

ARMED FORCES GRAVES REGISTRATION RECORD

BREMER COUNTY

This Record Filed by Soldiers Relief Commission

RECORD No.

County Bremer War Served in Civil

Full Name of Deceased HIGGINS? Hubert R.
(Last) (First) (Middle)

Age Nearest Birthday 20 Race White

Last Known Address _____
(City or Town) (State) (County)

(Street Number, Etc.)

Place of Death Denver, Ia. Date of Death 8-18-1863

Place of Burial Bremer Waverly Warren
(County - City - Town or Township)

Name of Cemetery Town Line Middle Section
Grave Location (Section, Lot and Block No.)

Date of Burial _____

Father of Deceased Eugenis Higgins
(Name and Address)

Mother of Deceased Susas A. Higgins
(Name and Address)

Wife or Husband _____
(Name and Address)

Other Blood Relatives _____
(Name and Addresses)

Membership Veterans Organizations _____
(Names and Year)

Serial Number in Armed Forces _____

Rank at Time of Discharge Private

Birth of Deceased, Date 8-1843 Place Chautaugus Co. N.Y.

Induction into Armed Forces, Date 8-15-1862 Place Waverly, Ia.

Discharged from Armed Forces, Date 8-18-1863

Place Discharged death at Denver, Ia.

Branch of Armed Forces Infantry

Organization Served with Co. B. 14th Iowa Vol. Inf. under Capt. W.V. Lucas

Type of Discharge Honorable

Remarks: _____

Registered by S^turdevant

Was oldest son of the family born in Chatauqua Co. N. Y. He was taken sick at Columbus Ky. and came home on sick leave and died, at the age of 20 years and 9 days. He was one Capt W.V. Lucas boys of Co B 14 Ia Vol Inf which went out from Waverly during the War. Died of typhoid fever

1. Name (Last, First, Middle Initial)
 2. Date of Birth
 3. Place of Birth
 4. Name of Country
 5. Date of Entry
 6. Name of Service
 7. Grade or Rate
 8. Branch of Service
 9. Station or Assignment
 10. Date of Assignment
 11. Date of Discharge
 12. Reason for Discharge
 13. Date of Discharge
 14. Name of Discharge Authority
 15. Date of Discharge
 16. Name of Discharge Authority
 17. Date of Discharge
 18. Name of Discharge Authority
 19. Date of Discharge
 20. Name of Discharge Authority