of death, and date and place of burial or disposition of remains, showing character he would have received if discharged.

9. Retirement.-When a man is retired, entry shall be made of the date of retirement, and this book forwarded to headquarters, showing character he would have received if

10. Markings.-Under Military Efficiency shall be indicated the commanding officer's estimate of the man's value as a soldier, including zeal, intelligence, manner of performing duty, military bearing, cleanliness, proficiency in drills, and all other matters pertaining to the duties of a marine. Should the period of service be too short to enable the officer signing the entry to judge of the man's Military Efficiency, no mark shall be given under this head, but instead the word "None" shall be entered, and in such cases the average standing shall be arrived at by dividing the total marks (for Obedience and Sobriety) by 2.

(a) Markings in Obedience and Sobriety shall be given in every case upon transfer or when the book is closed, no matter how short a period of service is involved, and shall be for such period only, prior markings being ignored. When no offense is entered in a man's service-record book, he shall receive a mark denoting Excellent (4.5 to 5) in Obedience and Sobriety, except that during the period of instruction at recruit depots minor offenses not reported to the commanding officer for action shall not be entered in the book, but shall be taken into consideration in assigning marks.

(b) With recruits the first marks shall be given upon completion of the course at, or upon transfer from, the depot, and these marks shall be considered in assigning the next succeeding semiannual markings.

11. Final markings.—The final marking shall be an arithmetical average of all semiannual markings and the marking "For Discharge," the first semiannual marking and the marking "For Discharge" being given their proportionate value according to length of time covered.

12. Character.—The final marking should indicate the character the marine is entitled to for his entire service. In making recommendations for character to be given upon discharge, or in awarding such character, the following shall be observed: If the final marking is less than 1, the character recommended or awarded shall be "Bad;" 1 and less than 2, "Indifferent;" 2 and less than 3, "Fair;" 3 and less than 4, "Good;" 4 and less than 4.5, "Very Good;" 4.5 or over, "Excellent." Should a man be discharged

ance with the sentence of a court-martial, the character will necessarily be gardless of his average standing as indicated by markings. In other cases, ere be good reason for recommending or awarding character not in accord markings, the reasons therefor shall be stated in full over the signature of the

struc-

com-

rank.

taken

shall

eruit.

s the

and

arge.

l for-

e the

nent,

er 15

o the

mder

ages

ntry

and

the

ning

ified

this

ned.

com-

rish-

ages

such

Dis-

e for

Award of good-conduct medal or bar. When the final marking is 4.5 or "Excellent") on expiration of enlistment, a man will ordinarily be eligible for laward of a good-conduct medal or bar. Ordinarily, recommendation for a goodconduct medal should not be made in the case of a man who during his current enlistment has been convicted by a court-martial, other than by a deck court, and whose sentence has been approved by proper authority; but if a recommendation for a good-conduct medal is made in such a case the reasons therefor shall be given over the commanding officer's signature.

(a) At posts having a company organization the markings shall be entered personally and signed by the man's company commander, who shall also make recommendation as to good-conduct medals and bars. In cases where the commanding officer of a post does not agree with the markings given by the company commander, or the recommendations in regard to good-conduct medal or bar, his recommendations, with reasons therefor, shall be given over his signature.

14. Discharge. Before the service-record book is closed and forwarded to headquarters for preparation of discharge certificate, the commanding officer shall enter the markings to which the man is entitled since last semiannual markings, taking into consideration any markings given on transfer since last semiannual markings, "For Dis." being used in the column provided therefor. On the line following shall be entered the markings to which he is entitled for the whole of his service, after the words "Final M."

(a) When a man is discharged before the staff returns are forwarded to headquarters, markings shall be given in the same manner as when the service-record book is forwarded to headquarters for preparation of discharge certificate, except that the final marking shall not be entered until the discharge has been effected, and that instead of using the words "Final M." the word "Discharged" shall be entered in the column provided therefor, followed by the date of discharge.

(b) In the case of a general court-martial prisoner, additional signed entry shall be made, on pages 4 to 9, to show what was actually furnished him upon discharge, including the amount of cash paid, whether or not it included transportation, and whether or not

civilian clothing was furnished.

(c) When a man is discharged before his book is forwarded to headquarters, the first certificate on the inside of the back cover shall be filled out. When the book is forwarded for preparation of discharge certificate, the second certificate on the inside of the back cover shall be filled out. These certificates shall not be filled out in other cases

15. In making entries in this book the strictest economy of space must be observed, no blank lines being left between entries. Only such forms or insert pages as may be authorized by headquarters will be pasted in the book.

16. Page 26 is reserved for use in office of Adjutant and Inspector Headquarters U. S. M. C., only.

(For instructions regarding General Pay Data see next page.)

GEORGE BARNETT, Major General Commandant.

I certfiy that my "Home address is of Walkers Hospital.

6161. Atst tengua

QUALIFICATION RECORD.

Adjutant & Inspector, and one copy to organization How many years have you worked at it Name of last employer Address Your weekly wage in this position \$ 20 Describe the jobs or enterprises in which you

In the column to the right draw one line under those occupations at which you have worked; draw two lines under those at which you are expert. After each underlined occupation write also the number of years (i. e., 1, 5, 9,) of experience you have had in that occupation.

exercised the greatest authority or leadership; such as foreman, manager, captain, etc.

1 Factory worker 2 Farmer 3 Laborer 4 Lawyer 5 Teacher 6 Machinist	3	16 Railroad fireman 17 Steam engineer 18 Rigger 19 Sheet metal worker		28 Farrier 29 Draftman 30 Surveyor 31 Telegraph'r 32 Wireless operator 33 Lineman	,	42 Stenogra'er 43 Typewriter 44 Baker 45 Cook 46 Butcher 47 Grocer
2 Farmer 3 Laborer 4 Lawyer 5 Teacher	3	17 Steam engineer 18 Rigger 19 Sheet metal worker 20 Foundry'an 21 Engineer graduate 22 Autodriver 23 Gas engine repair man 24 Horseshoer 25 Mule pack'r 26 Care and handling of horses	1 2	30 Surveyor 31 Telegraph'r 32 Wireless operator 33 Lineman 34 Phone repairman 35 Phone operator 36 Photogra'r 37 Moving picture expert 38 Navigator 39 Seafaring man 40 Bookkeeper	11	44 Baker 45 Cook 46 Butcher 47 Grocer 48 Chiropodist 49 Dentist 50 Druggist 51 Nurse 52 Physician 53 Bandsman 54 Barber 55 Canvas worker 56 Harness maker 57 Shoemaker
		27 Veterinary		41 Clerk		58 Tailor

Occupation Yrs. Occupation Yrs. Occupation Yrs. Occupation Yrs.

If you are an expert in any occupation not mentioned in these columns, write it here

(SEE REVERSE SIDE.)

"(State many wireless of Government check," etc.)

Outline any previous military experience you have had, giving grade, period of service, and organization: jer used) in school MONE n the event of my leaving no widow or child, or of their dec re payment is made, I then designate as my beneficiary w act the following dependent relative, my Did you graduate? German? Married Number of children Date May J., 1918 you have in furnishing public enter-Unmarried N. M. C. 806 ABI Initials of Officer. August 12th., 1919 I certfiy that my "Home address is , % of Walkers Hospital. Captain, U.S.M.C.

der used) in school  Did you graduate?  Why  well?  German?  German?
n school  u graduate?  y  y  graduate?  German?  n furnishing pu
gradu i.e. d.
Did you graduate?  Did you graduate?  Myering had have in furnishin
der use
Barracks
Marine Balladas  Paris Island, S. C.
Under the provisions of the act approved August 22, 1912, relating to the payment of six months' pay less deductions to defray expense of interment) to the widow or children or dependent relative of any efficer or enlisted man on the active list of the Marine Corps who dies from wounds or disease not the result of his own misconduct. I give below the name and address of my wife and the name and address of each of my children:
(Full name of wife; if not married, so state.)
NONE (Address of wife.)
(Full name and address of each child; if none, so state.)
BLIAGO
***************************************
In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative, my
father (Relationship.)
C. W. Leach (Name in full.)
General Delivery
Bone Gap, Illinois
(Not at present dependent)
*
*(State briefly wherein dependency consists, such as "allotments registered," "monthly contributions by Government check," etc.)  (SEE REVERSE SIDE.)
Amount of the state of the stat

7 2 1 1 11 2 2 2 1 11 2 2 2
Name Llach, Moscoe Weed
Enlisted as PRIVATE
Marine Barr ks Paris Island, S.C.
AUG 5 - 191/, 191, to serve during* Var
Date of birth Nov. 30, 1894
Place of birth Bone Jake I
Accepted for enlistment at Red Llawelle, for
Occupation prior to entering military or naval service
Brook Jeacher
Former residence Rone Sofe I
Citizenship
Identification tag issued 1977, 191 f  Name, relationship, and address of person to be potified
in case of emergency A ather
C. W. Leach
Sen. Lel. Done Safe, I
Knowledge of Foreign Languages, with Degree of Proficiency in Each.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service:
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service: (See Par. 67, M. C. Orders.)  Capetain, U. S. M. C.,
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service:
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service: (See Par. 67, M. C. Orders.)  Capetain, U. S. M. C.,
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service: (See Par. 67, M. C. Orders.)  Capetain, U. S. M. C.,
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service: (See Par. 67, M. C. Orden.)  Captain, U. S. M. C., Recruiting Officer.
Knowledge of Foreign Languages, with Degree of Proficiency in Each.  LANGUAGE. SPEAKING. READING. WRITING.  Foreign service: (See Par. 67, M. C. Orden.)  Captain, U. S. M. C., Recruiting Officer.

\* Enter: "Minority," "War," or as appropriate.

In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative, my Nodependent relative (Relationship.) (Name in full.) (Address.) \*State briefly wherein dependency consists. I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief. Private U. S. Marine Corps. (Rank.) Subscribed and sworn to before me this... Captain U. S. M. C. [SEAL.] Executive Officer It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths. INSTRUCTIONS. This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, or before a notary public.
The full names and addresses of the beneficiaries should be carefully stated.
It a marginal woman, her own Christian name aloud be given, not that of her than the country of the country states. Shoes Coats undress. Socks Overcoat Trousers, Drawere dress Gloves Cotton. field belt, wover Hats, field Cost, pajamas Pants, pajamas

Issuing Ufficer

Name Zlach, Moscoe Enlisted as PRIVATE
AUG 5- 1917 , 191 , to serve four in
Date of birth Nov. 36  Place of birth Bone 9
Accepted for enlistment at Red. Lls us Occupation prior to entering military or ne
Former residence Bone &
Citizenship US  Identification tag issued Nov 14
Name, relationship, and address of person to in case of emergency.
C. W. Leach

MARKS, SCARS, ETC. (Marked in red ink by Medical Examiner.) MARKS, SCARS, ETC.
(Marked in red ink by Medical Examiner.) RIGHT HAND.

Rolled imprint of thumb and each finger. LEFT HAND. Rolled imprint of thumb and each finger. LITTLE. THUMB. 4. RING. INDEX. 8, MIDDLE, MIDDLE. 2. INDEX. RING. SCOEPTED Date and nature of any waiver. 10. LITTLE. Complexion, Height, Weight, LEFT HAND.-Plain imprint of Four Fingers taken simultaneously. RIGHT HAND, -Plain imprint of Four Fingers taken simultaneously.

4-516

4 516

### PROFESSIONAL AND CONDUCT RECORD OF

4-516

The following shall be executed and signed semiannually and whenever the marine is transferred, retired, discharged, deserts, or dies, or the book is closed for discharge; also (without markings) when he joins, surrenders, or is apprehended. (0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 4.5 to 5, Excellent.) Semiannual markings and markings "For Discharge" shall be entered in red ink. (See Instructions Par. 4.)

4-51	6 of is apprenented. (0, bad, 1, indir		74, 1, 101y Good, 110 to 0, 2340			-		11	·/
	STATION OR VESSEL.	Joined, Surr., App., Transf., Semi-an., For Dis., Final M., Deserted, Died, Retired, Discharged.	DATE.	RANK.	MILITARY EFFICIENCY.	OBEDIENCE.	SOBRETY.	AVERAGE STANDING.	SIGNATURE OF COMMANDING OFFICER.
	Co. " " M. B.p.	(Joins?	5 Aug 1917	PVI.	20			1	1) (neemant and leutenest p
1	PARIS ASLAND &C	Long		J1	-		5	11.5	Znd Lieutenent
2		TRANS.	OCT 1 1 1917		3	5	5	4.3	J.S.M.C.
3	Cero Co MB thila, Ox	Id.	Oct. 12/917	17				-0-5	alfriday fivis. M.C.
4 6	Loro Co HB Phila Par	Fleans	Cot 17.1917	11	3	5	5	4,3	allis ale glie , U.S.M.C.
	musile and	42	Pot 17/11/2	11				-	alfred at the U.S.M.C.
SIERT AVI	ATHON SOULDRON Mineda n. V.		100 711019	//	2/	4	4	447	all of & arks o Ox loghet
	First aviation la undon	Hand an	The state of the s	4	100000			110	Willer C. M. Carry May, J. S.M. G.
7	miami, Fla.	Trans.	april 15,1918		4.5	5	5	4.0	www. o. str. c.
8	Jorce Mianu, The	Yar bothen	THE STATE OF THE S		-	нерат	270703		July July U.S.M.C.
9	ETEST MARINE AVIATION FORCE	TRANSFERRED	JUN 1 7 1918	11	5	5-	5	5	1822 Things , O.S.M.C.,
	Sign MIAISI, PLORIDA	MOINED	JUN 1 7 1018	1, -		- 10		621-	- De Rober & spit.
	0	[	3 3		1230,000	*	()		
11 12 18 14 14 14 17	SQUADRON COMARINE FLYING FIELD SQUADRON "C" MARINE FLYING FIELD MARINE BARRACKS, QUANTICO, VA. MARINE BARRACKS, QUANTICO, VA.	SEMI-AN. FOR DISCHARGE	JUN 8 0 1918 40 e 3 / / 8 JUN 3 0 1919 AUG 1 8 1919 AUG 1 8 1919	Ger Dys ''	55	5 5 5 5	5 5 5 5	5 5 5 49 49	R.S. Lytte, U.S.M.C.  U.S.M.C.  U.S.M.C.  2nd LIEUTENANTIN, S. M. C.  U.S.M. C.
									, U. S. M. C.
3,15			***************************************						, U. S. M. C.
3020									
2	1								, U. S. M. C.
25									, U. S. M. C.
2:	3	***							, U. S. M. C.
2	4					To the second	8	DIO	, U. S. M. C.
005	REVETON ON ARREST?	Dis., PECAL M.	DATE.	RANK	VEN.	To the same of the		Name of the last	BIGMYLDER OF COMMANDING OFFICER, A. S. W. C.
2	5	VALUE OF THE						1 8	
20	6	Total III Sugar							, U. S. M. C.

LEAVE; COURTS-MARTIAL; PUNISHMENTS AWARDED; REWARDS OFFERED IF A DESERTER, ETC. NO OFFENSES Barracks, Port Royal, S. C. OCT 1 1 1917 while serving with alon & MB Phila Pa From Oct 12/917 to Oct 17/1917 no offenses Johle serving with lot aviation Equation While serving with First Marine aviation Jun 17 1918 No OFF 4-516

WHERE, AND DATES FROM AND TO WHICH SERVED; OFFENSES COMMITTED, GIVING HOUR AND DATE FROM AND TO WHICH ABSENT WITHOUT 5

Where Attached,	Range.	Day.	Month.	Year.	Score.	Estimat'g Distance.	Final Qualifications.	Signature and Rook of Verifying Officer.	No. and Date M. Q. Order.	Date Insig- nia Deliv'rd.
MARINE BARRACKS	ARINE GARDAGES	6	001	191	767	97	XPERO RICLEM	DA moth series		11-7-17
SOUADRON COMARINE FLYING FIELD	RINE FLYING FIELD	MAY	171	919	V55	96	ExpertRiflema	Nauth's Sperveter MAIO	R. U. S. M. C.	

Other Entries Required by Par. 3689, Naval Instructions.

Record of Navy Qualification (see Pars. 49 and 57, Small Arms Firing Regulations, U. S. Navy, 1917).

Navy Qualification.	Score.	Date.	Where Attached.	Range.	Team credits which contribute to qualification of Expert Team Rifleman.
Marksman			***************************************		
Sharpshooter					
Expert Rifleman					
Expert Rifleman		ELVIORO DOVER E	AND	NAME OF STREET	
Export Pifloman		= = =			(Controller Company
Expert Rifleman			860 M25 - Consider 43 (0), and 1-brill	Tredrondorps	And covered mader rates and street amore desails.
4516		EXA	RA ANTI SPECIAL DE	TY DETAILS	CDECIVE OFFITER VERSONS

Gun Pointer or Gun Captain (enter classification, qualification and date thereof).  Date of detail and date of revocation through transfer or otherwise.  Small Arms and Gunnery Prizes (enter character of Prize, date, and amount award).	a contract of
	8
	3
	100
	97
	986
	18 18
	SPATE THE
	988
	2
	9
1	LA

H
~
2
Z
=
-
A
2

Consequence of Cons	ıl.	ı	1	L .		!	1	ı.	1.				r																				21	
Character   Char	700	PAID.											1			1																		
Compacting   Com	NCE.	UND					1	1		; ; ; ; ; ;					1	1																		
Charles   Comparison   Compar	BALA	LID.												-				-														Ē		-
Charles   Comparison   Compar		OVERP					1 1 1 0 1 1		1 1 2 4 4 5		1			THE STREET				-																
Charles   Table   Ta	3.5						f f f	-																							3			
Charles   Table   Ta	NCLUSI'	SETIL						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						E E											1						THE LANGE			
Charles   Table   Ta	DATE I	AID OR							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3 %		1								1 1 1 1 1 1 1							8 8 8			
P. Putter   P. P	SATE ]	AX. P																						1	1	- 1								
R. B. PUTNAM   Law Days Brayer   Balance   Coronage   Post   Cor														13					E						-									
R. B. PUTNAM   Law Days Brayer   Balance   Coronage   Post   Cor	M PAD	ayması									1 1 4 2 1 1					N R	4																	
R. B. PUTNAM   Law Days Brayer   Balance   Coronage   Post   Cor	Y WHO	me of P									1			-5		10 M				The same								2 2 2 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1					
R. B. PUTTANN   RATE   DATE   STATE   PATE	P S	(Na						1							To .				III THE REAL PROPERTY.															
St. Wight Pain   Control	ON OR					1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			E 8 7										1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
St. Wight Pain   Control	NIZATIO	Post.									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					OXI				The last						1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
R. B. PUTNAM  R.	ORGA		30	31	32	223	3.4	35	36	27	38	39	40	41	42	PAT										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
R. B. PUTNAM  R.		0,			Ę	7	1		H			<b>D</b>	9	7	5	70		-	4	-	1	47	48	46	20				20	22	99	10	98	
R. B. PUTANN  R. PUTANN  R. B. PUTANN  R. PUTANN  R. B. PU	rá	UNPAL	Full	=	E E	E	RILL	B	F		Thin	悲	K	Mel		IVOS		-0	i	52	1.	H	3			The Real Property lies		1						
R. B. PUTNAM  R.	ALANCI	-	-	D F	M	M	E		H	E	12		12	7.7		TAID				4	1	13	4. 4		K	1.1		Z.						
R. B. PUTNAM  R.	H	ERPAID	aid	.0			6		AID	E	E	E		Li.		N. N.		-				100	3				1					8		-
R. B. PUTNAM  R.			0	Pa	PI	A		PA	00		0	0	D	0		878	*1					g	63	A							M//ID			
R. B. PUTNAM  R. PUTNAM  R. B. PUTNAM  R. B. PUTNAM  R. PUTN	LUSIVE	ETTLED	214	21, 0	191	917	191	913		1918	191	1916	191	918	918	00 7		816		88	180	E	0	100	18	6	616	919	919					-
R. B. PUTNAM  R.	TE INC	D OR S	1003	36 p 30			31	118	0	1 8	33.0	3.1	97	7	31	0 GS			T E	1 -15			10 0	i .	61 0	3) 19	301		00					
BY WHOM PAID.  (Name of Faymaster.)  R. E. PUTNAM  R. E. P	TE DA	Y. PAI			5	P	FC	M	FEB	N T	PR	A			-9	8		4	63	0	್ಷಣ	F 00		5		161	- in		1		000	TA A		1
STREET WITTON OR (Name of Paymaster Page)  1.C			1					1				2			B						E		L		APF	7	1	1	17/				1	-
STANDAY ON ON ON THE STAND ON T	PAID.	ymaster	TNAM	(AM	SHER, 3	HER. II	HER, 18	N.Y.			TNAM	N.Y		tho	ters			100	Catho	7	1 to	3	3	7	3	3	0	11011				1		
STATES STAND OF R. B.	Меном	e of Pa	a. Pu	8. PUTT	THEAS	THRAS	THRAS	B. PUTI				PUTN	8	nas	nas			9	July 1	The state of the s	Ja 20	10	25	of the	pri	8	7,000	000				T NOW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STAND SOUNDS  BAND S	BY	(Nam	œ	æ	TOM E.	TOM E.	KOR E.	ai d	4			<b>a</b>		100	I			Of "	No.	200	100	BC	PB	S	P.B.	82	B.	Ra	130	1		18.1	2 2 2 2	
STANDARD SOLD STANDARD SOLD STANDARD SOLD STANDARD SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL	OR		15 E		7.4.	ADRON n.y.		2	600	100	N FORC	POMCE	Charles and	7	TO TO	0			1	74.	1		1	+	a l	1.	1	113	1/2		1		1	
PANS BANS	ZATION	OST.	ISLAN		rota,	SAN SOL	SQUA	Soukp	BUADE	OHING	WATIO	T. C.	The state of the s	The Care	the c			1000	10 11	1	2	200	25	200	いいい	UTF.	201	1000	311	1			1 1 1	
8   8   8   8   8   8   8   8   8   8	ORGAN	-	C6. "		Men	Min	VIATION	LEGAL.	THON.	N/AN	RINEA	MINETA	D.	N. O.H.	12.70			Led 1	Ledy	199	San	All A	Sya	mh o	in a	Se de	Sp. de	4 3	the said			STATE OF THE PARTY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	516
				62	00	FIRS	HIST A	PHRST NG	JAN S	86	RST NO	BT MAO	17	Jak.	723			114	15	186	11/2	18 4	130	20 /	727	SI S	1830	22	125	26	27	28	29	4

N. M. C. 535 PM	ENT GRANTI	ED.	Le FO			enuctions on	OTHER S	IDE.		\$	20.
By these pr	resents,	TTE	R.R	. Cp.	,	U. S. M.	1	st pay't:	Month	uge on last	Year 1918
do appoint	sum stated above the person name um so allotted:	ve per ed be	low m	th of my p	ay; and y to re	Numbe	m't, \$	or remarkable to		our s and figure Expires.	(24) July 1920
	has. W. Lea	oh,				OFFICERS		B	Y ME	t Month	TOTAL
Date of rep	gistry: LR Le	ach		Amoun	t	Last Month		inodii			
Witnessed	Signature of grantor  and registered:				- 1-	STOP	PPED OF	TRANS	FERREI	0	
	Asst. Paymaster	r, U. S	. M. C.	DAT	E		TO				SHIP
11	The Contract of the Contract o	Commi	dimini			********					
U. S	bursing Officer's bursing Officer's	ackn ackn	nowled	lgment or Igment rec	receipt ceived	ed transfer	- receive	ed	* * * *	Remarried?	Amount payable nonthly by order of court
Navy Dist	bursing Officer's bursing Officer's	ackn	nowled	igment red	ceived.	1		**	* * * *	Remarried?	nenthly by order
Navy Dist	bursing Officer's bursing Officer's	tments	in add	ition to com	bulsory	allotment, if a		* * *  Nows:  Amount of Mon hly H tribu ion	# # # # My Average abitual Con- Because of indency	Remarried? "Yes" or "No"	nenthly by order
Navy Dist	bursing Officer's bursing Officer's Lowe make voluntary allot	tments	in add	ition to comp	bulsory	allotment, if a	any, as fol	* * *  Nows:  Amount of Mon hly H tribu ion	* * * *  My Average abitual Con- Because of	Remarried? "Yes" or "No"	of court  OF ALLOT-
Navy Dist	bursing Officer's bursing Officer's  Total make voluntary allow	tments	in add	ition to comp	bulsory	allotment, if a	any, as fol	* * *  Nows:  Amount of Mon hly H tribu ion	* * * *  My Average abitual Con- Because of	Remarried? "Yes" or "No"  AMOUNT M	of court  OF ALLOT-
Navy Districted Wife  I hereby  Relationship to Me  Upon the following-name	bursing Officer's bursing Officer's  Total make voluntary allow	tments  oing in lations	in add	ition to comp POST et or Rural Route	Dulsory of City, Town	allotment, if a ADDRESS in, or Past Office	State  State  c correct, bove:	* *  Amount of Mon hly H tribu ion Depe	* * * *  My Average abitual Con- Because of ndency  apply for	Remarried? "Yes" or "No"	OF ALLOT-

date of transfer as given above is subsequent to date of last settlement as shown under "Pay Account Record," checkage must be made on next pay roll rendered.

919-7

Commanding \_\_

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Neval Insurance
\*Form 1B

## INFORMATION FOR ALLOTMENT OF PAY

AND

### APPLICATION FOR FAMILY ALLOWANCE.

### THIS FORM MUST BE FILLED OUT IN TRIPLICATE.

OFFICE OF COMMANDING OFFICER,

EXCHVAC

1 30' M

.oN La

\$ \$ 100 M

gee ba

										, U. S. MARINES.
My full no	ame is(Given)	(Middle)		(Last name)				organiz		Laglado
Home addi	ress General Del	reet or rural route)			ty, town, or post	office)		111	1701 (State)	
Place and	date of birth Domo_1	Mark to be the first to the fir	imoin	Mary or other party of the part	llovenh (Mont		(Year)		Age	est birthday)
Date of las	st enlistment or entry into a	ity or town)	(State)	(Day)		1000				804
I her	reby certify that the followin in the Act and entitled the correct. (If as to any of the	g-named persons and	ru allotme	nt, and tha	the class of a	my wife	, forn	ner wi	fe divore site their	ced, or child
Relation-	NAME			TICE ADDRESS		710	E OF E	1	MARRIED? Enter "Yes"	REMARKS (Follow
ship to Me	(Given) (Middle) (Last a	No. and Street or I	Rural Route	City, Town, o	or Post Stat	e Month	Day	Year	"No"	instructions)
Wife			****							
Child.										
Child.										7
Child	<del></del>									
Child										
Child			*********							
Child			-			_			Remarried?	Amount payable
Divorced * *	Hone					* *	* 4	· * *	"Yes" or "No"	menthly by order of court
wife I her	eby make voluntary allotme	nts in addition to con	ntsulsoru e	allotment, if	anu, as follo	ows:				the case case that the rest rest and that the first into the
Relationship		production of the second	ST-OFFICE A			Amount of My Average Mon bly Habitual Con-		T OF ALLOT-		
to Me	NAME	No. and Street or Rural Route	City, Town	n, or Post Office	State	tribu io		ise of		MENT
	Hone								\$	
								7777675	ф	
							(10.34 10.36 10.37	NO 100 TO 100 TO 100 TO 100 TO	-	
							f and hid any war are	00 to 00 to 00 to 00 to		
Upor following-	n the basis of the foregoin, named persons whose relation	g information, which onship and dependenc	I hereby	certify to y described	be correct, l above:	hereby	аррі	ly for	allowa	nces for the
								*****		10 cm 100 cm
# W = # # # # W W W W W W W W			**************			- 4-40-50				
Signed at	(on board)						CPE (PE AND SEE AND AND			***************************************
	day of				122					
Wit	nessed by:			(Sig	n here)	ox c	ve	Re	ed	Leach
	Rank Usptein, U			AN.						
2-3840	Commanding	FIRST AVIATIO	ON SMITTING		(Rank or r	ating)			Organizati	ON SACIATION

AVIATION DESIGNATION FOR ENLISTED MEN.

Fir st Marine Aviation Force, Marine Flying Field, Miami, Fla.

June 18, 1918.

From:

Commanding Officer, First Marine Aviation Force.

To:

The Major General Commandant.

Via: Subject: Supervisor, Naval Reserve Flying Corps.
Aviation Designation of Corporal Leach, Roscoe R

1. I have this day detailed the above named man for duty involving actual flying in aircraft, including dirigibles, and airplanes, in accordance with the Acts of Congress, approved, March 3, 1915, and August 29, 1916.

2. Enlistment expires August 4, 1921.

99378 53063-505NN

1st Indorsement.

MMS-cwp-war

Headquarters Marine Corps, Washington, July 12, 1918.

From: To: The Major General Commandant. The Commanding Officer, First Marine Aviation Force, Marine Flying Field, Miami, Fla.

Subject:

Designation of Corporal Roscoe R. Leach for duty involving actual flying, dated June 18, 1918.

1. Returned; approved.

GEORGE BARNETT

Copy for Operations (Air).

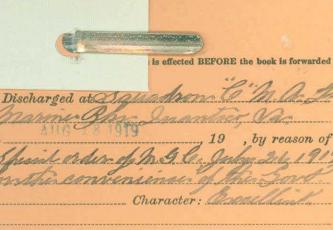
First Marine Aviation Force

17 113 2 20

July 16, 1918.

Delivered.

Allelso 4
By direction



In appropriate cases add "Awarded good-conduct medal (or good-conduct medal bar) No. — upon discharge."

To be filled out only when the book is forwarded for preparation of discharge certificate.

on \_\_\_\_\_\_\_, 19 , by reason of

Recommended for character\_\_\_\_\_\_

If character "Excellent" is recommended, add "Is (or, Is not) recommended for good-conduct medal (or good-conduct medal bar)."

To be filled out by the Major General Commandant or other officer ISSUING the discharge certificate.

### HEADQUARTERS U. S. MARINE CORPS,

	Washington,		., 19
The above	recommendation	for good-conduct	award



# ADJUSTED COMPENSATION RECORD SHEET

99378 GSF	63623
(Case No.)	(Application No.)
LEACH, Roscoe Reed	
(Name of Veteran, surname	first.)
	Wife
(Name of Dependent, if Veteran is dead.	(Relationship.)
412 St. Louis Street, Toledo, Ohio. (Address of Veteran or D	
Mrs. Ruth C. Leach, (Beneficiary.)	
412 St. Louis St., Toledo, Ohio.  Address of Beneficia	ary.)
Finger prints E E L	ELIGIBILITY:
Bonus history by	
Computed by	
Certificate typed by	1X
Checked by	
Machine checked by	
Registered by	1800
Notice by	of the d
Noted for S/R card by	Tile I

99378

N. M. C. 68a.-A&I

No. 31771



# Headquarters A. S. Marine Corps,

Washington, O. C., SEPTEMBER 17 1920

SERGEANT ROSCOE REED LEACH , U. S.	(M. C.,
being distinguished for OBEDIENCE, SOBRIETY, INDUSTRY, COURAGE, C	CLEANLINESS,
and PROFICIENCY, and having been duly recommended is, in	
with U. S. Navy Regulations and by direction of the	
General Commandant, awarded a medal	
conduct during his FIRST enlistment from AUGUST 5 19	
to AUGUST 18 1919	
	H. LA

Lieutenant Colonel, Asst. Adjutant and Inspector, U. S. Marine Corps.

[SEAL]

4 FFILE W. H. H.

TAR 99378 AC-31-emr July 5, 1922. Re: Louis B. Anderson, Onsted, Michigan, C-875 075. My dear Mrs. Sayers: Receipt is acknowledged of your letter of June 21, in which you inquire as to the address of a former member of the U.S. Marine Corps. The records of these Headquarters show that Roscoe R. Leach was discharged from the Marine Corps on August 18, 1919, at which time he gave his forwarding address as c/o Walker's Hospital, Evansville, Indiana. We have no later address and no knowledge of his present whereabouts. Very sincerely yours, MACKER BABB, Lt.Col., Asst.Adjutant & Inspector, U.S. Marine Corps. Correspondent's letter in storage file for untimate destruction. Mrs. Maude Sayers, Chief Medical Social Service, American Red Cross, U.S. Veteran's Hospital No. 30, 47th Street & Drexel Boulevard, Chicago, Ill.

# APPLICATION FOR ADJUSTED PENSATION FOR SERVICE IN \_\_\_

	學性	N.C.	To 12		
Mar	C	orp:	3	780	
Army, Navy,	Coast Gu	ard, 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 indicated 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.

### READ INSTRUCTIONS OVER CAREFULLY

Application

		number
To t	the Secretary of War or Secretary of the Navy.	
	The following statements are made by me in support of my claim for Adjusted Compense	L-
tion	under the provisions of the World War Adjusted Compensation Act:	
Item		
No.	Nome of metalons	
1.	Name of veteran:	60600
	Leach Roscoe Reed Service or Serial No. None	OUUSE
	(Last) (First) (Middle)	
2	Present address of veteran or dependent 412 St. Louis St.	
did o	(House number and street)	
	Toledo Lucas Ohio	
	(City) (County) (State)	
3	Date of birth of veteran Nov 30th 189th at Bone Gap, Ill.	
0.	(Month) (Day) (Year) (City) (State)	
4	Original entry into World War service in the Airly Navy Coast Guard, or Marine Corp	ng l
***	original only more was service in the heary, havy, coase, wash, or marine corp	na l
	was as a Pvt on Aug 5th 1917	
	was as a PVT on Aug 5th 1917 (Rank or grade) (Month) (Day) (Year)	
	at Paris Island, S.C. Accepted for enlistment at	
	Danville, Ill.	
5	Date of separation Aug 18th 1919 at Marine Barracks, Quan	+4 00 770
0.	(Month) (Day) (Year)	6100-458
6	I did (did not) have oversea service.	
0.	Tata (Marie Oversea Service,	
7	Service in organizations, at stations or on vessels in the order named as follows:	
6.3	from to	
	Marine Aviation Sqdn C from Aug 1917 to Aug 1919	The second
		**-
	fromto	
	from to to	
	fromto	
	fromto	**
	from to	
	from to	
	from to	
0	Character given on discharge certificatexcellent	THE PER
0.	Character given on discharge certificate Avo 44 Gite	
	Item 9 will be filled in only by many whose consists or next of all and in the life in films	11 11 15
	Item 9 will be filled in only by men whose service or part of whose service was in the Marine Corps	
0	Embalad for any in II S S Downing Tools 10 2020	
9.	Embarked for oversea service on U.S.S. DeKelb , July 18, 1918 (Name of vessel) (Date)	
	at Hoboken, N.J. , and disembarked from U.S.S. Mercupy (Name of port)	
	D	
	Dec 20th 1918 , at Newport News, Va., on return to Unite	d
	States from oversea service.	

13.	Commissioned service: GRADES FROM— TO—	
14.	I was a commissioned or warrant officer performing home service not with troops and receiving commutation of quarters or of subsistance fromNone	
	to, and during this period I was on duty at the following stations: STATION FROM— TO—	
15.	I was granted a farm or industrial furlough fromNoneto	
16.	I was (was not) a conscientious objector who performed no military or naval duties whatever, and slide (did not) refuse to wear the prescribed uniform of the branch of service in which I was serving.	
17.	I was not) discharged for alienage.	********
18.	Remarks:	
19.	I certify that I am the Person named in this application;  (See instructions for this item)	
	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 Dec 6th 1927 of applicant Nexes Red Leach (First) (Middle) (Last)	
20.	We, 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 (For	
	by law for making false statements.  Signature of witnesses: (1)   (First name)   (Last name)   (Last name)	
	(2) Frederick William Hlag.  (First name) (Middle name) (Last name)	
	602 stan Ove.	

July 26, 1919.

From:

The Major General Commandant.

To:

The Commending Officer. Post Commander, Marine

Barracks, Quantico, Virginia.

Subject:

Discharge.

- 1. The belo mamed men will be honorably discharged "By special order of the Major General Commandant," as soon as practicable. on August 15th, 1919.
- 2. Discharges of this character are held to have been directed for the convenience of the Covernment. Each man will, prior to discharge, be given a strict physical examination by a medical officer and suitable record of the man's health at time of discharge preserved in order that no improper claims for pension may be allowed.
- Prior to discharge, each man will be reminded that he has the opportunity, and should avail himself of the privilege to keep up his insurance with the Government, premiums to be paid to the Bureau of War Risk Insurance, Treasury Department, Washington, D. C., direct.
- 4. Indorse on discharge certificate place to which mileage was paid, as follows: "Nileage paid to

Sergeant Roscoe R. Leach

WILLIAM C. WISE, JR., By direction.

99378 53 063-5 05MH

lst Indorsoment.

HES-cup-war

Headquarters Marine Corps, Washington, July 12, 1918.

From: To:

The Major General Commandant.

The Commanding Officer, First Marine Aviation Force, Marine Flying Field, Miami, Fls.

Subject:

Designation of Corporal Roscoe R. Leach for duty involving actual flying, dated June 18, 1918.

Returned; approved. 1.

GEORGE BARNETT

Copy for Operations (Air).

FILL-B.R.

99378 -53063 AVIATION DESIGNATION FOR ENLISTED MEN. First Marine Aviation Force, Marine Flying Field, Miami, Fla. 6/18/18 From : Commanding Officer, To: The Major General Commandant. Supervisor, Naval Reserve Flying Corps. Via: Subject: Aviation designation of Corporal Leach, Roscoe R 1. I have this day detailed the above naved man for duty involving actual flying in aircraft, including dirigibles, and airplanes, in accordance with the Acts of Congress, approved March 3, 1915, and August 29, 1916. Approval of this detail is requested. 2. Enlistment expires August 4, 1921. /s/ Alfred A. Cunningham 7/8/18 7/10/18 HFS

# UNITED STATES MARINE CORPS

	I, Roscoe Reed Leach , born November 30 , 18 94
	in Bone Gap , in the State of Illinois
WILL BO	desiring to enlist in the UNITED STATES MARINE CORPS for the * duration of the war do declare that I have neither wife nor child; that I am at least eighteen years of age; that I know of nothing wrong with my health or body that the doctor did not find when he examined me; that I am of good habits and character; that no judge or jury has ever found me guilty of a crime; that I have never deserted from the United States Army, Navy, Marine Corps, Coast Guard, or Revenue-Cutter Service, or been dishonorably discharged therefrom, or received a bad-conduct discharge therefrom; that I am by present occupation a
1	School Teacher; and that I am a citizen of the United States.
, my	I agree to accept from the United States such bounty, pay, rations, and clothing as are or may be established by law, and if discharged by sentence of general court-martial I agree to surrender my uniforms in exchange for civilian clothing.
7041	Given at Danville, Illinois., this 27th day of July, 1917. WITNESS: Roycoe Reed Leach (Signature of applicant, in full.)
1	Sergeant ,U.S. M. C.
200	DATE AND NATURE OF ANY WAIVER.
7	
0	
1	Accepted, July 27th , 1917, at Danville, Illinois
0	and transferred, July 31st, 1917, to M.B., Paris Island, S.C.
777	I, ROSCO ROOD LEACH , DO HEREBY ACKNOWLEDGE to have voluntarily enlisted as a PRIVATE in the UNITED STATES MARINE CORPS, for *
A III'A	duration of the war unless sooner discharged by proper authority. And I do
-	solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the
	orders of the President of the United States, and the orders of the officers appointed over me, according to the Rules and Articles for the Government of the Army, Navy, and Marine Corps of the United States. And
3	I do further swear (or affirm) that all statements made by me, as now given in this record, are correct.
8	Roscoe Red Leach
000	Subscribed and duly sworn to before me at M.R. Paris Island S. C.
0	thisfifthday ofAugust, A. D. 191.7, and
स्ताव द्वत	I CERTIFY that I minutely inspected the above-named man previous to his enlistment, and that he was entirely sober when enlisted; that, to the best of my judgment and belief, he fulfills all legal requirements; that, after fully informing him of the nature of the service he is to perform, I have enlisted him into the service of the United States under this contract of enlistment as duly qualified to perform the duties of an able-bodied marine, and in doing so have strictly observed the Regulations which govern the recruiting service; also that the prior service as shown on the reverse side has been verified by me personally from the
ea	man's discharge certificates, and that I am satisfied that his status as to citizenship is t
	EL Bigle
XBL	Captain , U. S. M. C., Recruiting Officer.
4	Name and address of person to be notified in case of emergency, giving degree of relationship; if friend, so state:
	C. W. Leach, General Delivery, Bone Gap, Illinois. Father. (Name.) (Address, including name of street and number of house.) (Relationship.)

<sup>\*</sup> Insert "duration of war," "term of four years," etc., as appropriate.
† To be signed by the officer or noncommissioned officer accepting the applicant on probation.
‡ Native born, use initials U. S.; naturalized, N. U. S.; alien, intention declared, A. D. I.

	PERSO	NAL DESCRIPTION.				
	-		7004			
		; born, Novem				
		esidence, Bone Gap, Illinois				
		ry or naval service, School teacher				
		day of July	100			
at Danville, Illinois , carefully examined the above-named man agreeably to the Regulations of the Navy; that he has stated to me that he has no disease, and in my opinion he is free from all bodily defects and mental infirmities which would in any way disqualify him from performing the duties of a marine, and that his personal description is as follows:						
Bro. eye	es, Bro. hair	, Ruddy complexion; height 68-	1/2 inches,			
weight 148	pounds, mean circumfer	rence 34-1/2 inches, expansion	3inches,			
vision (Snellen) right	20/20 , left 20/	20 , indelible or permanent marks	upon his person:			
Joint slt. enl	. base each grea	t toe (not tender); S. 1" r.	eyebrow;			
V.s.l.a; R.M. ]	1/3" 1. side che	st; S. 1-1/2" inner r. thigh	; P.M. back			
neck.						
		Statter J Brown	mD.			
		Ex	camining Surgeon.			
Reexamined Jul	Ly 31st ** , 1917	, at Chicago, Illinois MARINE BARRACKS, PORT ROYAL, S	S. C.			
		Molenthini				
		O The Market Market				
		( Horfungion Sur	geon, U.S. Navy.			
	DATES OF FORMER	ENLISTMENTS AND DISCHARGES.				
ENLISTED.	DISCHARGED.	REGIMENT, CORPS, ETC.	CHARACTER.			
None claimed						
***************************************			***************************************			
			***************************************			
9	Space below is for use in	Adjutant and Inspector's Department.				
Date Rec'd	AUG - \$ 1917					
Strength Fixed						
Counted for Rtg.	.J.A7					
Carded						
Carded						
Occupation			********			

Roscoe Reed (Name: To be typewritten, surname to the left.) Enlisted .... Marine Barraoks Paris Island, S. C. Under the provisions of the act approved August 22, 1912, relating to the payment of six months' pay (less deductions to defray expense of interment) to the widow or children or dependent relative of any officer or enlisted man on the active list of the Marine Corps who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children: (Full name of wife; if not married, so state.) (Address of wife.) NONE Full name and address of each child; if none, so state.) In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following  ${f dependent\ relative},\ my$ father (Relationship.) C. W. Leach General Del (Address.) -Bone Cap, Illinois (Not at present dependent)

\*(State briefly wherein dependency consists, such as "allotments registered," "monthly contributions by Government check," etc.)

(SEE REVERSE SIDE.)

In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

Nodependentrelative
(Relationship.)
(Name in full.)
(Address.)
* · · · · · · · · · · · · · · · · · · ·
*
*State briefly wherein dependency consists.
I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.
Roscoe Red Leach
(Signature)
Private
U. S. Marine Corps.
(Rank.)
Subscribed and sworn to before me this
A TIME HOLD
day of AUG 5 1917
6/6/2-1
[SEAL.]
Captain U. S. M. C.
Executive Officer
It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.
INSTRUCTIONS.
This form what he was to be a set of the set of
This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, of before a malary public.  The full names and addresses of the begintiaries should be carefully stated. If a married woman, her own Christian same should be given, not that of her husband, thus: "Mrs. Anna May Smith," not "Mrs. John Smith."  New beneficiary slips should be filler out and downeded for all eases in which such action becomes necessary, by reason of a mange in the state of the officer or enlisted man, or of his beneficiaries, due, for example, to marriege, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widor or children, if any of the officer or enlisted man whether designated or not.
Jungan S and I.
100, 9 1911
BECEIVED