

EARL BERNARD CHAMBERS

U. S. Army Private, 27th Company, 7th Training Battalion, 155th Depot Brigade

Died of Spanish Influenza on October 2, 1918 at Camp Lee, Virginia

Compiled by Linda Cunningham Fluharty.

Born in Ohio County, West Virginia on October 18, 1896, Earl Bernard Chambers was the son of Ralph Chambers and Mary Alma "Mertie" Roney, married in Washington, Pennsylvania on September 11, 1894.

Ralph, a farmer, and Mertie are found in the 1900 census of Liberty District, Ohio County, with their two children, Glen H., and Earl B. In 1910, they were still in Liberty District and their children were Glenn H., 14, Earl B., 13, and Mary E., age 6. Another son, James, was born in 1910.

Earl and his brother, Glenn graduated from the Linsly Institute in Wheeling in 1914.

**NINETY-NINTH COMMENCEMENT
HELD AT LINSLY INSTITUTE**

**SEVEN YOUNG GRADUATES ON
THE ROLL OF HONOR
FOR 1914.**

Exercises Were Held in Elks' Club
Auditorium—Prof. Wallman T.
Barbe Delivered Address.

CLASS ROLL
Cadet Earl Bernard Chambers.
Lieutenant Glenn Harvey Chambers.
Captain Leslie Ward Hawker,
President.
Captain William Conrad Kirbach.
Cadet William F. Menkemeller
Secretary.
Lieutenant Charles Hooper Wallace.
Cadet Morace Maynard Wallace.

Daily Intelligencer, 12 June 1914

At the time Earl registered for the World War I Draft, the family lived in West Alexander, Washington County, Pennsylvania. He worked on his father's farm but according to his obituary, he was also a student at Washington and Jefferson College in Washington County. A catalogue from the college indicates that Earl would have graduated in the Class of 1919.

Serial No. <u>99</u>	Registration No. <u>103</u>	REGISTRAR'S REPORT <u>47-1-21-B</u>
1 Name in full <u>Earl Bernard Chambers</u> Age, in yrs. <u>21</u>	1 <input type="checkbox"/> Very Short <input type="checkbox"/> Medium <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long (Strike out words not applicable)	
2 Home address <u>R.D. #2 - West Alexander Pa.</u>	2 Color of eyes <u>Hazel</u> Color of hair <u>Dark</u>	
3 Date of birth <u>Oct 18 1896</u>	3 Has person lost arm, leg, hand, eye, or is he palpably physically disqualified (specify)? <u>No</u>	
4 Where were you born? <u>Ohio Co. W. Va. U.S.</u>	I certify that my answers are true; that the person registered has read his own answers that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:	
5 I am <input type="checkbox"/> 1. A native of the United States. <input type="checkbox"/> 2. A naturalized citizen. <input type="checkbox"/> 3. A alien. <input type="checkbox"/> 4. Have declared my intention. <input type="checkbox"/> 5. An alien citizen or alien Indian. (Strike out lines or words not applicable)	<p style="text-align: center;"><u>Oliver M. Smith</u> (Signature of Registrar.)</p> <p style="text-align: center;"><u>June 5-1918</u> (Date of Registration.)</p>	
6 If not a citizen, of what Nation are you a citizen or subject? <u>Citizen U.S.</u>		
7 Father's birthplace <u>West Alexander Pa. U.S.</u>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>LOCAL BOARD OHIO COUNTY, W. VA.</p> <p>(Stamp of Local Board.)</p> <p><small>(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)</small></p> </div>	
8 Name of employer <u>Ralph Chambers</u>		
9 Name of nearest relative <u>Ralph Chambers</u>		
10 Race - White, Negro, Indian or Oriental. (Strike out words not applicable)		
I affirm that I have verified above answers and that they are true.		
<p style="text-align: center;"><u>Earl Bernard Chambers</u> (Signature or Mark of Registrant.)</p> <p>P. M. G. O. Form 1 (blue) REGISTRATION CARD. 3-2720</p>		

Wheeling Intelligencer, 8 Oct 1918

Earl B. Chambers.

The body of Private Earl B. Chambers, aged 22 years, who died in Camp Lee, Va., Wednesday, arrived at his old home in West Alexander, Pa., last night over the Baltimore & Ohio road. Young Chambers' death was due to Spanish influenza. He was ill only a few days, and had been in camp only four weeks. He was a student at W. & J. College at the time he departed for the cantonment. Mr. Chambers was born at West Alexander and spent his entire life there. He was the son of Mr. and Mrs. Ralph Chambers, and was an unusually popular young man. He leaves besides his parents one brother, Glenn Chambers, who is now at the front in France with the American troops, and two sisters at home. He was a member of the West Alexander United Presbyterian church.

Funeral services will be held at the home of his uncle, W. H. Chambers, of Highland avenue, West Alexander, tomorrow afternoon at 2 o'clock. The Rev. W. M. McCracken, will officiate, assisted by the Rev. H. A. Riddle and the Rev. Jacob Rubie. Interment will be in West Alexander cemetery.

DIED

CHAMBERS—On Wednesday, October 2, 1918, at Camp Lee, Va., **EARL B. CHAMBERS**, son of Mr. and Mrs. Ralph Chambers, of West Alexander, Pa., aged 22 years.

Funeral in the home of his uncle, W. H. Chambers, Highland avenue, West Alexander, Wednesday at 2 o'clock p. m. Friends of the family respectfully invited to attend. Interment in West Alexander cemetery.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK (WRITING FLUID)—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form No. 19		CERTIFICATE OF DEATH		File No.—For State Registrar Only	
1. PLACE OF DEATH		COMMONWEALTH OF VIRGINIA		50669	
County of <u>Prince George</u>		Bureau of Vital Statistics		Registered No. <u>437</u>	
Magisterial District of <u>Rives</u>		State Board of Health		(For use of Local Registrar)	
or Inc. Town of _____		Registration District No. <u>741</u>		(To be inserted by Registrar)	
or City of _____		(No. _____)		Residence In City _____ Yrs. _____ Mos. _____ Days	
(If death occurred in a Hospital or Institution give its NAME instead of street and number)		<u>Base Hospital Camp Lee Va.</u>		Ward _____	
2 FULL NAME <u>Earl B. Chambers</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u>	16 DATE OF BIRTH <u>Oct 2</u> , 191 <u>8</u> (Name of month) (Day) (Year)		
6 DATE OF BIRTH <u>Unknown</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 24</u> , 191 <u>8</u> , to <u>Oct 2</u> , 191 <u>8</u> , that I last saw him alive on <u>Oct 2</u> , 191 <u>8</u> , and that death occurred, on the date stated above, at <u>5:30 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Lobar Pneumonia</u>		
7 AGE <u>22</u> yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?			Contributory <u>Influenza Epidemic</u> (SECONDARY) (Duration) <u>8</u> yrs. <u>8</u> mos. <u>11</u> ds. (Signed) <u>Capt. J. B. Nelson</u> M. D. <u>Oct 2</u> , 191 <u>8</u> (Address) <u>Base Hospital of Camp Lee Va.</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.		
9 BIRTHPLACE (State or Country) <u>W. Va.</u>			18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or recent Residents.) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual Residence _____		
10 NAME OF FATHER <u>Ralph Chambers</u>			19 PLACE OF BURIAL OR REMOVAL <u>West Alexander Pa</u>		
11 BIRTHPLACE OF FATHER (State or Country) <u>Unknown</u>			DATE OF BURIAL <u>Oct 6</u> , 191 <u>8</u>		
12 MAIDEN NAME OF MOTHER "			UNDERTAKER <u>J. J. Morris Sons</u> Address <u>Colesburg Va</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>"</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>David Thomson</u> <u>2nd St. San. C.</u> (Address)					
15 Filed <u>Oct-21</u> , 191 <u>8</u> . <u>W. H. Lawrence</u> (Date received by Registrar) LOCAL REGISTRAR.					

CHAMBERS EARL BEWARD

C 43 682

27 Co 7 Tr Bn 155 D B

K

Alexander Pa

A

Sr 4 633 187

Died 10/2/18

T 4 174 745

Born 10/18/96

R

Enl

Dis

Ct.

I 31 278

U. S. VETERANS BUREAU
MAIL AND RECORDS
FORM 1202—Rev. Sept., 1922

INDEX CARD

GPO 2-12989

Pennsylvania, U.S., World War I Veterans' Compensation

62
 Chambers Earl B 4,633,187 * White * Colored. 8
 (Surname) (Christian name) (Army serial number)
 Residence: RFD #1 Box West Alexander WASHINGTON PENNSYLVANIA
 (Street and house number) (Town or city) (County) (State)
 *Enlisted *R. A. *N. C. *E. R. C. *Inducted at Wheeling, W. Va on Sept 5, 1918
 Place of birth: Ohio Co W Va Age or date of birth: Oct 18 1896
 Organizations served in, with dates of assignments and transfers: Hq Det 17 Bn Inf Regt 1 & Tng Camp to death
 Grades, with date of appointment:
 Pvt
 Engagements:
 Wounds or other injuries received in action: * None.
 Served overseas from † to †, from † to †
 Died of Lobar Pneumonia Oct 2, 1918
 (Cause and date of death)
 Person notified of death: Ralph Chambers father
 (Name) (Degree of relationship)
 (No. and street or route) West Alexander (City, town, or post office) (State or county)
 Remarks: