

ARMED FORCES GRAVES REGISTRATION RECORD

BREMER COUNTY

This Record Filed by Soldiers Relief Commission

RECORD No.

County Bramer. War Served in World War I

Full Name of Deceased Hayes Earl Ed.
(Last) (First) (Middle)

Age Nearest Birthday 39 Race White

Last Known Address Denver Colo.
(City or Town) (State) (County)

(Street Number, Etc.)
Place of Death Denver Colo. Date of Death Sept. 6 1928

Place of Burial Bramer Co. Waverly Washington
(County — City — Town or Township)

Name of Cemetery Harlingron Block 6 lot east 1/2 of 4 grave 3
Grave Location (Section, Lot and Block No.)

Date of Burial _____

Father of Deceased Mike Hayes
(Name and Address)

Mother of Deceased Clara
(Name and Address)

Wife or Husband _____
(Name and Address)

Other Blood Relatives _____
(Name and Addresses)

Membership Veterans Organizations American Legion
(Names and Year)

Serial Number in Armed Forces _____

Rank at Time of Discharge Pvt.

Birth of Deceased, Date Oct. 1 1889 Place Waverly Ia.

Induction into Armed Forces, Date 1918 Place Camp Dodge Ia.

Discharged from Armed Forces, Date 1918

Place Discharged Camp Dodge Ia.

Branch of Armed Forces _____

Organization Served with 12 Co. 163 Depot Bgd.

Type of Discharge _____

Remarks: Was taken with Hemorpagen while on Drills duty sent to the Hosp;
and later discharged for disability

Registered by Frank Sturdevant Waverly Ia.

His father died in Des Moines Ia. in 1919, In 1915 he became a patient at Oak
Dake Ia. then after a recovery went to Florida for a better climate and was
connected with Nelson Brothers Professional Golfers at Miami. He came back
to Decar Rapids Ia. and from here he enlisted for service going to Camp Dodge and
later discharged. In 1928 his health began to fail and he went to the home
of his mother in Denver Colo. where he died Sept 6 1928. Body was returned to
Waverly for burial at Harlington Cemetery.

(The following form fields are extremely faint and mostly illegible due to bleed-through from the reverse side of the page. The labels are listed below for reference.)

Name of Deceased: _____
Date of Birth: _____
Place of Birth: _____
Date of Death: _____
Place of Death: _____
Cause of Death: _____
Manner of Death: _____
Sex: _____
Race: _____
Religion: _____
Marital Status: _____
Name of Spouse: _____
Name of Father: _____
Name of Mother: _____
Name of Next of Kin: _____
Name of Executor: _____
Name of Administrator: _____
Name of Beneficiary: _____
Name of Trustee: _____
Name of Guardian: _____
Name of Agent: _____
Name of Attorney: _____
Name of Doctor: _____
Name of Nurse: _____
Name of Minister: _____
Name of Chaplain: _____
Name of Undertaker: _____
Name of Embalmer: _____
Name of Funeral Home: _____
Name of Cemetery: _____
Name of Grave: _____
Name of Monument: _____
Name of Interment: _____
Name of Burial: _____
Name of Cremation: _____
Name of Disposition: _____
Name of Other: _____