

# HENRY CLEMENS EVANS

Private, Battery "C" 61<sup>st</sup> Coast Artillery Corps

Died of Pneumonia in France on October 19, 1918

Researched & Presented by Linda Cunningham Fluharty.

Born on November 3, 1890, Henry was the son of Clemens Evans and Mary Nolte, both born in Germany, and married in Wheeling on April 22, 1875.

In the 1900 census of Clay District, Ohio County, Clemens Evans, age 50, was employed as a packer in a calico works, had immigrated in 1872, and was a Naturalized Citizen. His wife, Mary, 47, had immigrated in 1871. Their children in 1900 were Thresa, 24, George, 22, Frank, 19, Frederick, 17, Emma, 13, Mary 11, Henry, 9, Clara, 7, and Benetta, 4.

The Evans family lived on 14<sup>th</sup> Street, Clay District, in 1910, but Henry was not listed with the family. However, when he registered for the World War I Draft in 1917, he stated his address as 191 14<sup>th</sup> Street, Wheeling.

| Form 1 2281 REGISTRATION CARD  |   | No. 41                             |
|--|---|------------------------------------|
| 1  | Name in full <i>Henry Clemens Evans</i>   | Age in yrs. <i>26</i>              |
| 2  | Home address <i>191 14 St. Wheeling W. Va.</i>  |                                    |
| 3  | Date of birth <i>3 November 1890</i>  |                                    |
| 4  | Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <i>Natural Born</i> |                                    |
| 5  | Where were you born? <i>Wheeling W. Va. U.S.A.</i>  |                                    |
| 6  | If not a citizen, of what country are you a citizen or subject?   |                                    |
| 7  | What is your present trade, occupation, or office? <i>Stock Clerk</i>   |                                    |
| 8  | By whom employed? <i>Central Glass Co.</i>  |                                    |
|  | Where employed? <i>Wheeling W. Va.</i>  |                                    |
| 9  | Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <i>No</i>          |                                    |
| 10   | Married or single (which)? <i>single</i>  | Race (specify which)? <i>White</i> |
| 11   | What military service have you had? Rank <i>No</i> ; branch _____; years _____; Nation or State _____   |                                    |
| 12   | Do you claim exemption from draft (specify grounds)?  |                                    |
| 1325 I affirm that I have verified above answers and that they are true. |   |                                    |
| 1924 <i>Henry Clemens Evans</i>  |   |                                    |

| 47-1-32-A  |  |
|--|--|
| REGISTRAR'S REPORT   |  |
| 1  | Tall, medium, or short (specify which)? <i>Tall</i> Slender, medium, or stout (which)? <i>Stout</i>  |
| 2  | Color of eyes? <i>Blue</i> Color of hair? <i>Dark Brown</i>  |
| 3  | Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <i>No</i> |
| 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: |  |
| <i>Charles Henry Huntzicker</i>  |  |
| Precinct <i>7. Colan</i>   |  |
| City or County <i>Ohio</i>   |  |
| State <i>W. Va.</i>  | <i>31 June 1917</i>  |

When Henry departed from Newport News, Virginia on July 18, 1918, his mother, Mary, of 191 14<sup>th</sup> Street, Wheeling, was his emergency contact.

The only information found regarding Henry's death and burial is found among the West Virginia death records. It also states that he was buried at Mt. Calvary Cemetery on January 12, 1920.

Henry's father died on November 30, 1923, and his mother died on May 16, 1941. They are buried at Mt. Calvary.

**TRANSPORTATION OF CORPSE**

State of New Jersey  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_) (If death occurred in a hospital or institution give its NAME, instead of street and number.)

2 FULL NAME Pvt. Henry C. Evans #719332 Rty. Co. 61st CAC

PERSONAL AND STATISTICAL PARTICULARS

|  |                              |   |
|--|------------------------------|---|
| 1 Sex<br><u>M.</u>                                   | 4 Color or Race<br><u>W.</u> | 3 Single<br>Married<br>Widowed<br>or Divorced<br>(Write the word) |
| 4 Date of Birth _____ 19____<br>(Month) (Day) (Year) |                              |   |
| 7 Age _____ yrs. _____ mos. _____ ds.                |                              |   |
| 8 Occupation _____                                   |                              |   |
| 9 Birthplace (State or Country) _____                |                              |   |
| 10 Name of Father _____                              |                              |   |
| 11 Birthplace of Father (State or country) _____     |                              |   |
| 12 Maiden name of Mother _____                       |                              |   |
| 13 Birthplace of Mother (State or country) _____     |                              |   |

14 The above is true to the best of the knowledge and belief of  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Place where remains are to be sent \_\_\_\_\_ Date of Shipment \_\_\_\_\_ 19\_\_\_\_  
Shipping Undertaker \_\_\_\_\_

16 Name of Firm (Firm Name) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 Date of Death \_\_\_\_\_ 19\_\_\_\_  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That death occurred, on date stated above, at \_\_\_\_\_ France  
The CAUSE OF DEATH was as follows:  
PNEUMONIA

Contributory \_\_\_\_\_  
Secondary \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
19\_\_\_\_ (Address) \_\_\_\_\_

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 \_\_\_\_\_

**PERMIT OF BOARD OF HEALTH OR REGISTRAR**

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination \_\_\_\_\_ January 5th \_\_\_\_\_ 19\_\_\_\_

Permission is hereby granted to remove for burial at \_\_\_\_\_ Wheeling, W. Va. \_\_\_\_\_ the body of Pvt. Henry C. Evans \_\_\_\_\_ above described, if prepared in accordance with the laws of this State. If contagious or communicable, state name of person who is authorized to accompany the body.

\_\_\_\_\_  
Health Officer or Registrar.

Detach above portion of this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State this blank should be checked for a local burial permit at place of burial.

**EVANS HENRY CLEMENTS** X C 65 571

**Pvt Batt C 61 CAC** K

**191 14 St Wheeling W Va** A 2 407 573

**Ssn 719 352** Died 10/19/18 T 1 075 720

**Born 11/3/91** R

**Knl 12/20/17** Dth 10/19/18 Cl.

**I 39 507**

U. S. VETERANS BUREAU  
MAIL AND RECORDS  
FORM 7202—Rev. Sept., 1926

INDEX CARD

GPO 2-13968