

**DISCLAIMER**

This biography is a rough draft and a work-in-progress.  
The research has not been completed, so there may be errors and omissions.

This document lacks 1950 census data.  
Please return to Tuscania1918.org in the future to see if a revised and  
finalized version is available.

**Abbreviations:**

b = born

d = died

F: = Find A Grave ([www.findagrave.org](http://www.findagrave.org))

NOK = next-of-kin

.....

**TUSCANIA**

**Moutray, George**  
**1891 IL – 1968 ID**

## George Moutray

Services for George Moutray, 76, who died Thursday in a Boise hospital, will be 1:30 p.m. Monday in Summers Chapel, with the Rev. Thomas J. Blackburn of Community Christian Center officiating. Interment will be in Dry Creek Cemetery.

Mr. Moutray, 1415 Franklin, was born Nov. 5, 1891, in Litchfield, Ill., son of W. W. and Margaret Paget Moutray. He came to Boise, where he entered the U.S. Army in 1917, serving until 1919. He married Jenvier Marie De Montuel in Jefferson, La. June 15, 1933. He farmed at Grand View and was later a warehouseman at Mountain Home Air Force Base. Mrs. Moutray died July 8, 1967. He had been a member of Sawtooth Barracks No. 217, Veterans of World War I.

He has no known survivors.

## **Only 3 Names Unaccounted For Now in Tuscania List**

WASHINGTON, Feb. 26.—A partial list of the officially reported missing and unidentified dead of the troopship Tuscania, issued to-day by the War Department, contains sixty-five names all previously having been included in The Associated Press unofficial list.

Only three names are now left on the list of the unaccounted for. They are those of Amos McDaniel, Stockdale, Tex.; George Moutray, Grand View, Ore.; Carroll Scully, Toledo, Ohio.

"New York Tribune" Wednesday 27 Feb 1918 p 4

**Certificate of Death**  
**RECEIVED** STATE OF IDAHO

State File No. **075**  
Local Reg. No. **13**  
Reg. Dist. No. **371**

**BIRTH NO.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                                                                                            |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>ADA</b> <b>FEB 5 1968</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>IDAHO</b> b. COUNTY <b>ADA</b>                                |                                           |
| b. CITY OR TOWN <b>BOISE</b> <b>Bureau of Vital Statistics</b> <b>STAY (in this place)</b> <b>3 days</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>BOISE</b>                                                                                       |                                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA CENTER, BOISE, IDAHO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | d. STREET ADDRESS (If rural, give location)<br><b>1415 Franklin</b>                                                                                                        |                                           |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>George</b> b. (Middle) <b>NMI</b> c. (Last) <b>MOUSTRAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>Jan. 25 1968</b>                                                                                                        |                                           |
| <b>5. SEX</b><br><b>MALE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6. COLOR OR RACE</b><br><b>WHITE</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>WIDOWED</b>                                                                                            | <b>8. DATE OF BIRTH</b><br><b>11-5-91</b> |
| <b>9. AGE</b> (In years last birthday) <b>76</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>                                                         |                                           |
| <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Farming</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Litchfield, Illinois</b>                                                                                            |                                           |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | <b>13. FATHER'S NAME</b><br><b>W. W. Moustray</b>                                                                                                                          |                                           |
| <b>14. MOTHER'S MAIDEN NAME</b><br><b>Margaret Paget</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW1</b>                                      |                                           |
| <b>16. SOCIAL SECURITY NO.</b><br><b>519-07-6903</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | <b>17. INFORMANT'S OWN SIGNATURE</b><br><b>JAMES D. BENTLEY</b>                                                                                                            |                                           |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><b>4419</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured aortic aneurysm</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Atherosclerosis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>30 min.</b> |                                         | <b>19. DATE OF OPERATION</b><br><b>1-26-68</b>                                                                                                                             |                                           |
| <b>19a. DATE OF OPERATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | <b>19b. MAJOR FINDINGS OF OPERATION</b>                                                                                                                                    |                                           |
| <b>20. AUTOPSY?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)                                                                                                                            |                                           |
| <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                                                                                                     |                                           |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>                                                       |                                           |
| <b>21f. HOW DID INJURY OCCUR?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | <b>22. I, the undersigned, I attended the deceased from 1-23, 1968, to 1-25, 1968, and that death occurred at 9:35 p.m., from the causes and on the date stated above.</b> |                                           |
| <b>23a. SIGNATURE</b><br><b>Glenn Q. Voyles, M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | <b>23b. ADDRESS</b><br><b>VA CENTER, BOISE, IDAHO</b>                                                                                                                      |                                           |
| <b>23c. DATE SIGNED</b><br><b>1-26-68</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Burial</b>                                                                                                          |                                           |
| <b>24b. DATE</b><br><b>1-29-68</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Dry Creek Cemetery</b>                                                                                                     |                                           |
| <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Boise, Idaho</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | <b>25. DATE REC'D BY LOCAL REG.</b><br><b>Feb. 1, 1968</b>                                                                                                                 |                                           |
| <b>25. REGISTRAR'S SIGNATURE</b><br><b>Myrtle Palmer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | <b>25. EMBALMER</b><br><b>F. Richard Reed</b>                                                                                                                              |                                           |
| <b>25. LICENSE NO.</b><br><b>E-440</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | <b>FIRM NAME:</b><br><b>SUMMERS FUNERAL HOME</b>                                                                                                                           |                                           |

Informant, Funeral Director, Registrar, or Medical Attendant. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency Form DH-69021

ID death record – died in VA Center, Boise, Ada ID on 256 Jan 1968, widowed -

[https://www.ancestry.com/discoveryui-content/view/789647:60566?tid=&pid=&queryId=fcc0071814f07b4b75dc657346a07b5d&\\_phsrc=hFB38357&\\_phstart=successSource](https://www.ancestry.com/discoveryui-content/view/789647:60566?tid=&pid=&queryId=fcc0071814f07b4b75dc657346a07b5d&_phsrc=hFB38357&_phstart=successSource)

| WW I                                                                                                                                                                                      |  | WW II |  | KOREA                                                                                                                                                                                                                                 |  | ORIGINAL |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|
| 1. NAME OF DECEASED - LAST - FIRST - MIDDLE (Print or Type)<br><b>Moutray, George</b>                                                                                                     |  |       |  | 14. NAME AND LOCATION OF CEMETERY (City and State)<br><b>Dry Creek Cemetery, Boise, Idaho</b>                                                                                                                                         |  |          |  |
| 2. SERVICE NUMBER<br><b>250827</b>                                                                                                                                                        |  |       |  | 3. PENSION OR VA CLAIM NUMBER<br><b>1279254</b>                                                                                                                                                                                       |  |          |  |
| 4. ENLISTMENT DATE (Month, day, year)<br><b>12-13-17</b>                                                                                                                                  |  |       |  | 5. DISCHARGE DATE (Month, day, year)<br><b>5-21-19</b>                                                                                                                                                                                |  |          |  |
| 6. STATE<br><b>Illinois</b>                                                                                                                                                               |  |       |  | 7. DECORATIONS                                                                                                                                                                                                                        |  |          |  |
| 8. GRADE OR RANK<br><b>Private</b>                                                                                                                                                        |  |       |  | 9. BRANCH, COMPANY, REGIMENT, DIVISION<br><b>U. S. Army</b>                                                                                                                                                                           |  |          |  |
| 10. DATE OF BIRTH (Month, day, year)<br><b>Nov. 5, 1891</b>                                                                                                                               |  |       |  | 11. DATE OF DEATH (Month, day, year)<br><b>Jan. 25, 1968</b>                                                                                                                                                                          |  |          |  |
| 12. RELIGIOUS EMBLEM (Check one)<br><input checked="" type="checkbox"/> LATIN CROSS (Christian)<br><input type="checkbox"/> STAR OF DAVID (Jehovah)<br><input type="checkbox"/> NO EMBLEM |  |       |  | 13. CHECK TYPE REQUIRED<br><input type="checkbox"/> UPRIGHT MARBLE HEADSTONE<br><input type="checkbox"/> FLAT MARBLE MARKER<br><input type="checkbox"/> FLAT GRANITE MARKER<br><input checked="" type="checkbox"/> FLAT BRONZE MARKER |  |          |  |
| DO NOT WRITE HERE                                                                                                                                                                         |  |       |  | 15. IMPORTANT - Item 18 on reverse side must be completed. See attached instructions and complete and submit both copies.                                                                                                             |  |          |  |
| FOR VERIFICATION<br><b>2 FEB 1968</b>                                                                                                                                                     |  |       |  | 16. FREIGHT STATION<br><b>Boise, Idaho</b>                                                                                                                                                                                            |  |          |  |
| B/L<br><b>37819</b>                                                                                                                                                                       |  |       |  | 17. NAME OF CONSIGNEE WHO WILL TRANSPORT STONE OR MARKER<br><b>Dry Creek Cemetery</b>                                                                                                                                                 |  |          |  |
| CONTRACTOR<br><b>Sheldow Bronze 372<br/>Kingwood, West Virginia</b>                                                                                                                       |  |       |  | 18. ADDRESS OF CONSIGNEE (Street address, City and State)<br><b>Route #1, Boise, Idaho</b>                                                                                                                                            |  |          |  |
| APPLICATION FOR HEADSTONE OR MARKER<br>3063 of 4153                                                                                                                                       |  |       |  | 19. SIGNATURE OF APPLICANT<br><b>Fred W DeGraw</b>                                                                                                                                                                                    |  |          |  |
| DD FORM 1330, 1 NOV 62                                                                                                                                                                    |  |       |  | 20. SIGNATURE OF CONSIGNEE<br><b>G. K. Westby - Septor</b>                                                                                                                                                                            |  |          |  |

<https://www.ancestry.com/discoveryui-content/view/3010951:2375>

|                                                                        |              |              |  |
|------------------------------------------------------------------------|--------------|--------------|--|
| MOUTRAY GEORGE                                                         |              | K            |  |
| Sdlr 18 Co 20 Eng                                                      |              | A 2 467 476  |  |
| Grandview Idaho                                                        |              | T 391 527    |  |
| Sn 250 827                                                             | Died 1-25-68 | R            |  |
| Born 11/5/91                                                           | Dis 5/21/19  | Cl 1 195 273 |  |
| Enl 12/13/17                                                           |              | I            |  |
| U.S. VETERANS BUREAU<br>MAIL AND RECORDS<br>Form 7202-Rev. Sept., 1925 |              | INDEX CARD   |  |

<https://www.familysearch.org/ark:/61903/3:1:3Q9M-C3MS-4WD3-Z?mode=g&cc=2968245&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3AWSNS-CC3Z>

## Ownership of Ditch In Owyhee County

District court and a handful of spectators were given a compact course in irrigation Thursday when the action of W. W. Evans against George A. Rocks for possession of a ditch near Grandview in Owyhee county was tried before Judge C. E. Winstead. Testimony will be completed Friday morning.

Both men claim right to the ditch which had provided water for approximately 100 acres. Witnesses were provided for both sides to show use dating back as far as 1911. They told of headgates, laterals, field corrugations, flooding, and diking and explained with the use of a map just how it was done.

Witnesses for Evans were George A. Schaff, G. A. Percy, Lin Monson, C. H. Young and Evans himself. The defendant countered with testimony of Lee Gress, Laurel M. Massie, E. M. Sanberg and George Moutray. Moutray used the ditch in controversy to irrigate 55 acres of leased property as far back as 1912 and 1913.

Judge Winstead said it was likely evidence would be completed early Friday afternoon. The case is being tried without a jury.

**REGULAR, NOVEMBER 10, 1959**  
 The Board met this day in regular session at 10 o'clock A.M., with all members present as follows:  
 Marvin E. Wright, Chairman  
 Roy Murphy  
 Leon Fairbanks  
 Vern Thomas, Clerk.  
 After the reading and approval of the minutes of the previous meeting the following proceedings for record were had to-wit:  
 In the Matter of }  
 Canceling Taxes }  
 It appearing to the Board that George Moutray is a Veteran and is entitled to Tax Exemption which was not granted.  
 It is therefore Ordered that the 1959 Taxes on the NE $\frac{1}{4}$  of Lot 8, Lot 9, Block 8 Riverside Addition—Valuation \$380.00 be and the same is hereby canceled.  
 Whereupon the Board recessed till 10 o'clock A.M., November 12, 1959.  
 Marvin E. Wright,  
 Chairman.  
 Attest:  
 Vern Thomas,  
 Clerk.

In Ada Co. ID court – “Idaho Daily Statesman” (Boise ID) Tuesday 8 Mar 1960 p 16

A petition for letters of administration was filed in the estate of George Moutray, died Jan. 25, resident of Ada County.

In probate court – “Idaho Daily Statesman” (Boise ID) Wednesday 31 Jan 1968 p 10

Wife:



no 5 8 fair dark Brown Nil ✓ France Paris

|                                  |                                 |
|----------------------------------|---------------------------------|
| Name:                            | With 4/13-14 Jenvier De Montuel |
| Gender:                          | Female                          |
| Ethnicity/ Nationality:          | French                          |
| Marital status:                  | Married                         |
| Age:                             | 37                              |
| Birth Date:                      | abt 1885                        |
| Birth Place:                     | France                          |
| Other Birth Place:               | Paris                           |
| Last Known Residence:            | Paris, France                   |
| Departure Port:                  | Cherbourg                       |
| Arrival Date:                    | 24 Oct 1922                     |
| Arrival Port:                    | New York, New York, USA         |
| Final Destination:               | Greenwich, Connecticut          |
| Years in US:                     | Permanently                     |
| Citizenship Intention:           | No                              |
| Height:                          | 5 Feet, 8 Inches                |
| Hair Color:                      | Dark                            |
| Eye Color:                       | Brown                           |
| Complexion:                      | Fair                            |
| Person in Old Country:           | Mon L Sentor                    |
| Person in Old Country Residence: | Busson Billant Paris            |
| Person in US:                    | Mrs W H Wiley                   |
| Ship Name:                       | Majestic                        |

Immigration of Jenvier De Montuel 24 Oct 1922 - <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&dbid=7488&h=4026820935&tid=&pid=&queryId=e0c4c069c9032586343df02b5ca93e94&usePUB=true&phsrc=hFB38369&phstart=successSource>

ORIGINAL  
(To be retained by  
Clerk of Court)

UNITED STATES OF AMERICA  
PETITION FOR NATURALIZATION

No. 1184

[Of a Married Person, under Sec. 310(a) or (b), 311 or 312, of the Nationality Act of 1940 (54 Stat. 1144-1145)]

To the Honorable the U. S. District Court of District of Idaho at Boise, Idaho  
This petition for naturalization, hereby made and filed pursuant to Section 310(a) or (b), or Section 311 or 312, of the Nationality Act of 1940, respectfully shows:

(1) My full, true, and correct name is Rose Marie Moutray  
(Full, true name, without abbreviation, and any other name which has been used, must appear here)

(2) My present place of residence is 706 Idaho St., Boise, Ada, Idaho (3) My occupation is Housewife  
(Number and street) (City or town) (County) (State)

(4) I am 56 years old. (5) I was born on December 3, 1884 in Paris, France (I think)  
(Month) (Day) (Year) (City or town) (County, district, province, or state) (Country)

(6) My personal description is as follows: Sex f.; color w.; complexion fair; color of eyes blue; color of hair gray; height 5 feet 5 inches, weight 115 pounds; visible distinctive marks None; race French; present nationality French

(7) I am married; the name of my ~~husband~~ husband is George Moutray; we were married on June 15, 1933  
(Month) (Day) (Year)

at New Orleans, La.; he or she was born at Letchfield, Ill. on Nov. 5, 1891  
(City or town) (State or country) (City or town) (County, district, province, or state) (Country) (Month) (Day) (Year)

~~and was born at New York, N.Y., Oct. 24, 1922, and now resides at~~  
(City or town) (State) (Month) (Day) (Year)

706 Idaho St., Boise, Idaho  
(Number and street) (City or town) (State or country) (Month) (Day) (Year)

~~XXXXXXXX~~ or became a citizen by birth in the U. S.  
(7a) (If petition is filed under Section 311, Nationality Act of 1940) I have resided in the United States in marital union with my United States citizen spouse for at least 1 year immediately preceding the date of filing this petition for naturalization.  
(7b) (If petition is filed under Section 312, Nationality Act of 1940) My husband or wife is a citizen of the United States, is in the employment of the Government of the United States, or of an American institution of research recognized as such by the Attorney General of the United States, or an American firm or corporation engaged in whole or in part in the development of foreign trade and commerce of the United States, or a subsidiary thereof; and such husband or wife is regularly stationed abroad in such employment. I intend in good faith to take up residence within the United States immediately upon the termination of such employment abroad.

(8) I have no children; and the name, sex, date and place of birth, and present place of residence of each of said children who is living, are as follows:

(9) My last place of foreign residence was Paris France (10) I emigrated to the United States from Cherbourg  
(City or town) (County, district, province, or state) (Country) (City or town)

(City or town)

**France** (Country) (11) My lawful entry for permanent residence in the United States was at **New York, N.Y.** (City or town) (State) under the name of **de Montuel, Jenvier** on **Oct. 24, 1922** on the **SS Majestic** as shown by the certificate of my arrival attached to this petition. (Month) (Day) (Year) (Name of vessel or other means of conveyance)

(12) Since my lawful entry for permanent residence I have **not** been absent from the United States, for a period or periods of 6 months or longer, as follows:

| DEPARTED FROM THE UNITED STATES |                            |                                        | RETURNED TO THE UNITED STATES |                            |                                        |
|---------------------------------|----------------------------|----------------------------------------|-------------------------------|----------------------------|----------------------------------------|
| PORT                            | DATE<br>(Month, day, year) | VESSEL OR OTHER MEANS<br>OF CONVEYANCE | PORT                          | DATE<br>(Month, day, year) | VESSEL OR OTHER MEANS<br>OF CONVEYANCE |
|                                 |                            |                                        |                               |                            |                                        |
|                                 |                            |                                        |                               |                            |                                        |
|                                 |                            |                                        |                               |                            |                                        |

(13) (Declaration of intention not required) (14) It is my intention in good faith to become a citizen of the United States and to renounce absolutely and forever all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which at this time I am a subject or citizen, and it is my intention to reside permanently in the United States. (15) I am not, and have not been for the period of at least 10 years immediately preceding the date of this petition, an anarchist; nor a believer in the unlawful damage, injury, or destruction of property, or sabotage; nor a disbeliever in or opposed to organized government; nor a member of or affiliated with any organization or body of persons teaching disbelief in or opposition to organized government. (16) I am able to speak the English language (unless physically unable to do so). (17) I am, and have been during all of the periods required by law, attached to the principles of the Constitution of the United States and well disposed to the good order and happiness of the United States. (18) I have resided continuously in the United States of America for the term of **18** years at least immediately preceding the date of this petition, to wit: since **Oct. 24, 1922** (19) I have **not** heretofore made petition for naturalization (Month) (Day) (Year)

number \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ in the \_\_\_\_\_ Court, and such petition was dismissed or denied by that Court for the following reasons and causes, to wit: \_\_\_\_\_ (City or town) (County) (State) (Name of court)

\_\_\_\_\_ and the cause of such dismissal or denial has since been cured or removed.

(20) Attached hereto and made a part of this, my petition for naturalization, are a certificate of arrival from the Immigration and Naturalization Service of my said lawful entry into the United States for permanent residence (if such certificate of arrival be required by the naturalization law), and the affidavits of at least two verifying witnesses required by law.

(21) Wherefore, I, your petitioner for naturalization, pray that I may be admitted a citizen of the United States of America, and that my name be changed to **No change desired**

(22) I, aforesaid petitioner, do swear (affirm) that I know the contents of this petition for naturalization subscribed by me, that the same are true to the best of my own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters I believe them to be true, and that this petition is signed by me with my full, true name: **SO HELP ME GOD.**

e16-19400

**Rose Marie Moutray**  
(Full, true, and correct signature of petitioner, without abbreviation)

### AFFIDAVIT OF WITNESSES

The following witnesses, each being severally, duly, and respectively sworn, depose and say:

My name is **Laurel Elam** my occupation is **Attorney**  
I reside at **Boise** **Idaho**  
(Number and street) (City or town) (State)

My name is **Ross Bates** my occupation is **Lawyer**  
I reside at **Boise** **Idaho**  
(Number and street) (City or town) (State)

I am a citizen of the United States of America; I have personally known and have been acquainted in the United States with **Rose Marie Moutray** since **Aug. 1 1940** (Name) (Day) (Year)

the petitioner named in the petition for naturalization of which this affidavit is a part, since \_\_\_\_\_, in the United States continuously since the date last mentioned, and I have personal knowledge that the petitioner is now and during all such period has been a person of good moral character, attached to the principles of the Constitution of the United States, and well disposed to the good order and happiness of the United States, and in my opinion the petitioner is in every way qualified to be admitted a citizen of the United States.

I do swear (affirm) that the statements of fact I have made in this affidavit of this petition for naturalization subscribed by me are true to the best of my knowledge and belief: **SO HELP ME GOD.**

**Laurel Elam** (Signature of witness)  
**Ross Bates** (Signature of witness)

Subscribed and sworn to before me by the above-named petitioner and witnesses, in the respective forms of oath shown in said petition and affidavit, in the office of the Clerk of said Court at **Boise, Idaho** this **29th** day of **Aug.** Anno Domini 19 **41** I hereby certify that Certificate of Arrival No. **19 13702** from the Immigration and Naturalization Service, showing the lawful entry for permanent residence of the petitioner above named, has been by me filed with, attached to, and made a part of this petition on this date.

**W. D. McREYNOLDS**  
By **Lona Manser** Clerk. [Seal]  
Deputy Clerk.

**OATH OF ALLEGIANCE**

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely without any mental reservation or purpose of evasion: SO HELP ME GOD. In acknowledgment whereof I have hereunto affixed my signature.

\_\_\_\_\_  
(Signature of petitioner)

Sworn to in open court, this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 19\_\_\_\_

\_\_\_\_\_  
Clerk.

By \_\_\_\_\_  
Deputy Clerk.

NOTE.—In renunciation of title or order of nobility, add the following to the oath of allegiance before it is signed: "I further renounce the title of (give title or titles) which I have heretofore held," or "I further renounce the order of nobility (give the order of nobility) to which I have heretofore belonged."

Petition granted: Line No. \_\_\_\_\_ of List No. \_\_\_\_\_ and Certificate No. \_\_\_\_\_ issued.

Petition denied: List No. 74

Petition continued from \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

U. S. GOVERNMENT PRINTING OFFICE 16—19480

*Dismissed without prejudice - 2-4-42*

Oath of allegiance not signed by "Rose Marie Moutray" – "dismissed without prejudice – 2-4-42" -  
<https://www.ancestry.com/discoveryui-content/view/250295:2032?tid=&pid=&queryId=f5b2d78c47dd82012c187e91ad1b5f5a&phsrc=hFB38373&phstart=successSource>

| <div style="display: flex; justify-content: space-between;"> <div> <p><b>RECEIVED</b></p> <p><b>STATE OF IDAHO</b></p> </div> <div style="text-align: center;"> <p><b>Certificate of Death</b></p> </div> <div> <p>State File No. <b>2802</b></p> <p>Local Reg. No. <b>378</b></p> <p>Reg. Dist. No. <b>370</b></p> </div> </div> |  |                                                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>BIRTH NO.</b></p>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                        |  |
| <p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Ada</b> <span style="float: right;"><b>JUL 17 1967</b></span></p>                                                                                                                                                                                                                 |  | <p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).</p> <p>a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b></p> |  |
| <p>b. CITY (If outside corporate limits, write <b>Boise</b>)</p>                                                                                                                                                                                                                                                                  |  | <p>c. CITY (If outside corporate limits, write <b>Boise</b>)</p>                                                                                       |  |
| <p>d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boise Convalescent Home</b></p>                                                                                                                                                                                                                                                     |  | <p>d. STREET ADDRESS <b>1415 Franklin Street</b></p>                                                                                                   |  |
| <p><b>3. NAME OF DECEASED</b></p> <p>a. (First) <b>JENVIER</b> b. (Middle) <b>MARIE</b> c. (Last) <b>MOUTRAY</b></p>                                                                                                                                                                                                              |  | <p><b>4. DATE OF DEATH</b> <b>July 8, 1967</b></p>                                                                                                     |  |
| <p><b>5. SEX</b> <b>Female</b></p>                                                                                                                                                                                                                                                                                                |  | <p><b>6. COLOR OR RACE</b> <b>White</b></p>                                                                                                            |  |
| <p><b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married 3</b></p>                                                                                                                                                                                                                                             |  | <p><b>8. DATE OF BIRTH</b> <b>Dec. 3, 1884</b></p>                                                                                                     |  |
| <p><b>9. AGE</b> (In years last birthday) <b>82</b></p>                                                                                                                                                                                                                                                                           |  | <p><b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b></p>                              |  |
| <p><b>11. BIRTHPLACE</b> (State or foreign country) <b>Paris, France</b></p>                                                                                                                                                                                                                                                      |  | <p><b>12. CITIZEN OF WHAT COUNTRY?</b> <b>France</b></p>                                                                                               |  |
| <p><b>13. FATHER'S NAME</b> <b>De Montuël</b></p>                                                                                                                                                                                                                                                                                 |  | <p><b>14. MOTHER'S MAIDEN NAME</b> <b>No record</b></p>                                                                                                |  |
| <p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b></p>                                                                                                                                                                                                                                         |  | <p><b>16. SOCIAL SECURITY NO.</b> <b>519-07-6903</b></p>                                                                                               |  |
| <p><b>17. INEQUIMANT'S OWN SIGNATURE</b> <b>6500 Robert Street, Boise, Idaho</b></p>                                                                                                                                                                                                                                              |  | <p><b>18. CAUSE OF DEATH</b> <b>332X</b></p>                                                                                                           |  |
| <p><b>19. MEDICAL CERTIFICATION</b></p> <p>I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arteriosclerosis and thrombosis</b></p>                                                                                                                                                                             |  | <p><b>20. INTERVAL BETWEEN ONSET AND DEATH</b></p>                                                                                                     |  |
| <p><b>21. ANTECEDENT CAUSES</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>                                                                                                                                                                                       |  | <p><b>22. OTHER SIGNIFICANT CONDITIONS</b></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>  |  |
| <p><b>23. DATE OF OPERATION</b></p>                                                                                                                                                                                                                                                                                               |  | <p><b>24. MAJOR FINDINGS OF OPERATION</b></p>                                                                                                          |  |
| <p><b>25. ACCIDENT SUICIDE HOMICIDE</b> (Specify)</p>                                                                                                                                                                                                                                                                             |  | <p><b>26. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>                                                  |  |
| <p><b>27. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE)</p>                                                                                                                                                                                                                                                                        |  | <p><b>28. HOW DID INJURY OCCUR</b></p>                                                                                                                 |  |
| <p><b>29. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)</p>                                                                                                                                                                                                                                                                      |  | <p><b>30. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>                                    |  |
| <p><b>31. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:45 AM</b> from the causes and on the date stated above.</b></p>                                                                                |  |                                                                                                                                                        |  |
| <p><b>32. SIGNATURE</b> <b>D. C. Johnson</b> <b>261</b> (Degree or title) <b>M.D.</b></p>                                                                                                                                                                                                                                         |  | <p><b>33. ADDRESS</b> <b>Boise</b></p>                                                                                                                 |  |
| <p><b>34. DATE SIGNED</b> <b>7-8-67</b></p>                                                                                                                                                                                                                                                                                       |  | <p><b>35. DATE SIGNED</b></p>                                                                                                                          |  |
| <p><b>36. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b></p>                                                                                                                                                                                                                                                              |  | <p><b>37. DATE</b> <b>July 10, '67</b></p>                                                                                                             |  |
| <p><b>38. NAME OF CEMETERY OR CREMATORY</b> <b>Dry Creek Cemetery</b></p>                                                                                                                                                                                                                                                         |  | <p><b>39. LOCATION</b> (City, town, or county) (State) <b>Boise, Idaho</b></p>                                                                         |  |
| <p><b>40. DATE REC'D BY LOCAL REG.</b> <b>7-17-67</b></p>                                                                                                                                                                                                                                                                         |  | <p><b>41. REGISTRAR'S SIGNATURE</b> <b>Myrtle Palmer</b></p>                                                                                           |  |
| <p><b>42. EMBALMER</b> <b>Howell Palmer</b></p>                                                                                                                                                                                                                                                                                   |  | <p><b>43. LICENSE NO.</b> <b>E-509</b></p>                                                                                                             |  |
| <p><b>FIRM NAME:</b> <b>SUMMERS FUNERAL HOME</b></p>                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |  |

<https://www.ancestry.com/discoveryui->

content/view/786669:60566?tid=&pid=&queryId=083596e1c2eaa6dd14f3372b18ddc400&phsrc=hFB38376& phstart=successSource

Father:

### FEDERAL COURT

Suit of O. E. Cannon, guardian of the estate of James S. Moutray, Owyhee county, against the United States Casualty company, was transferred Friday from state district court to federal court. Cannon alleges that the casualty company as assurance for William W. Moutray, former guardian of James Moutray, has not repaid funds received on a war risk insurance policy of James Moutray. William Moutray is alleged to have absconded with \$7000 collected on the policy. James Moutray is an incompetent.

Appears to be his father William W. Moutray – George's brother is James Leo Moutray - "Idaho Statesman" (Boise ID) Saturday 19 Nov 1932 p 6

### FEDERAL COURT

Glenn E. France, alias Jack Mills, Twin Falls, was charged Tuesday with violation of the national prohibition laws on two counts.

O. E. Cannon, guardian of the estate of James L. Moutray, was granted judgment of \$5652.17 against the United States Casualty company. The decision was signed by Judge C. C. Cavanah.

"Idaho Statesman" (Boise ID) Wednesday 26 Apr 1933 p 7

The following suits were ordered dismissed by Judge Cavanah: United States vs. William W. Moutray, G. A. Pearson et al vs. Citizens' Utilities company.

"Idaho Statesman" (Boise ID) Tuesday 23 Feb 1937 p 9

Sibling:

| REPORT OF INTERMENT                                                                                                                                                    |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | NAME OF CEMETERY                                                                                                                                    |               |            |  |                                         |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|-------|----------------------|------|---------------------------------------------------------------------------------------------------------------------|-----|--------------------------|--------------|------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|--|-----------------------------------------|--|--|--|
| <b>TO:</b> <b>JUL 30 1954 LIST</b><br><b>THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C.</b>                                                                           |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>ALTON NATIONAL</b>                                                                                                                               |               |            |  |                                         |  |  |  |
| <b>NAME (Last, First, Middle Initial)</b><br><b>MOUTRAY, James Leo</b>                                                                                                 |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>EMBLEM (Check one)</b><br><input checked="" type="checkbox"/> CHRISTIAN <input type="checkbox"/> HEBREW <input type="checkbox"/> OTHER (Specify) |               |            |  |                                         |  |  |  |
| <b>RANK</b><br><b>Pvt</b>                                                                                                                                              |     |      |       |                      |      | <b>SERIAL NUMBER</b><br><b>68249</b>                                                                                |     |                          |              |                  |             | <b>SERVICE DATA (Company, Regiment, Division, or other organization, and basic arm of service)</b><br><b>USMC</b>                                   |               |            |  |                                         |  |  |  |
| <b>STATE</b><br><b>Illinois</b>                                                                                                                                        |     |      |       |                      |      | <input checked="" type="checkbox"/> WW I <input type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> WW II |     |                          |              |                  |             |                                                                                                                                                     |               |            |  |                                         |  |  |  |
| <b>DATE OF BIRTH</b>                                                                                                                                                   |     |      |       | <b>DATE OF DEATH</b> |      |                                                                                                                     |     | <b>DATE OF INTERMENT</b> |              |                  |             | <b>GRAVE LOC.</b>                                                                                                                                   |               |            |  | <b>DATES OF SERVICE</b>                 |  |  |  |
| MONTH                                                                                                                                                                  | DAY | YEAR | MONTH | DAY                  | YEAR | MONTH                                                                                                               | DAY | YEAR                     | SEC. OR PLOT | GRAVE OR LOT NO. | ENLISTMENT  | DISCHARGE                                                                                                                                           | DIED ON A. D. | RETIREMENT |  |                                         |  |  |  |
| Sept                                                                                                                                                                   | 7   | 1889 | June  | 23                   | 1954 | June                                                                                                                | 26  | 1954                     | A            | 20               | 2 Nov. 1914 | 13 Aug. 1918                                                                                                                                        |               |            |  |                                         |  |  |  |
| <b>REMARKS (Authority for interment, pension, or claim number, disinterment, etc.)</b><br><b>Auth: Tel. OQMG #43, 6/26/54</b><br><b>RE, DB, SR was verified by NOK</b> |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>HEADSTONE OR MARKER ORDERED</b><br><b>COLUMBUS MARBLE WORKS</b><br><b>COLUMBUS, MISSISSIPPI</b><br><b>AUG 5 1954</b><br><b>WY 2989387</b>        |               |            |  |                                         |  |  |  |
| <b>NAME AND ADDRESS OF NEXT OF KIN OR OTHER RESPONSIBLE PERSON</b><br><b>George Moutray, Brother</b><br><b>Boise, Idaho</b>                                            |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>SHIPPING POINT FOR HEADSTONE</b><br><b>NEAREST FREIGHT STATION</b><br><b>Alton, Illinois</b>                                                     |               |            |  |                                         |  |  |  |
| <b>SIGNATURE OF SUPERINTENDENT OF NATIONAL CEMETERY, OR TRANSPORTATION OFFICER, OR QM OF POST CEMETERY</b><br><b>Eugene B. Taylor, Supt.</b>                           |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>POST OFFICE ADDRESS</b><br><b>Alton, Illinois</b>                                                                                                |               |            |  |                                         |  |  |  |
| <b>QMC FORM 14</b><br><b>REV 1 JUL 50</b>                                                                                                                              |     |      |       |                      |      |                                                                                                                     |     |                          |              |                  |             | <b>PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE</b>                                                                                                  |               |            |  | <b>SEE INSTRUCTIONS ON REVERSE SIDE</b> |  |  |  |

[https://www.ancestry.com/imageviewer/collections/2590/images/40479\\_2421406274\\_0462-02124?treeid=&personid=&hintid=&queryId=4bc48e51ce3082974598c6dd16d08c08&usePUB=true&phsrc=hFB38379&phstart=successSource&usePUBJs=true&pld=1618721](https://www.ancestry.com/imageviewer/collections/2590/images/40479_2421406274_0462-02124?treeid=&personid=&hintid=&queryId=4bc48e51ce3082974598c6dd16d08c08&usePUB=true&phsrc=hFB38379&phstart=successSource&usePUBJs=true&pld=1618721)

No. 14631

## APPLICATION FOR SEAMAN'S CERTIFICATE OF AMERICAN CITIZENSHIP (R.S. 4588)

New York, N. Y. JUN 2 - 1919 191

Name Jas. L. Montray Address 160 Bleecker St. City  
 Place of birth Norman Del. Date of birth 9/7/89  
 Birth (or citizenship) confirmed by U.S. Marine Corps Navy Yard  
Wash. D.C. 8/13/17 LN Broc  
 Place of father's birth U.S. Mother's U.S.  
 was naturalized by \_\_\_\_\_ court of \_\_\_\_\_  
 at \_\_\_\_\_ certificate number \_\_\_\_\_  
 dated \_\_\_\_\_ Age 29 on 9/7 1918  
 Height 5 11 1/2 Complexion Rud Hair Brn Eyes Br.  
 Physical marks L. L. Cr.

Last vessel 18 Trip flag \_\_\_\_\_ Arrived \_\_\_\_\_  
 Next vessel N.A. USSB Rating Cook  
 Vessel and rating confirmed by Emp. Cert. USSB  
 Identified by Sig. on " "

I do solemnly swear that the above facts are all true and that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same and that I take this obligation freely without any mental reservation or purpose of evasion.

Swo

Signature

Jas. L. Montray

JUN 2 - 1919 191

Act. Deputy Collector.

Pho



Left Thumb



SEAMENS' PASSPORT BUREAU  
ROOM #114

14631

(Law Division, Room 114)

Mr. *James L. Moutray*.....

has made application to this office for seaman's certificate of American citizenship (Seaman's Passport) which has been denied pending receipt of satisfactory evidence that he is in fact a seaman.

If it is shown that the applicant has secured employment on a sea-going vessel the certificate will be issued.

B. R. NEWTON,  
Collector.

.....  
(Reply)

Collector of Customs,  
New York, N.Y.

Sir:

The above named applicant will be given employment by this line on one of its vessels, provided he presents a Seaman's Passport.

(SIGNED).....*J. J. Fane*.....  
(OFFICE OR TITLE).....Port Steward.....  
(STEAMSHIP COMPANY).....

Date.....*JUN - 2 1919*.....

United States Shipping Board  
Commissary Dept.

U.S., Applications for Seaman's Protection Certificates, 1916-1940 for Jas. L. Moutray  
New York > 178 - New York

James Leo Moutray - form dated 2 Jun 1919 -

[https://www.ancestry.com/imageviewer/collections/61257/images/41383\\_647350\\_0475-00022?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pld=303900](https://www.ancestry.com/imageviewer/collections/61257/images/41383_647350_0475-00022?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pld=303900)

**Name: George Moutray**

Name variations:

Military:

On Tuscania: 20th Eng. 18th/Co. F - private

Serial number: 250,827

Entered service from: Grandview, Hood River OR [or from Idahoh]

Sailed on "Tuscania" as: George Moutray

Next-of-kin on "Tuscania": father William Moutray, Grand View OR

Returned from war on: "Siboney" Apr 1919, "sick & wounded in hospital" - "plyarthritis chr."

Sailed on return ship as: George Mouray

Next-of-kin on return ship & rank: father William Moutray, Grandview ID (saddler, Co. 18, 20th Engr.)

World War I draft registration (1917): as George Moutray (indexed as Montray) – b. 5 Nov 1892 IL; res: Grand View ID. Single. Farming for self, Grand View ID. Has dependent father & mother. Claimed exemption? "no except as to dependents" – tall & slender

World War II draft registration (1942): as George (middle name: "none") Moutray - b. 5 Nov 1891 Litchfield IL; res: Grand-View, Owyhee ID. NOK (and employer) Bell Gordy, GrandView, Owyhee ID. Height: 5'11", 150 lbs.

## Veterans Administration Military Index:

Enlisted: 13 Dec 1917

Discharged: 21 May 1919

Address: Grandview ID

Rank/unit: saddler, 18<sup>th</sup> Co., 20<sup>th</sup> Engineers

Birth & death:

Born: 5 Nov 1891 Litchfield, Montgomery IL

Died: 25 Jun 1968 Boise, Ada, ID

Find A Grave record: 62070580 – presence on Tuscania indicated in text

Burial location: Boise, Ada ID

Cemetery: Dry Creek

Tombstone:

Father: William W. Moutray, 20 Oct 1865 IL – after 1930 & before 1940, presumably in ID. Seemingly alive when in US District Court in Nov 1932; case dismissed Feb 1937 (perhaps because he was dead?) Son of James Moutray & Amanda E. Harleson.

Find A Grave:

Mother: Margaret A. ("Maggie"/Margarite) Paget (also found as Padgett) Moutray, 1869 IL – 5 Feb 1948 Orleans Parish LA. In 1947 New Orleans LA city directory: Margaret Moutray (widow of William) & Jas. L. Moutray, both residing at 1430 N. Rampart.

Parents' marriage: 21 Mar 1889 Sangamon Co. IL

Spouse: Jenvier/Genevieve Marie/Mary De Montuel Moutray, 3 Dec 1884 Paris, France - 8 Jul 1967 Boise, Ada ID. SSN 519-07-6903. Came to the US on 24 Oct 1922. At time of death resided at 1415 Franklin St., Boise ID. Died after a stay of 41 days in the Boise Convalescent Home of cerebral arteriosclerosis & thrombosis.. Married. Buried in Dry Creek Cemetery, Boise, Ada ID.

Spouse Find A Grave: 62070606

Marriage: 15 Jun 1933 Jefferson Parish LA

Children:

Siblings:

- James Leo Moutray, 7 Sep 1889 Womac, Macoupin IL – 23 Jun 1954. Military tombstone notes service as a private in the US Marine Corps on the Mexican border & WWI. On his WWII draft registration, James lived at 1430 N. Rampart, New Orleans LA, was unemployed & listed George Moutray of Grand View ID as his next-of-kin. Buried in Alton National Cemetery, Alton, Madison IL. F: 11903926

Notes:

Pre-war:

Wartime:

“New York Tribune” Monday 11 Feb 1918 p 2 – among those not yet reported as saved: from Co. E, 6<sup>th</sup> Battalion, 20<sup>th</sup> Engineers – private George Moutray, Grandview OR

Post-war:

1957 Boise ID city directory:

Geo. M. Moutray (Mary M.) – 611 Americana Blvd.

1958 Boise ID city directory:

George M. Moutray, resident of 611 Americana Blvd.

Obituary:

Social Security number: 519-07-6903

Censuses:

1900 Mount Erie, Wayne IL

Wm. W. Montray, 34 IL, Oct 1865, parents b. IN, married 11 years, farmer

Maggae A., 31 IL, Oct 1868, father b. TN, mother b. IL, gave birth to 2 children, 2 are living

James L., 10 IL, Sep 1889  
 Geo. M., 8 IL, Nov 1891

1920 Castle Creek, Owyhee ID  
 William W. Moutray, 54 IL, father b. IN, mother b. IL, farmer, hay farm  
 Margaret A., 51 IL, father b. TN, mother b. KY  
 James L., 30 IL, steward, merchant vessel  
 George M., 27 IL, farm laborer, working out

1930 Grand View, Owyhee ID  
 William W. Montray [Moutray], 71 IL, parents b. US, age 30 at 1<sup>st</sup> marriage, farm operator, general farm  
 Margarite, 64 IL, age 23 at 1<sup>st</sup> marriage  
 James L., 40 IL, laborer, general farm  
 George, 38 IL, parents b. IL, single, laborer, general farm, WWI veteran  
 Peter H. Racine, 49 VT, parents b. VT [lodger]

1940 Grandview, Owyhee ID – all in the same place in 1935  
 Grant Wilson, 70 TX, widower, hunter trapper  
 George Moutray, 47 IL, laborer, farm [visitor]  
 Mary Moutray, 56 France [visitor's wife]

1940 New Orleans, Orleans Parish LA – 1430 N. Rampart St. – same place in 1935 – mother & brother  
 Margaret Moutry, 68 IL, widow  
 James L. Moutry, 50 IL, single  
 For both, occupation left blank