(In duplicate, except in case of an officer, when a triplicate copy shall be sent to the Bureau of Navigation.)



From: U. S. (Name of ship or station.)

_____ Date 9 0050000 1915

BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT. (Via official channels.)

Subject: REPORT OF DEATH in the case of—	
Name Grade or rate	
(In full, surname first.) Born: Place Date Age (At time of death,)	
Eyes Hair Complexion Height Weight Weight (Inches.)	
Marks of identification: (From Health Record.)	
Enlisted: Place Date	
Died: Place	
(Name of city and State, or latitude and longitude.) (Date of death.) Time of day While attached to (Name of ship or station.)	
Burial: Place	
Diagnosis (From Navy nomenclature, under which carried on sick list.)	
Origin the line of duty. Disability the result of his own misconduct. (In or not in.)	,
Facts are as follows:	
Acousted on 2 Gamber 1912 with a discussion of inclusion.	
which was charged to pressurate. Jose Lewy 100es were semestidened	
and sometical invitation marine. Indiana did not resolved to	
treatment. It that more was periodical on everant of period	
dand1%10ng.	
Remains transferred assore in France.	
Effects returned to his onemouling officer.	
Final Statement has been submitted by his company commender.	
Best of Min: Cholo, Andrew Existenti, R.D., Derion, N.Y.	
Copies to: E Da Das	
l was long to the said	
4 #	
VIA (
Normales	
(Signature of medical officer.) (Grade.)	
Approved: (Signature of commanding officer.) (U. S. Navy	•