

CHARLES NATHAN MEYERS

U. S. Army Private, 155th Depot Brigade

Died of Pneumonia on September 25, 1918 at Camp Lee, Virginia

Compiled by Linda Cunningham Fluharty.

In 1917, Charles N. Meyers was exempted from service, but that status changed in September 1918.

Wheeling Intelligencer, 22 Aug 1917

**253 WHEELING MEN
ALLOWED EXEMPTION**

Following is a list of men granted exemption from selective army service by the Wheeling city draft board, together with the grounds on which the claims were allowed:

Edward E. Herzer, 18 Eighth St., wife and one child, aged 15 months.
Charles N. Meyers, 2224 Main st., widowed mother.

Wheeling Intelligencer, 26 Sep 1918

**WHEELING BOY
DIES IN CAMP**

CHARLES MEYERS, OF SOUTH MAIN STREET, DIES AT CAMP LEE OF PNEUMONIA.

Telegram Received Late Yesterday Afternoon Told of His Untimely Demise.

Word was received in the city last evening telling of the untimely death at Camp Lee, Petersburg, Va. of Charles Meyers, well known young man of this city, who was sent by the city draft board in company with two other boys to that camp only two weeks ago today. He contracted a cold, which later terminated in pneumonia, and he passed away at 1 o'clock yesterday afternoon, according to the word received.

The young man was employed as a cook at William Zellers' restaurant, on South Main street, and had a host of friends, who will be pained to learn of his death. It is likely that the remains will be brought back to this city for burial. He had several relatives who reside in the Wheeling district.

When Charles registered for the World War I Draft, he stated he was born in New Martinsville, West Virginia. He also said he was married and was employed as a cook at William Zeller's restaurant.

Form 1 3952 REGISTRATION CARD No. 45		47-1-32-A REGISTRAR'S REPORT	
1 Name in full Chas. Nathan Meyers <small>(Given name) (Family name)</small>	Age in yrs. 29	1 Tall, medium, or short (specify which)? Med. Slender, medium, or stout (which)? Stout	
2 Home address 2224 Ream Main Wg. W Va <small>(No.) (Street) (City) (State)</small>		2 Color of eyes? Gray Color of hair? Light Bald? No	
3 Date of birth Oct. 28th 1908 <small>(Month) (Day) (Year)</small>		3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? None	
4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural Born Citizen		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 Where were you born? N. Martinsville W Va W. Va. <small>(Town) (State) (Nation)</small>		I have witnessed the signature of Howard Pademan Harry Debrugge <small>(Signature of registrar)</small> Precinct H 3 Center Dist City or County Ohio Co State W. Va Date of registration June 5/17	
6 If not a citizen, of what country are you a citizen or subject?			
7 What is your present trade, occupation, or office? Cook			
8 By whom employed? Wm Zeller's Where employed? Wheeling W Va			
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)? Mother			
10 Married or single (which)? Married Race (specify which)? Caucasian			
11 What military service have you had? Rank None ; branch None ; years None ; Nation or State None			
12 Do you claim exemption (from draft (specify grounds)?			
I affirm that I have verified above answers and that they are true.			
If present at time of his census 711 CAH		Signature of mark Chas. N. Meyers	

There are two death records for Charles in the West Virginia Death Records collection. One has his middle initial as "A" and the other as "N." *The West Virginia Revised List of Deceased Soldiers, World War, January 1, 1922, West Virginia* states that Charles N. Meyers died of Broncho-Pneumonia on September 25 – and he was a resident of Wheeling.

And this: *West Virginia Legislative Hand Book & Manual and Official Register, 1923:*

Martin, James E.	Private	Co. G, 46th Infantry	Aug. 5, 1919	Tuberculosis	Short Creek	Brooke
Mayer, Eugene N.	Private	12th Co., Camp Joseph E. Johnston	Oct. 21, 1918	Influenza	Charleston	Kanawha
Maynard, William	Private	Co. A, 50th Infantry	Jan. 15, 1918	Empyema	Roy	Wayne
Mays, Sam E.	Private	Co. H, 40th Infantry	Oct. 14, 1918	Broncho pneumonia	Comfort	Boone
Maxwell, Carl	Corporal	Detachment, Tank Corps	Sept. 27, 1918	Lobar pneumonia	Adamston	Harrison
Meadows, Charles C.	Private	Co. I, 67th Infantry	Oct. 23, 1918	Broncho pneumonia	Kline	Pendleton
Meadows, Charley	Private	Co. C, 7th Infantry	Feb. 2, 1918	Bronchitis	Winding Gulf	Raleigh
Meadows, Charley Q.	Private	155th Depot Brigade	Sept. 30, 1918	Broncho pneumonia	Barn	Mercer
Meadows, William A.	Private	154th Depot Brigade	Oct. 5, 1918	Broncho pneumonia	Madison	Boone
Messer, Elbert	Wagoner	Supply Co., 313th Field Artillery	July 22, 1919	Meningitis	Buckeye	Pocahontas
Meyers, Charles N.	Private	155th Depot Brigade	Sept. 25, 1918	Broncho pneumonia	Wheeling	Ohio
Michael, Roy E.	Private	Co. C, 71st Infantry	Sept. 29, 1918	Lobar pneumonia	Martin	Grant

His original death certificate follows. It says he is single and he was born in New Martinsville, West Virginia.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING BLACK INK (WRITING FLUID)—THIS IS A PERMANENT RECORD.
 N. B.—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. 12. **CERTIFICATE OF DEATH**
 COMMONWEALTH OF VIRGINIA
 Bureau of Vital Statistics
 State Board of Health

1. PLACE OF DEATH. County of Prince George
 Magisterial District of Rives
 or Ine. Town of _____
 or City of _____ (No. Base Hospital, Camp Lee St., Va. 30 Ward) (If death occurred in a Hospital or Institution give its NAME instead of street and number)

File No.—For State Registrar Only 23743
 Registered No. 251 (For use of Local Registrar)

Registration District No. 741 (To be inserted by Registrar)

2 FULL NAME Charles N. Meyers (4634737) Residence In City Yrs. Mos. Days

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> (Write the word)	16 DATE OF BIRTH <u>Sept. 25</u> , 191 <u>8</u> (Name of month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 22</u> , 191 <u>8</u> , to <u>Sept. 24</u> , 191 <u>8</u> , that I last saw him alive on <u>Sept. 24</u> , 191 <u>8</u> , and that death occurred, on the date stated above, at <u>1:30 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Lobar Pneumonia.</u> (Duration) — yrs. — mos. <u>5</u> ds.
6 DATE OF BIRTH <u>Unknown</u> , 1 (Year) (Month) (Day)	7 AGE <u>29</u> yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Soldier, Pvt. in Co. 36, 9th Tr. Bn., 155 D.B.</u> (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (SECONDARY) <u>Influenza</u> (Duration) — yrs. — mos. <u>5</u> ds. (Signed) <u>C. S. Saylor</u> M. D. (Address) <u>Camp Lee, Va.</u>	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
9 BIRTHPLACE (State or Country) <u>New Martinsville, W. Va.</u>	10 NAME OF FATHER <u>Unknown</u>	11 BIRTHPLACE OF FATHER (State or Country) <u>"</u>	12 MAIDEN NAME OF MOTHER <u>"</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> (Address) <u>Base Hospital, Camp Lee, 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	19 PLACE OF BURIAL OR REMOVAL <u>Wheeling, W. Va.</u> 20 UNDERTAKER <u>J. T. Morris & Sons</u> DATE OF BURIAL <u>SEP 27 1918</u> ADDRESS <u>Petersburg, Va.</u>
15 Filed <u>Sept 30</u> , 191 <u>8</u> . <u>Edith W. Lawrence</u> (Date received by Registrar) (LOCAL REGISTRAR.)				

He was buried at Mt. Zion Cemetery, Wheeling, on September 30, 1918. The Mt. Zion cemetery book, compiled by the late Audra Wayne, states his middle initial as "A" but it is unknown if that was a reading from the grave stone or from the one death record that states his middle initial as "A".

Noting has been found about his family.