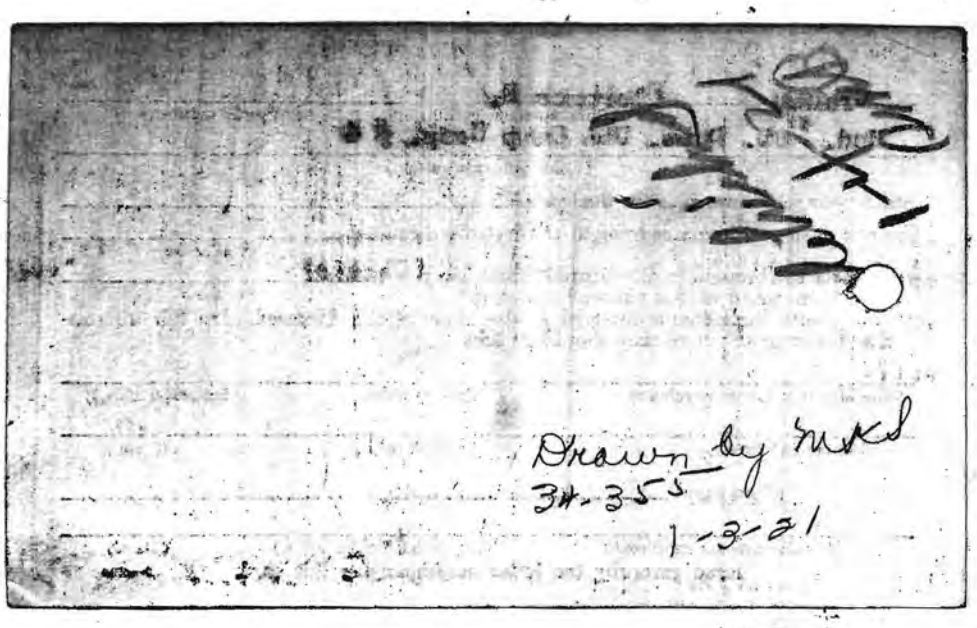

Drawn by MKS
3#-355
1-3-21

Graham (Surname.) Florence Beatrice (Christian name in full.) (Army serial number.)

Nurse Med. et. Dept. USA Camp Hosp. # 6 A.E.F.
(Rank and organization.)

State your relationship to the deceased Sister

Do you desire the remains brought to the United States? No
(Yes or no.)

If remains are brought to the United States, do you desire them interred in a national cemetery? (Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

Mrs

(Name of person to receive remains.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here) Nina M Graham

535 West 111 St New York City

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card. 3—6713

G.R.S. Form #114-B 8. 550

FULL NAME .....GRAHAM. Florence Beatrice.....

RANK....Reserve.....Nurse. A.N.C.....SERIAL.....none given.....

DIVISION & ORGANIZATION ....~~M.D. USA~~ Camp Hospital #4.....

DATE OF DEATH....May. 27., 1919. In line of duty.....

STATE FROM WHICH HE CAME.....New York.....

MEDALS OR DECORATIONS AWARDED. Victory Medal with Clasp for France

FINAL GRAVE LOCATION.....2.....5.....B.....
Date Grave Row Block

Suresnes, #34

.....
Cemetery

23/306/ARK

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

GRAHAM - FLORENCE B.
(Surname). (Number). (First Name and Initials).

NURSE - A.N.C. - CAMP HOSP. #4
(Rank). (Organization).

PLACE OF DEATH CAMP. HOSP. #4 - JOINVILLE
MAY-27-1919

CAUSE OF DEATH INJURIES IN AUTO ACCIDENT
NEAR CHATEAU

DATE OF BURIAL MAY-28-1919 THIERY

PLACE OF BURIAL A.E.F. CEM. #34
MAY

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

SURESNES (SUR SEINE)

GRAVE NUMBER: 504

HOW MARKED: Name Peg? ..... Cross? YES

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS: 1

Was one buried with body? YES

Was one fastened ~~to name peg or~~
stake used as a grave marker? .....

If name unknown and tags missing, description and marks should be given here?

PROT.

NEAREST RELATIVE MISS NINA MAY GRAHAM

ADDRESS: # 535 WEST - 111 ST - NEW YORK.

RELATIONSHIP: SISTER

REPORTED BY:

1st Chaplain W.H. Armistead
(Signature and Rank of Reporting Officer).

Hdqr. Paris

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

G. R. S. Form. No. 16-A

REPORT OF DISINTERMENT AND REBURIAL

Place Suresnes (Seine)

Date 9/1/21

1. Remains of GRAHAM, Florence Beatrice nmn., Serial Number ---
16-22

Rank Nurse Organization Med. Det. Cp. Hos. #4.

2. Disinterred (date): 9/1/21 From (give complete location):

Gr. 504, Cem.34. (Suresnes)

By: Group 1 Unit Sec. 6

3. Reburied (date): 9/1/21 In (give complete location):

Gr. 2, Row 5, Cem. 34. Suresnes. Block B

By: Group 1 Unit Sec.6 Nature of reburial Metal casket, blanket, and metal strips.

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

Wooden box and nurse's uniform. Body intact. Features recognizable.

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

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

U.S. Collar ornament. Six months over seas insignia. Med. Corps. insignia. Identified by grave marker and adjacent graves.

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

(*a*) Height (actual measurement) 6 ft 6 in.

(*b*) Weight (estimated) 145 lbs.

(*c*) Hair—Color Dark brown, App.

Quantity Abundant

Characteristics Straight

(*d*) Hair on face—Color None visible

Location None visible

Quantity None visible

(*e*) Permanent marks on body (old scars, peculiarities, or missing parts) None visible

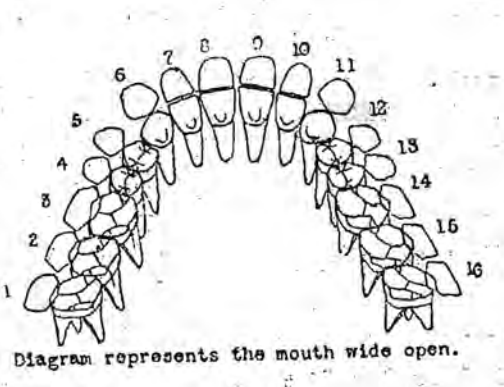
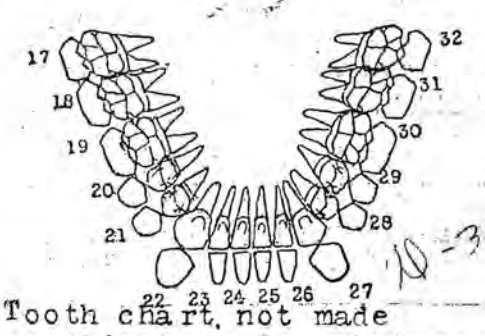


Diagram represents the mouth wide open.



10-30346

Tooth chart not made as this body is embalmed and identified. The taking of a tooth chart would necessitate cutting the flesh, breaking the jaws and unnecessary mutilation.

(*f*) Wounds or missing parts (received at time of casualty) None visible

7. Disinterment supervised by A.W. Taggart, S.E. Approved: E.J. Riordan,
(Title) Capt., QMC.

8. Reburial supervised by A.W. Taggart, S.E. Approved: E.J. Riordan,
(Title) Capt., QMC.

LDH

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME Graham	GRA	3	781
Florence Beatrice	CEMETERY 34	1	6
BURIED	GRAVE 02	2	02
	ROW 5	2	05
	BLOCK 13	1	2
STATE	N.Y.	2	37
RANK	Reserve Nurse	1	7
DIVISION	M.C.	2	52
ORGANIZATION		3	XXX
ARM		1	X
MARITAL (Sister)	no	1	2
NAME Graham, Miss		3	
% N.Y. Hospital Nurses 8 W. 16th St. RESIDENCE New York, N.Y.	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

29/514/EAB

AUDITED
SEP 24 1932
RS

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Graham, Florence B. - 34 S

July 11, 1930

Miss Nina Graham
C/o New York Hospital
8 West 16th Street
New York, N. Y.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother? If so, give her name and address:	No
2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:	✓
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? If so, give her name and address:	Two Sisters Survive Miss N. M. Graham and Miss Nina Graham.

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

C

c/o New York Hospital
8 West—16th st.
New York City
N.Y.

With reference to,-
QM 293 a-C
Graham, Florence Beatrice.

To. The Quartermaster General
Washington D.C.

Dear Sir:-

Replying to your letter of May 9th would say, my sister, Florence Beatrice Graham, is not survived by a mother or stepmother.

Very truly yours,
Nina M. Graham

May 15/29.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO ~~QM 293~~ A-C
Graham, Florence Beatrice

May 9, 1929.

Miss Nina Graham,
c/o New York Hospital,
8 West 16th Street,
New York City, N. Y.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the sister of the late Florence Beatrice Graham, Nurse, Camp Hospital Unit #4, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

5/23

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

LEB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

June 10 1922.

FILE: 293.8 C-R
- #107015-- (Graham, Florence Beatrice.Nurse.)

FROM: The Quartermaster General, U. S. Army.

TO: Miss Nina Graham, East St., Goderich, Ontario, Canada.

SUBJECT: Permanent Grave Location of
Nurse, Florence Beatrice Graham,
Medical Detachment, U.S.A.,
Camp Hospital #4. A.E.F.

6/10/24 OKB

1. The permanent grave of this Nurse is No. 2, Row 5. Block B, The American Cemetery of Suresnes, Department of Seine, France.

2. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization and date of soldier's death. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

3. In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

By authority of the Quartermaster General:

MAILED
JUN 10 1922
G.R.S.

GEORGE H. PENROSE,
Colonel, Q. M. Corps,
Chief, Graves Registration Service.

mdt

G.R.S. Form #114 B

DATE .....

1. NAME GRAHAM, Florence Beatrice CBK 2-25-22 SERIAL No. .....

RANK Nurse ORGANIZATION Med Dpt Camp Hos #4

GRAVE LOCATION Suresnes. Amer 34
CTY. NAME NUMBER

504
GRAVE ROW PLOT

2. ORIGINAL [redacted] GRAVE LOCATION 504 SURESNES Seine.
GRAVE COMMUNE DEPT.

COORDINATES Amer. Cty. #34.

CONCENTRATED TO Original burial.
DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

Original burial.

SUBSEQUENT REBURIALS None.
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

H E Hutchings

SIGNATURE, AREA SUPERVISOR G.V.S. QUACKENBUSH.
Lieut.-Col., Q.M.C. Chief, Operations Div.

3. FINAL GRAVE LOCATION 9-1-21. 2. 5. Block B.
DATE GRAVE ROW [redacted]

SURESNES AMERICAN CEMETERY #34 SURESNES (Seine)
CEMETERY

AUDITED BY
CBK 2-25-22

G.R.S. FORM #114-A. STATION Suresnes (Seine)

To be prepared in triplicate. DATE 9/1/21

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

1. Name GRAHAM, Florence Beatrice
2. No.
3. Rank Nurse
4. Org. Med Det Camp Hos #4
5. D.D. 5-27
6. C.D. Injuries

Discrepancy found upon exhumation of body

10. Name
11. No.
12. Rank
13. Org.
14. (a) D.D.
(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 504 Sec.
8. Plot Row
9.

15. Grave No. Sec.
16. Plot Row
17. No discrepancy

18. Cemetery Amer
19. Commune or town Suresnes
20. Dept. or County Saine
21. Country France
22. G.R.S. Hdqrs. Code No. 34
23. Disinterred (Date) 9/1/21 By A.W. Taggart.
24. Inscription on grave marker:
Name Florence B. Graham Serial No. None
Rank Nurse Organization MD. USA. Camp. Hosp. #4.
25. Was identification disc found on grave marker? No On body? No

L. D. Keeys
Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).
No effects. U.S. and Med Cps. insignia on collar . Army Nurses's uniform. Identified by grave marker and adjacent graves.
27. Condition of body Body intact - features recognizable.
28. Nature of burial Wooden box and nurse's uniform.
29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None
30. Body prepared and placed in casket: Date 9/1.21 By A.W. Taggart.
31. Casket sealed by A.W. Tag gart.
Signature of Embalmer, (Supervisor) A. W. Taggart

SHIPMENT. (Show actual marking of box.) Box No. 05163

32. Designation of body:

Name GRAHAM, Florence B Serial No.

Rank Nurse Organization Med Det Camp Hos #4

33. Consigned to:

Name of Permanent Cemetery Suresnes Amer Cty 34

34. Casket boxed and marked (Date) 9/1/21 By A.W. Taggart.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

E. J. Riordan

Signature of G.R.S. Inspector E.J. Riordan, Capt., QMC.

36. Remarks

---

37. Shipped from point of Operation: (Date) 9/1/21

To point of Concentration Suresnes (Seine)

Convoyer (Name) Signature Shipping Officer

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer (Name) Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred 9/1/21 (Date)

42. Grave No. 2 Section --

43. Plot Block B -- Row 5 (Cem. 34)

E. J. Riordan

G.R.S. Representative E.J. Riordan, Capt., QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card: File #107015

(a) Name GRAHAM, Florence Beatrice (1-11-21) Ser. No. -----

(b) Rank Nurse Organization Med. Det. USA Camp Hosp. #4 TYP. DMA A.E.F. 1-11-21

(c) Date of death 5/27/19 (d) Cause of death Internal injuries abdominal CKR. GJ

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

(a) Grave No. 504 Row --- Plot --- Sec. --- TYP. DMA

(b) Emerg. Address (E. H. O.) Miss Nina Graham (sister) Goderich, Ontario, Canada. also c/o New York Hosp. 8 West 16th St., New York City East Side

III. Files of soldiers dying from contagious diseases --- CKR. GJ

IV. A. G. O. Disposition Card: Date of receipt —

(a) Name Nina M. Graham (b) Relationship Sister

(c) Address 535 W. 111 St. - NYC

(d) Remains to be brought to U. S.? No

(e) To be interred in National Cemetery in U. S. at —

(f) Shipping instructions upon arrival of body in U. S. —

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

Examiner's Initials MKS Date 1-3-21, 1920.

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

, dated

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

No correspondence

Examiner's Initials MKS Date 1-3-21, 1920.

VI. G. R. S. Files, Correspondence—shows as follows:

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 1-4-, 1920.

COUNTRY FRANCE" Cemetery No. 34 Sheet No. 355

G. R. S. Form No. 115
Amended April 6, 1920

3—7729

FORM 115 - A COMPLETED

CARDED FEB 23 1921 F.L.

Concentrated into P. A. C. 34

Make Form No. 114

Checked 1-11-21

VII. G. R. S. Form No. 114 made ....., 1920.

Typed by ....., Checked by ....., 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on ..... 1920 / letter on ....., 1920

Par. 2 Not to be returned. (MEH)

Graham, Florence Beatrice

IX. **CORRECTIONS**

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

X. SUSPENSION REMARKS:

COMPILATION OF DISPOSITION OF REMAINS DATA

File #107015

I. LOCATION INDEX CARD:

(a) Name GRAHAM, Florence Beatrice, (1-11-21) Ser. No. ----- DMA

(b) Rank Nurse Organization Med.Det.USA Camp Hosp.#4 TYP. A.E.F.(1-11-21)

(c) Date of death 5/27/19 Cause of death Internal injuries, abdominal

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

(a) Grave No. 504 Row --- Plot --- Sect. --- TYP. DMA

(b) Emerg. Address (S.G.O.) Miss Nina Graham (sister) Goderich, Ontario Canada, East St. also c/o New York Hosp. 8 West 16th St. New York City CKR (1-11-21)

III. Files of soldiers dying from contageous diseases...

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

AKO card - Sister (Nina M. Graham - 535 W. 111th St - NYC) wishes body left in France (H) 2/19/21

V. Following advice forwarded to Europe by - (cable on ..... 192...
(letter of transmittal on JAN 25 1921

Par. 2 Not to be returned. (HH)

Graham, Florence Beatrice

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. MAR 10 1921 192...

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken

VIII. Form 115 received from G.R.S. Hoboken, N.J. ..... 192 .....

COUNTRY
G.R.S. FORM 115-A
August , 1920

S-666/MB FRANCE" 34 355

Concentrated into P. A. C. 34

FEB 23 1921 A. C.

107015

GRAVE LOCATIO.. BLANK

LOCATION OF THE GRAVE OF

GRAHAM FLORENCE B.
(Surname). (Number). (First Name and Initials).

NURSE-A.N.C. CAMP HOSP #4
(Rank). (Organization).

PLACE OF DEATH CAMP HOSP #4 JOINVILLE
MAY-27-1919

CAUSE OF DEATH INJURIES IN AUTO ACCIDENT
NEAR CHATEAU-THIERRY

DATE OF BURIAL: MAY-28-1919

PLACE OF BURIAL A.E.F. CEM. #34

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

SURESNES (SUR SEINE)

FILLE

GRAVE NUMBER: 504

HOW MARKED: Name Peg?..... Cross? YES

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:——

Was one buried with body? YES

Was one fastened to name peg or stake used as a grave marker?.....

If name unknown and tags missing, description and marks should be given here?

PROT.

NEAREST RELATIVE: MISS NINA-MAY GRAHAM

ADDRESS: #535-WEST-111TH ST. NEW YORK

RELATIONSHIP: SISTER

REPORTED BY:

1st Chaplain W.W. Armistead
(Signature and Rank of Reporting Officer).

Regr Corps

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

#107015

(Graham, Florence Beatrice) 1st Ind. bsr-mel.

War Department, S.G.O. Jan. 6, 1921, - To: The Cemeterial Division, Munitions Building, (Room #1128), Washington, D.C.

1. Returned. The records of this office indicate that Florence Beatrice Graham, was assigned to active service as a Reserve Nurse in the Army Nurse Corps, from New York City, New York; executed her oath of office May 23, 1918; reported to the Surgeon of the Port, Hotel Holley Nurses' Mobilization Station, New York City, New York, May 23, 1918 to await transportation to Europe; sailed for Europe July 4, 1918; reported to the Commanding Officer Camp Hospital #4, A.E.F. July 21, 1918; May 27 1919 died, diagnosis internal injuries, the result of an automobile accident, in line of duty. Name and permanent address of the nearest relative Miss.Nina Graham, sister, Goderich, Ontario, Canada, East street. also c/o New York Hospital, 8 West 16th Street., New York City.

For the Surgeon General:

Julia C. Stimson,
Major, Superintendent, Army Nurse Corps.

hm

Adjustment Made

JAN 15 1921

File No. 107015

FILE

2

M

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-O
Information requested of A.G.O. Date 1/5/21.

File No. Requistration.

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

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

Subject: Information required for G.R.S. Spencer

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

Red Cross

a. Surname. Graham,
b. Christian name Florence B. Beatrice
c. Serial Number
d. Organization Med.Det.USA Camp Hosp #4. A.E.F.
~~Med. Det. Dept. USA Cp. Hosp. #4.~~
e. Rank Nurse.
f. Date of death 5/27/19.
g. Cause of death Internal injuries abdominal.
h. Authority (C.O.#)
i. Emergency address
j. Relationship

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

a. Age of enlistment
b. Color of eyes
c. Color of hair
d. Height
e. Weight
f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

FILE

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

BY: H. J. Conner
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 34.

SHEET NO: 355.
TYPED BY: rln.

S/713/LML

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Graham, Florence B. - 34 S

July 11, 1930

Miss Nina Graham
C/o New York Hospital
8 West 16th Street
New York, N. Y.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother? If so, give her name and address:	_____ _____ _____
2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:	_____ _____ _____
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? If so, give her name and address:	_____ _____ _____

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO ~~QM 293 A-C~~
Graham, Florence Beatrice

May 8, 1929.

Miss Nina Graham,
c/o New York Hospital,
8 West 16th Street,
New York City, N. Y.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the sister of the late Florence Beatrice Graham, Nurse, Camp Hospital Unit #4, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

5/23

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

LEB