

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my," will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Benjamin, Belt,
Co. *H*, 79 Regt. U.S.C.

Applicant for *Original*

No. *787, 284,*

DATE OF EXAMINATION:

May 14th, 1892

Wm. H. Smith, Pres.,
Wm. H. Smith, Sec'y,
BOARD.

Post office, *Lawrence,*

County, *Douglas,*

State, *Kansas,*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

W. H. Smith

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 737,234

Name and rank of claimant. Benjamin Belt, Rank, Private

Company "F", 79 Reg't U.S.C.I. Lawrence, Kas. State, Desoto Kansas (Post office address of the Board.) May 14, 1897 (Date of examination.)

Claimant's post office address.

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. Chronic Diarrhoea and Piles.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

Pulse rate per minute, 78; respiration, 18; temperature, 98; height, 4 feet 1 inches; weight, 160 pounds; age, 40 years.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for Original And says that the diarrhoea bothers him more in the summer season, than in winter, but has it nearly all the time, more or less. And that the piles come down, every time the bowels move, and that they do not stay up when he puts them back, if he moves, around, any, and that they bleed freely at times.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. Upon examination we find the following objective conditions: This is a tall slim man in thin, flabby muscles very flabby, and the skin ashy-colored, well defined. Arcus senilis, and pterygium, on inner angles of both eyes, extending onto the cornea, 3/4 of an inch. Slight catarrh of throat. Congenital quite pale. And on inspection of rectum we find, a tumor of prolapsed, rectum, and pile-tumor combined 1 1/2 inches in dia, with a large deep fissure, also an abrasion, of 7/8 of an inch, in dia. About 2/3 of the circumference of the rectum, protruding 3/4 of an inch on the left side. On returning the large tumor, there are found several smaller pile-tumors, 1/4 to 1/2 inch in dia, the parts very sensitive to the touch. Otherwise than above stated all organs normal.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 4/18 rating for the disability caused by Chronic Diarrhoea for that caused by 8/18 caused by Piles

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back. † Here state whether for original, increased, restoration, or renewal, or for a re-rating. R. Morris, Pres. E. F. Chiles, Sec'y. Chas. Simmons, Treas.

STATE OF *Kansas* COUNTY OF *Johnson* SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____
erased, and the words _____ added
and acquainted _____ with its contents before _____ executed the same. I further certify that I
am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally
known to me and that *he* is a credible person.

L.S.

Com Cyph April 23-1891

(Official Signature.)

Notary Public

(Official Character.)

NO 737236

ADDITIONAL EVIDENCE

CLAIM OF

Benjamin Beeh
Private

Co. D 79th Reg't

Vols.

AFFIDAVIT OF

Dr W M Marecks
Desoto Kan



FILED BY

NOAH MOSER.

LOGOOTE, IND.

GENERAL AFFIDAVIT.

STATE OF Kansas COUNTY OF Johnson SS:

In the matter of Benjamin Belt
late private Co. H, 79th Reg't U.S.C.A. Vols.

On this 7th day of December A. D. 1889 personally appeared before me a
Notary Public in and for the aforesaid county duly authorized to administer oaths
Wm Marks M.D. aged 44 years, a resident of Desoto
in the county of Johnson and State of Kan well known to me to be
reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I have known Benjamin Belt since the year
A.D. 1875. I recollect that about 7 or 8 years ago
I prescribed for him (I think I prescribed Ac. Phlegm
lotion, for hemorrhoids.

His Post Office address is Desoto Johnson Co, Ka.
He further declares that he has no interest in said case, and is not concerned in its prosecution.

(If affiants sign by mark, two witnesses who can write sign here)

//

W. M. Marks M.D.

(Signature of affiant.)

STATE OF *Kansas* COUNTY OF *Johnson* SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____
erased, and the words _____ added
and acquainted *him* with its contents before *he* executed the same. I further certify that I
am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally
known to me and that *he* is a credible person.



Com. Expires April 23-1891 *C. K. Dow*

(Official Signature.)

Notary Public

(Official Character.)

NO 737236

ADDITIONAL EVIDENCE

CLAIM OF

Benjamin Belch
Private

Co. *M* 79th Reg't

Vol's.

AFFIDAVIT OF

James Galer
Devisor *Jan*



FILED BY

NOAH MOSER.

LOGOOTE, IND.

GENERAL AFFIDAVIT

STATE OF Kansas COUNTY OF Johnson ss:

In the matter of Benjamin Belt,
late private to Co 79th Reg't U.S.A. Vols.

On this 28th day of December A. D. 1889 personally appeared before me a
Notary Public in and for the aforesaid county duly authorized to administer oaths
James Sater aged 45 years, a resident of Desoto
in the county of Johnson and State of Kans well known to me to be
reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I have known Benjamin Belt as a neighbor
from 1871 to 1889, during which time
I have often remembered of his complaints
of diarrhoea trouble and piles and at times
would be bad off. I have heard him
say that he continued the same while
in the army.

H Post Office address is

further declares that has no interest in said case, and is not concerned in its prosecution.

D. Cranston
C. D. Doe

(If affiants sign by mark, two witnesses who can write sign here)

10

his
James X Sater
mark

(Signature of affiant.)



To Div.
 Ex'r.
 In. Or. No. *737236*
Benjamin Belt,
 Co. *#79* Reg't *Useing*

DEPARTMENT OF THE INTERIOR,
 BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Return this letter with your reply.

Nov 29, 1890.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

J. James.
De Soto

Gen. B. Raum

Commissioner.

Kans.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: *I first saw him about three years after he came out of the army. I think about 1872*

Of what disability did he complain, and how was he affected?

Answer: *With the Piles he complained considerable*

How frequently have you seen him since your first acquaintance?

Answer: *I have known & seen him often ever since*

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: *I have worked with him he complained and have known him to get work on account of Piles.*

My means of knowing the facts of the case are these: *I have been with him and worked with him at different times in nearly every year since I became acquainted with him*

COMMISSIONER OF PENSIONS,
 Washington, D. C.

Very respectfully,

John J. ...

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____
erased, and the words _____ added
and acquainted him with its contents before he executed the same. I further certify that I
am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally
known to me and that he is a credible person.

Com Ephraim 23-1891

Chloe

(Official Signature.)

(Official Character.)

No 737234

✱ ADDITIONAL ✱ EVIDENCE ✱

CLAIM OF

CLAIM OF
Benjamin Bell
Private

Co. *2d* () *79^a* Reg't
U.S.C.T. Vols.

AFFIDAVIT OF

John James
Desoto Kan

1871-89

FILED BY:-

NOAH MOSER.

LOOGOOTEE, IND.

GENERAL AFFIDAVIT.

STATE OF Kansas COUNTY OF Johnson ss:

In the matter of Benjamin Belt
late private Co. H 79th Reg't U.S.C. Vols.

On this 28th day of December A. D. 1889, personally appeared before me a
Notary Public in and for the aforesaid county duly authorized to administer oaths
John James aged 33 years, a resident of De Soto
in the county of Johnson and State of Kansas well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I know the said Benjamin Belt as a
neighbor from 1871 to 1889 during which
time I well remember of his complaining
very often of Chronic Diarrhoea and piles
and part of this time was not able
for manual labor on account
of same

H Post Office address is

further declares that has no interest in said case, and is not concerned in its prosecution.

(If affiants sign by mark, two witnesses who can write sign here)

9 John James
(Signature of affiant.)



[3-056.]

To Div.

Ex'r.
Inv. Or. No. 737,236,
Benjamin Belt,
Co. A 79 Reg't Me Inf

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Nov 29, 1890.

Return this letter with your reply.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

A. Henry
Ottawa

John B. Ransom

Commissioner.

Kans.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: About Dec. 1st / 1865

Of what disability did he complain, and how was he affected?

Answer: From the time I 1st saw him he never was well. & when he was able to work it was with me.

How frequently have you seen him since your first acquaintance?

Answer: from 1865 to 1872 continually & from then off & on.

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: Dr. Martin it was chronic he was in pain in his abdomen & limbs & he hardly ever got in a full month. It is the same now.

My means of knowing the facts of the case are these: We lived together from 1865 to 1872 and have seen each other frequently ever since

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Harry Henry

GENERAL AFFIDAVIT.

ADDITIONAL EVIDENCE.

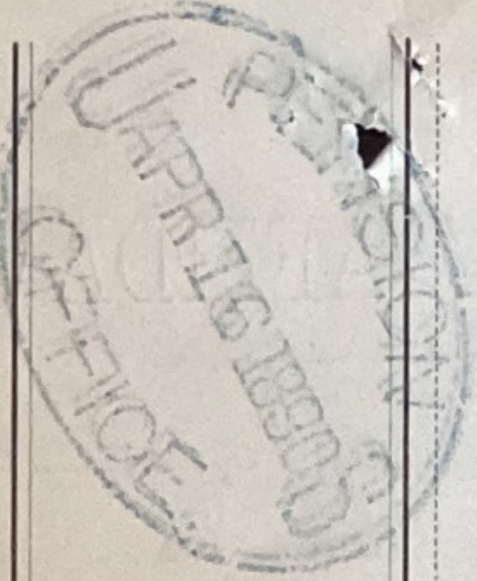
CLAIM OF

Ben Butt
Leboto Han

Geo. H. 79 11 8 6 7

AFFIDAVIT OF

Harry Henry
Attorney Trans

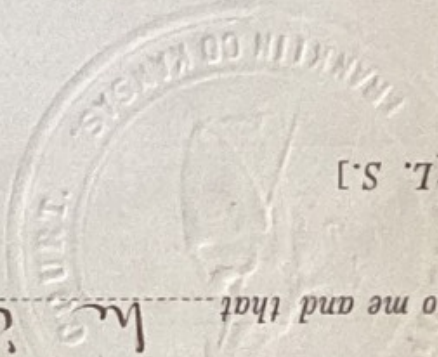


FILED BY

Loak Maer, Atty
Heargate

PRINTED AND SOLD BY
N. W. ARLING,
OTTAWA, KANSAS.

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must certify as to official character of officer administering the oath, unless a general Certificate has been filed in Pension Office, Washington, D. C., then the officer must so state.



[L. S.]

John A. Fines
(Official Signature.)
Leahy Henry
(Official Character.)

State of Kansas
County of Franklin
Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words William
and the words Benjamin
and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant personally known to me and that he is a credible person.

(If Affiants sign by mark, two persons who can write sign here.)
Harry Henry
(Signature of Affiants.)

its prosecution.
he further declare that he has no interest in said case and am not concerned in

GENERAL AFFIDAVIT.

State of Kansas, County of Franklin, ss.

In the matter of Pension claim of Benjamin Belt, heretofore of
C. H. 79 U.S.C.

ON THIS 6 day of March A. D. 1890; personally appeared before me
J. C. Clark of District Court in and for the aforesaid County duly authorized to administer oaths,
Harry Henry aged 47 years, a resident of Ottawa
in the County of Franklin and State of Kansas
whose Post Office address is Ottawa Kansas

aged years, a resident of
in the County of and State of
whose Post Office address is

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

I have known the applicant since 1865. and from 1865 to 1870
was with him continually and at different times between 65 and 70
he was very bad and was mostly during that time was under
a physicians care and about 1/2 of the time was unfit for manual
labor. his disease be chronic Diarrhea.

8

STATE OF Kansas COUNTY OF Douglas SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words.....
erased, and the words.....added
and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

L.S. Comm. Expires
Jan'y. 17/91

Chas. Pilla
(Official Signature.)
Notary Public
(Official Character.)

No. 737236

ADDITIONAL EVIDENCE.

--- CLAIM OF ---

Bert Belt
Desoto Kan

Co. 74 () 79 Reg't
U. S. 67 Vols.

--- AFFIDAVIT OF ---

Charles Lewis
Endora Kan

FILED BY
NOAH MOSER,
LOOGOOTE, IND.

GENERAL AFFIDAVIT.

STATE OF Kansas COUNTY OF Douglas SS:

In the matter of Benjamin Belt
late Member Co. H 79 Reg't NSCJ Vols.

On this 5th day of April A. D. 1890, personally appeared before me, a
Notary Public in and for the aforesaid county, duly authorized to administer oaths,
Chas. S. Lewis aged 50 years, a resident of Endora
in the county of Douglas and the State of Kans. well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I knew Benjamin Belt at Baldwin City Kan
from 1865 to 1870 during which time he did
complain a good deal with the chronic
diarrheas and Piles I knew him very
well during that time and remember he
had to be taking medicine

His postoffice address is Endora Douglas Co. Kans.
He further declares that he has no interest in said case, and is not concerned in its prosecution.

Charles Lewis

(If affiant signs by mark, two witnesses who can write, sign here.)

(Signature of affiant.)

No 737234

ADDITIONAL EVIDENCE

CLAIM OF

Benjamin Beck
Private

Ok 79 Regt
W.D. Co. 37
Tols.

AFFIDAVIT OF

Alfred Brooks
Lawrence Kane



FILED BY

NOAH MOSEK.

LOOGOOTEE, IND.



Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words
erused, and the words
and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

John A. Ashman
(Official Signature)
John A. Ashman
(Official Character)

STATE OF Kansas COUNTY OF Lawrence SS:

GENERAL AFFIDAVIT.

STATE OF *Kansas* COUNTY OF *Douglas* SS:

In the matter of *Benjamin Beek*
late *private* Co. *H,* 79th Reg't *U.S.C.* Vols.

On this *30th* day of *November* A. D. 18*79* personally appeared before me a
Notary Public in and for the aforesaid county duly authorized to administer oaths
Alfred Brooks aged *47* years, a resident of *Lawrence*
in the county of *Douglas* and State of *Kansas* well known to me to be
reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is intimately and personally
acquainted with *Elgin* and has known
him since 1863 that he was a private of
Co. *H* 79th U.S.C. Claimant and himself
were then intimate during their service they
were together much of the time, that he
reminds about *Jan* 1864 at or near *Fort*
Smith Ark Claimant was attacked with
Camp Discharge and was sent to hos-
pital at *Camp* *Ark* for treatment
I have seen him after since discharge to
the present time and he complains of
severe disability still cling to him

His Post Office address is *Lawrence Douglas Co Kansas*
he further declares that he has no interest in said case, and is not concerned in its prosecution.

(If affiants sign by mark, two witnesses who can write sign here)

Alfred Brooks
(Signature of affiant.)

NO 737236

ADDITIONAL EVIDENCE

CLAIM OF

Benjamin Bell
Private

Old 79" Reg't
W.D. C. 25. Tols.

AFFIDAVIT OF

Gratten Henry
Attama Hinn

Gratten Henry Clarke.



FILED BY

NOAH MOSER.

LOOGOOTEE, IND.



My certificate is on file in Bureau office

(Official Character)

John W. Spencer
Attorney at Law

(Official Signature)

is a credible person.

known to me and that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally

and acquainted with its contents before executed the same. I further certify that I

added

to said affiant, including the words

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit

STATE OF Kansas
COUNTY OF Douglas
SS:

GENERAL AFFIDAVIT.

STATE OF Kansas COUNTY OF Douglas ss:

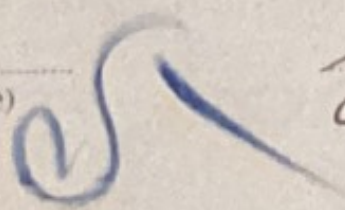
In the matter of Benjamin Belth
late private Co H. 79th Reg't U.S.C.T. Vols.

On this Thirtieth day of November A. D. 1881 personally appeared before me a
Notary Public in and for the aforesaid county duly authorized to administer oaths
Gratten Gregg aged 47 years, a resident of Lawrence
in the county of Douglas and State of Kansas well known to me to be
reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I remember about the month of Jan. 1864 at
or near Fort Smith State of Ark that
claimant contracted Chronic Diarrhea
and was sent to hospital at Camden Ark,
for treatment I have seen him often and
have been intimate with him and know
he has complained of being troubled
with said disability since discharge
I know the above from the fact that I
was Corp'l of said Co and awaited on
him to report to sick call until sent to
hospital and seeing him often since his
discharge

H. L. Post Office address is Lawrence Douglas Co Kansas
he further declares that he has no interest in said case, and is not concerned in its prosecution.

(If affiants sign by mark, two witnesses who can write sign here)



Gratten Gregg

(Signature of affiant.)

Corp.

GENERAL AFFIDAVIT.

ADDITIONAL EVIDENCE.

CLAIM OF

Ben Bitt
Plato Kan
Box 77, 79 N. 8 to 11.

AFFIDAVIT OF

Geo. H. Harkins
Attorney at Law

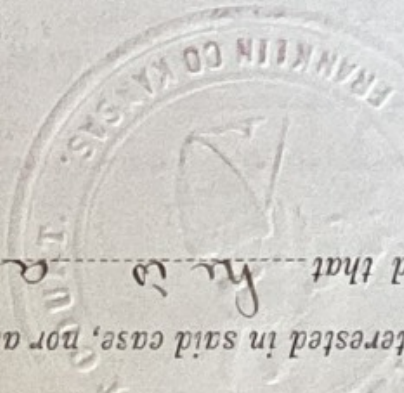
FILED BY

Frank Moore Atty.
Atty. at Law

PRINTED AND SOLD BY
IN. W. A. RING,
OTTAWA, KANSAS.

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must certify as to official character of officer administering the oath, unless a general Certificate has been filed in Pension Office, Washington, D. C., then the officer must so state.

[L. S.]



to me and that he is a credible person.

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known

and acquainted with its contents before executed the same. I further certify that I am in

and the words Benjamin added

affiant, including the words William erased

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said

State of Kansas County of Franklin ss.

(If Affiants sign by mark, two persons who can write sign here.)

John A. Fine
Henry Henry

its prosecution.

he further declare that he has no interest in said case and was not concerned in

George Harkins
his mark

(Signature of Affiants.)

GENERAL AFFIDAVIT.

State of Kansas, County of Franklin, SS.

In the matter of Pension claim of Benjamin Belt late private
Co. H. 79 U.S.C.

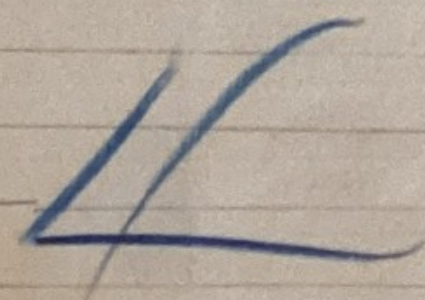
ON THIS 6 day of March A. D. 1890; personally appeared before me
a Clerk of District Court in and for the aforesaid County duly authorized to administer oaths,
George Hawkins aged 46 years, a resident of Ottawa Kansas
in the County of and State of
whose Post Office address is

aged years, a resident of
in the County of and State of
whose Post Office address is Ottawa Franklin County Kansas.

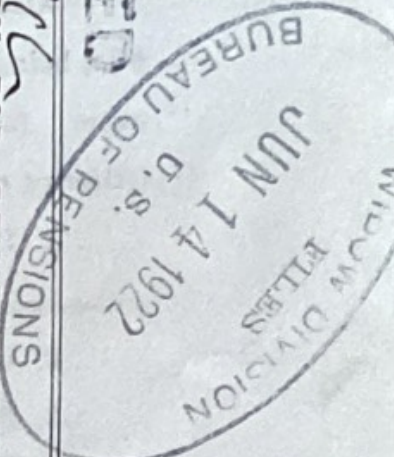
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

I was in the same Company and regiment with the applicant
and know that he was taken with the diarrhea at Camden Arkansas
in the spring of 1864. and was taken to the hospital at that place.
and was not on duty for sometime afterwards. but I cannot tell how
long.



DROPPED



2

APPLICATION FOR REIMBURSEMENT.

WIDOW.

Certificate No. 196.394

Olivia B. Belt
Deceased Pensioner.

No. 79, M.S.E. 29.

Benjamin Belt

Claimant

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making, or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for not more than five years."

Approved July 7, 1898.

JUN 12 1922
DIVISION

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6-1573

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Kansas
COUNTY OF Johnson

On this 18 day of May, A. D. one thousand nine hundred and twenty two
personally appeared before me, a notary public within and for the County and State aforesaid,
Elvira E. Belt, aged 39 years, a resident of
Johnson, County of Johnson, State of Kansas

, who, being duly sworn according to law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
Elvira E. Belt, who was a pensioner of the United States by
certificate No. 796 394, on account of the service of Benjamin Belt
in Co H 79th regiment US colored Infantry
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)
That pension was last paid to Self, 1922

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information,
and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or
withheld.

1. What was the full name of the deceased pensioner? Elvira E. Belt

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
widow

3. If decedent was pensioned as an invalid soldier or sailor—

(a) Was he ever married? (Answer yes or no.)

(b) How many times, and to whom?

(c) If married, did his wife survive him? (Answer yes or no.)

(d) If so, is she still living? (Answer yes or no.)

(e) If not living, give full names and dates of death of all wives

(f) Was he ever divorced? (Answer yes or no.)

(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the
decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no

5. Is any such child still living? (Answer yes or no.) no

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid None

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no

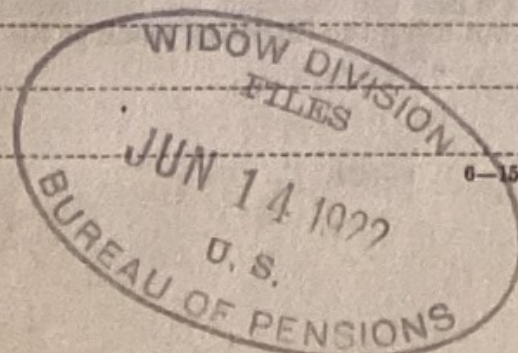
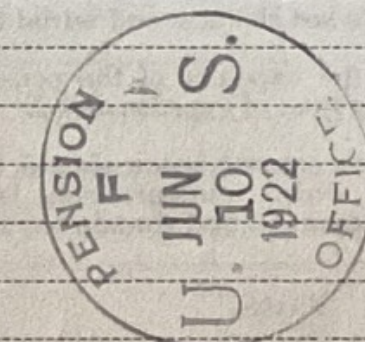
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written

9. Who was the beneficiary named in each policy?

10. What was the relation of each beneficiary to the pensioner?

11. Were the premiums paid by the deceased pensioner?

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that
account



No

Yes

cash in bank \$90.10 and farm
value

9550.

he real estate? ^{9530.}
Not disposed of

No

son

ensioner?
yes

multiple sclerosis

about a month

about Feb 10.

the name and post-office address of each physician who attended the pensioner during last sickness

Dr A M Fortney	Oreaso Mo
Dr Bronson	Olathe Mo

the names of the persons by whom
Lona Bell

on my farm place

at my home

March 9 1922

Orsato Kansas

Answers of the
No

State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
A Mortney	Physician -----	part ³ ✓	62 00
	Medicine -----		
J D chambers	Nursing and care -----		
	Undertaker -----	part	214 10
	Livery -----		
	Cemetery -----		
	Other expenses and their nature:		
	TOTAL -----		

EGGS of
Yes

address is No. _____, on _____
 plathe _____, County of Johnson
 Kansas

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

(Claimant's signature in full.)

Also appeared M N Nease and M J White
 who, being duly sworn, say that they saw Charlie Belt, the claimant, sign his
 name (or make _____ mark) to this application; that they know the claimant herein and that their answers to the
 following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

2. When did the pensioner die? March 9 1922

3. Did pensioner leave any property? If so, state its character and value bank account
amounting to \$90.10 and real estate cash value
about \$10,000 heavily mortgaged

4. We knew pensioner 25 years. We believe above statements to be true because M. J. White's
father was in army in same campaign and from long
acquaintance
M. N. Nease

✓ Name _____ ✓ Name M J White
 P. O. Address Osoto Ks P. O. Address Osoto Ks
 Subscribed and sworn to before me, this _____ day of _____

A. D. 19____; and I certify that the contents of the foregoing application were fully made known and explained to the
 claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I
 further certify that the reputation for credibility of the witnesses whose signatures appear above is _____

Declaration accepted as a claim
 under the act of March 2, 1906,
 H. P. Wiley,
 Law Clerk.

O S Hambleton
 (Signature.)
Notary Public
 (Official character.)

Commission Expires Dec. 6, 1925

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Mar 9, 1922

Give date of commencement of pensioner's last sickness Feb 2, 1921

From what date did the pensioner require the regular and daily attendance of another person constantly until death?
Feb 2 1921

During what period did you attend the pensioner? Feb 2, 1921 to Mar 4 1922

State nature of disease from which pensioner died Multiple sclerosis

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service None

Give name of any other physician who attended the pensioner in last sickness Dr Branson, Osoto Ks.

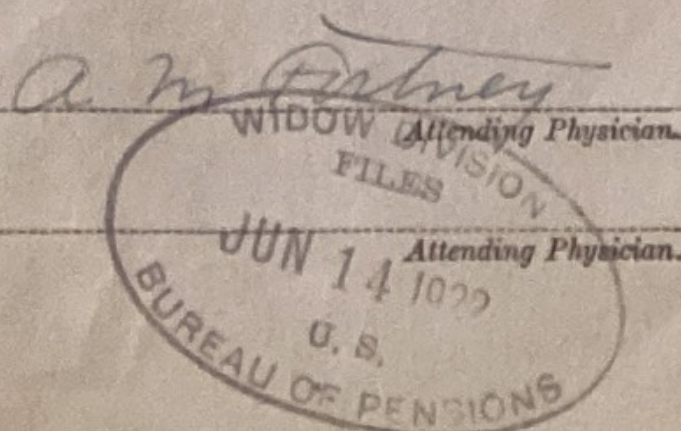
Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? In part by Chas Belt

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:
✓

I certify that the foregoing statement is correct.

May 27, 1922



(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. B. Armstrong, Dr. F. F. Green, and Dr. J. S. Williams, were personally present and actually participated in the examination of Benjamin Bell, the claimant in this case, on 20th day of March, 1912

(Signature.)

F. F. Green

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 ____."

Witnesses
to mark.

(Signature of
Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

Benjamin Bell

Co. H, 79 Reg't U.S., E. Vol. Inf.

APPLICANT FOR Increase

No. 620399

DATE OF EXAMINATION:

March 20th, 1912

BOARD.
J. B. Armstrong, Pres.,
F. F. Green, Sec'y,
J. S. Williams, Treas.,

Post office,

Chatham

County,

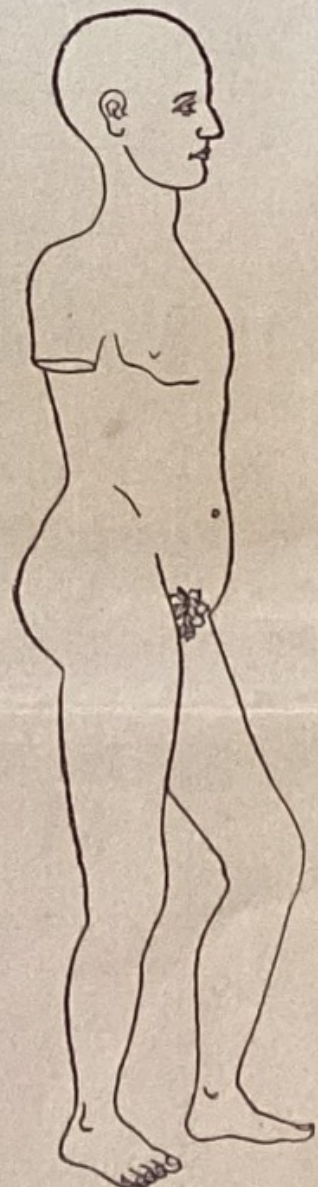
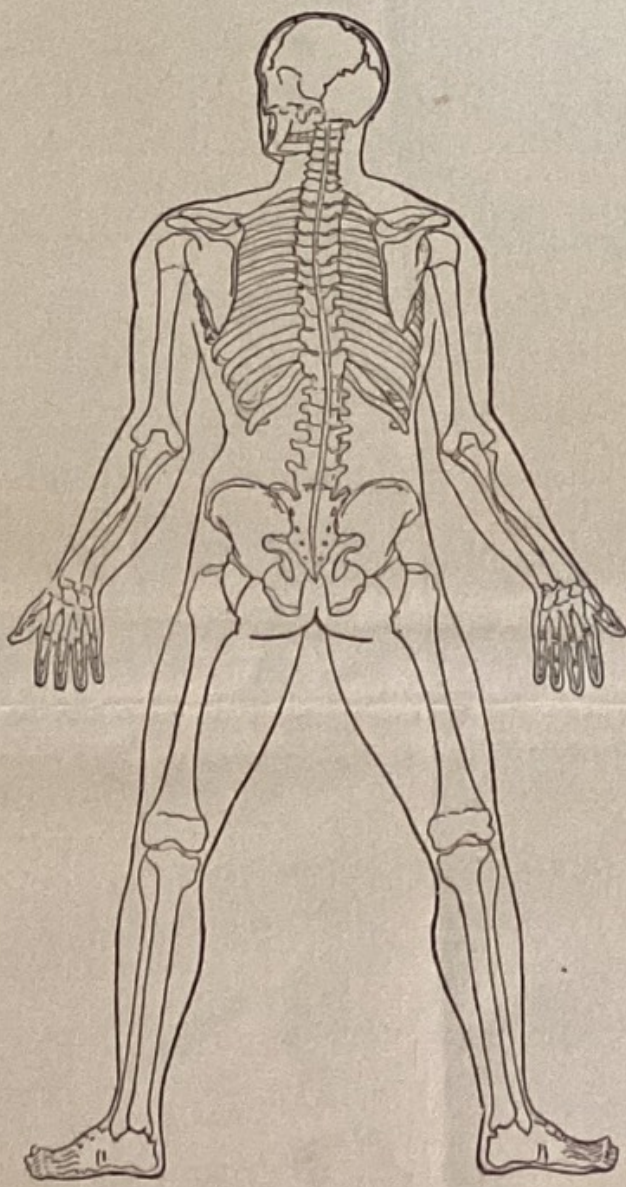
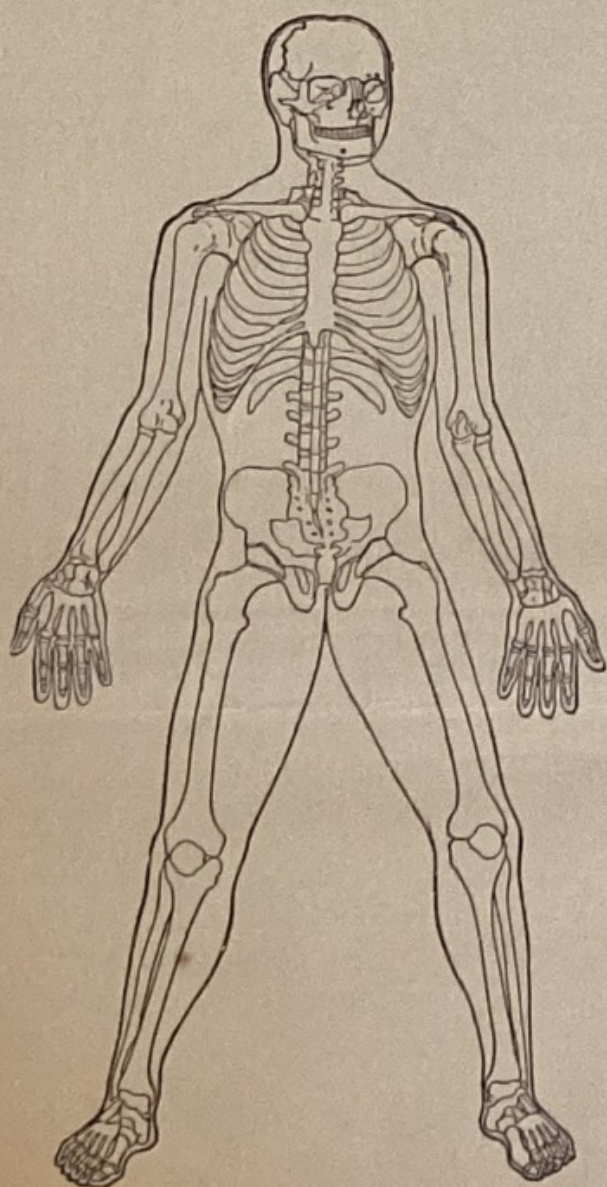
Johnson

State,

Georgia

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

6-532a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Increase Pension Claim No. 620399
 Benjamin Bell Address of Board. { Elkhart P. O.
 Company #79 Reg't U.S.C. Inf. { Kansas State.
 Elkhart Kansas March 30th, 1902
 [Date of examination.]
 Chronic Diarrhoea Fistula in ano &
 Piles

He receives a pension of Twelve dollars per month.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Originated in 1868 when at Azark
 Arkansas,

Birthplace, Franklin Co Ark; age, 70 years; height, 6 ft 1 in
 weight, 165 pounds; complexion, Yellow; color of eyes, Brown;
 color of hair, Gray; occupation, Farmer; permanent marks and
 scars other than those described below, None

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 84-90-72; respiration, 18-18-20; temperature, 98.6;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Has Chronic diarrhoea There is marked
 emaciation Skin sallow, Tongue heavily
 coated, Liver and spleen enlarged
 General tenderness over the entire abdominal
 viscera. The rectum is inflamed. Three
 internal pile tumors 1/4 in. diameter also internal
 pile tumors Three in number from 1 to 1 1/2 in in
 diameter, which frequently bleed and come
 down and out with each movement of
 bowels. There is also a complete fistula
 in ano. No fissure no stricture of bowels
 but there is prolapse of rectum of one
 inch. The paroxysms of diarrhoea are
 continuous. \$24.00

No disease of lungs. Chest circumference 38 in.
 expir. 37 in. inspiration 40 in.
 No disease of heart. Apex beat 1 3/4 in below
 and 3/4 in. to right of left nipple. No increase
 area of cardiac dullness. Sounds normal,
 no hypertrophy, no oedema, no cyanosis
 No disease of kidneys. Spec. grav. 1.018
 Acid reaction, straw color, no sugar, no
 albumin.

This claimant is so disabled from
 chronic diarrhoea and disease of rectum
 as to be incapacitated in a degree equivalent
 to the loss of a hand or foot for the
 purpose of manual labor and is
 entitled to Twenty Four Dollars per
 month.

J. B. Cunningham, Pres. J. F. Brune, Sec'y. S. H. Stinson, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.



SURGEON'S CERTIFICATE

IN CASE OF

Beny. Belt
Co. H, 79th Reg't W. I. C. Vol. Inftry

Applicant for Inc. and Pension

No. *620,399*

DATE OF EXAMINATION:

February 10th, 189*2*

Thomas Hamill, Pres.,
J. P. Egelsdorf, Sec'y,
J. W. Armstrong, Treas.,

BOARD.

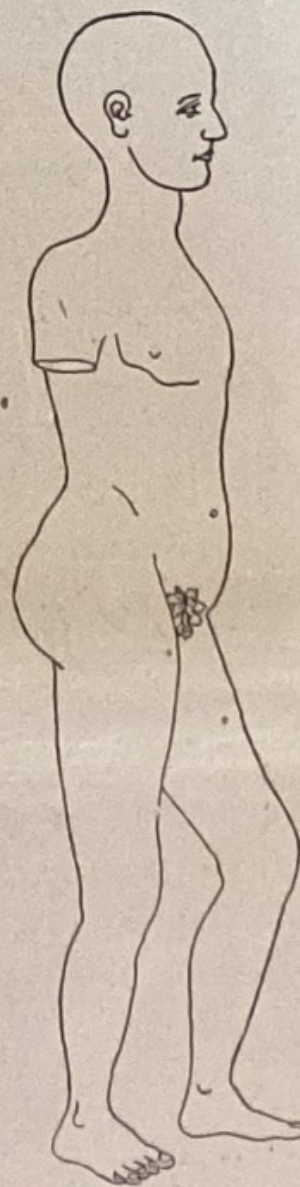
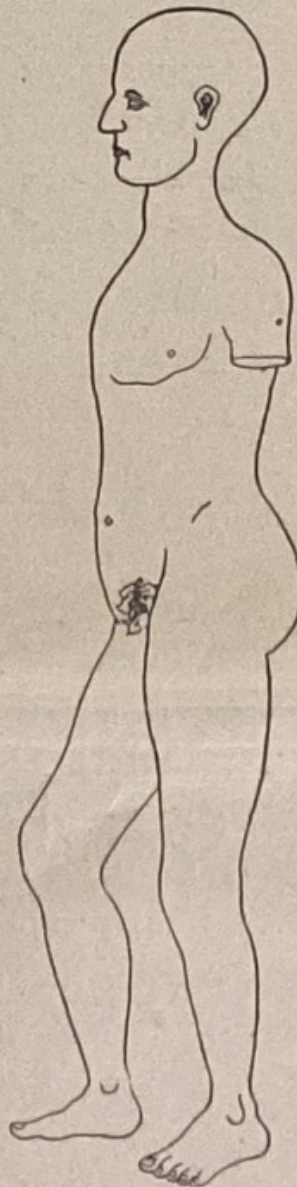
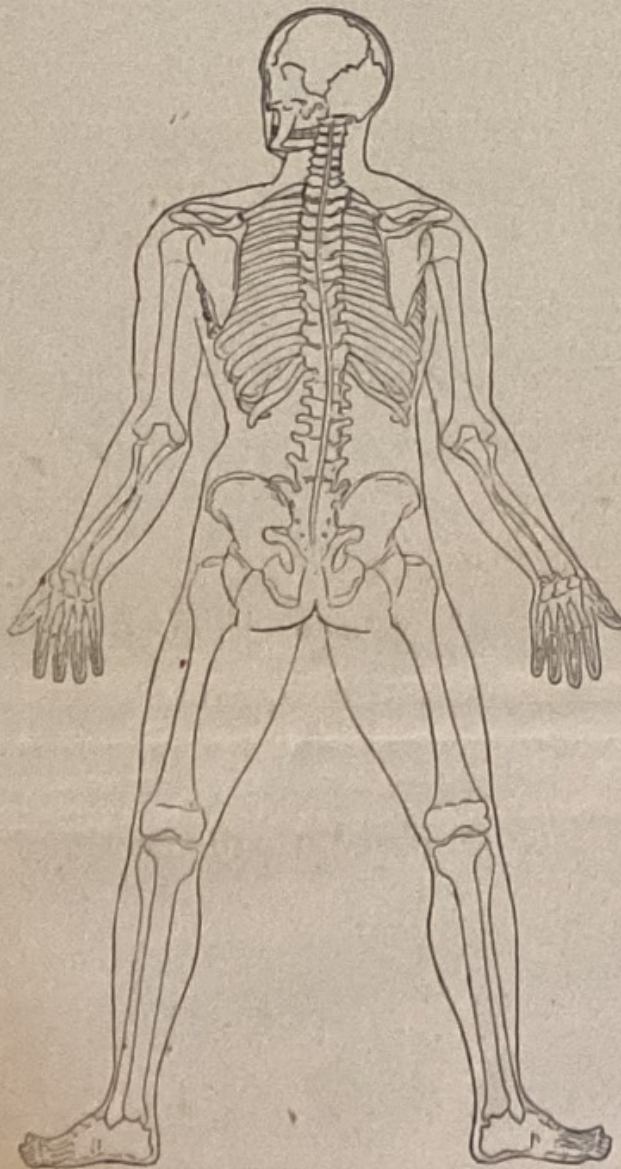
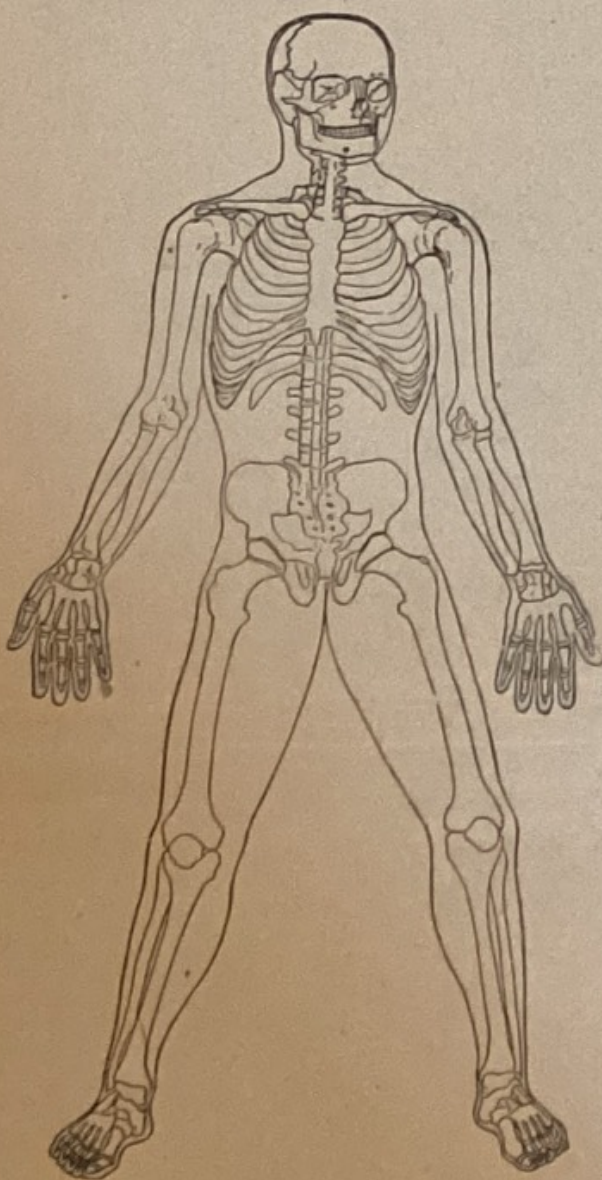
Post office, *Olathe*

County, *Johnson*

State, *Kansas*

P. S.—Write your Post-office address plainly and in full.

Shuman



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase of Invalid
[State above whether for original, increase, or restoration.]

Pension Claim No. *620399*

Name and rank of claimant.

Benji Belt

, Rank, *Private*

Claimant's post-office address.

Company *H 79th Reg't U.S. Col. Inf'ty Olathe Johnson Co. Mo.* State, *Mo.*

[Post-office address of the Board.]

De Soto Johnson Co. Mo.

Feb'y - 10th -

, 189 *2*

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Chronic diarrhea & resulting disease of Rectum -*

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of *Twelve* dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for *Increase of Invalid Pension*. - That he contracted *Chronic Diarrhea* while in the U.S. service in 1863 - the results of which he still suffers - in disease of the rectum in form of the piles - worse in the summer season. - Claims to be disabled from manual labor to over $\frac{1}{2}$ extent.

Here give a full description of the disabilities, in accordance with Book of Instructions.

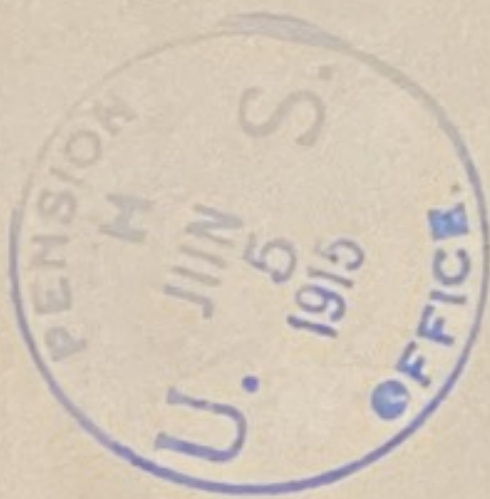
Upon examination we find the following objective conditions: Pulse rate, *88*; respiration, *20*; temperature, *98*; height, *6* feet *-* inches; weight, *173* pounds; age, *50* years. - System fairly nourished. *No diarrhea at present time; - and no other disease or indication of same presented. Except disease of the rectum, which is a probable result of Chronic Diarrhea; - Has piles, severely 3 or 4 quite large tumors present externally from $\frac{1}{3}$ to $\frac{3}{4}$ of an inch in diameter - also suffers from prolapsus of the rectum and ulceration, of same tumors, inflamed & irritable and protrude continually when on his feet. - Except as above stated no other disability is present in this case*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *16/18* rating for the disability caused by *Disease of the Rectum & chdst* for that caused by *Anything else* and for that caused by *-*

Thomas Hamill, Pres. *J. D. Egerton*, Sec'y *J. B. Armstrong*, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not.



Marriage License

to

Filed _____, 191

Probate Judge _____

Marriage Record _____ Page _____

The Ottawa Herald Print.

MARRIAGE LICENSE

State of Kansas, Franklin County, ss.

Ottawa, Kansas, *July 20* 18*72* *1872*

To any Person authorized by Law to Perform the Marriage Ceremony, Greeting:

You are hereby authorized to join in marriage
Mr. *Benjamin Belt* of *Ottawa* aged *30* years, and
M. *Elmira James* of *Ottawa* aged *22* years, and
consenting,

and of this License make due return to my office within
thirty days.



J. Leonard Linn
Probate Judge.

State of Kansas, Franklin County, ss.

I, the undersigned, a *Levi Ricksecker* of
do hereby certify that in accordance with the authorization of the within License, I
did, on the *21* day of *July* 18*72* A. D. *1872*, at *James*
in *Said* County, join and unite in marriage the within named
Benjamin Belt and *Elmira James*

Witness my hand the day and year above written.

Rev. L. Ricksecker

Official Character *Missionary, Churches of*
Presbyterian

use
796394
group 2

367.

Wid. Orig No. 1048374

ACT OF APRIL 19, 1908.

WIDOW'S PENSION.

B

J.E.M.
8/27/15

Claimant, Elvira E. Belt

Soldier, Benjamin Belt

P. O. R.R. No. 6, Olathe,

Rank, Private; Co. H

County, Johnson; State, Kansas.

Regiment, 79 U. S. C. Inf.

Rate \$12 per month, commencing June 5, 1915, ~~and \$2 additional for each child, as stated below:~~

All pension to terminate _____, 1_____, date of _____

Payments on all former certificates covering any portion of same time to be deducted.

{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____
{	Born, _____	}	
{	Sixteen, _____	}	Commencing _____

RECOGNIZED ATTORNEY.

Name, W. A. Pratt

Fee, \$ 10; Agent to pay.

P. O., Olathe, Kansas.

APPROVALS.

Submitted for admission July 27, 1915; L. S. Perkins, Examiner.

Approved for Admission under act of April 19, 1908-

July 29, 1915 M. W. Case
Sept. 13, 1915 M. W. Case Reviewer.

Sept 14, 1915 M. W. Case Rereviewer.

The soldier was --- pensioned at \$ 21.50 per month ~~for~~ Act May 11, 1912

Enlisted, November 16, 1863, 1

Soldier's application filed November 6, 1889

honorably disch'd, October 1, 1865, 1

Clt's app'n under other laws, none, 1

Disbanded November 8, 1865

Former marriage of none, 1

Reenlisted, _____, 1

Death } of former none, 1

honorably disch'd, _____, 1

Divorce } of former none, 1

Died, May 2, 1915, 1

Clt's marriage to soldier, July 21, 1872, 1

Declaration filed, June 5, 1915, 1

Clt not remarried, nor divorced, 1

Claimant does not write.

No M. C.

ACT OF APRIL 19, 1908.

Claim for Pension.

WIDOW.

Number 620390-0

Name Elvira E Bell

Soldier Benjamin Bell

Service *co* A

79 " W. S. L. Sep 7

H1 - Raw Gold by

INSTRUCTIONS.

This form may be used for original pension under Act of April 19, 1908.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature and term of office must be certified by the proper State, County or City officer, under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

city
W A
14 1915
DIVISION
JUN 8 1915
DIVISION
LAW DIVISION
JUN 8 1915
RECORDED
F. B. Eyles, Pub. of Legal Herald
Lawrence, Wis.



DECLARATION FOR WIDOW'S PENSION

On this 1st day of June, A. D., one thousand nine hundred and 13
personally appeared before me, a Notary Public within
and for the County and State aforesaid, Elwina Belt, aged 65 ✓
years, a resident of Olathe, County of Johnson, State
of Kansas, who, being duly sworn according to law, makes the following declaration in order to

That he also served

(Here give a complete statement of all other services, if any.)

(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

(If the soldier left no children the claimant should so state.)

That she has not heretofore applied for pension?

(If prior application has been made, the number thereof, the service on which

it was based, and the name of the soldier should be stated.)

(Claimant's Signature in full)

(Signature of Witnesses.)

erased and the words

added; and that I have no

interest, direct or indirect, in the prosecution of this claim.

M. V. B. Parker
(Signature)

(Signature)

S. Notary Public
(Official Character)

(Official Character)

(L. S.)

My Com. expires

Oct. 14, 1901

U. S. JUN 5 1915 OFFICE

State of Kansas County of Johnson, ss:

SWORN TO and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted her with its contents before

she executed the same. I further certify that I am in no wise interested in said case,

nor am I concerned in its prosecution; and that said affiant is personally known to me and that

she is a creditable person.

my Com Ex July 7 of 1918
[L. S.]

W. A. Morrison
(Official Signature.)
Notary Public
(Official Character.)

I, _____, Clerk of the County Court, in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, _____ in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____ 19 _____

[L. S.]

Clerk of the _____

NOTE—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving date of beginning and close of official term. If certificate on file so state.

No. <u>40-1048374</u>	GENERAL AFFIDAVIT.	
Claim of <u>civil</u>		
<u>Elvina E. Bell</u>		
<u>Benjamin Bell</u>		
Late <u>for</u> Co. <u>D</u> 79 Regt.		
<u>U. S. Col Inf</u>	Vols.	
Affidavit of <u>Lawrence</u>		
FILED BY		
F. J. Boyles, Publisher of Legal Blanks, Lawrence, Kan.		

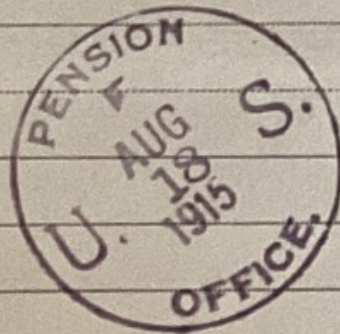
State of Kansas, Johnson County, ss:

In the matter of

Elvira E. Belt
Benjamin Belt Co. H- 79 N. Cal. St.

On this 16 day of August A. D. 1915, personally appeared before me, a Notary Public in and for said County, duly authorized to administer oaths, Elvira E. Belt aged 67 years, a resident of Olathe, in the County of Johnson and State of Kansas, whose Post Office address is Olathe Kas well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:

my full name as a girl
was Elvira Elizabeth James
It now is "Elvira E. Belt"



further declares that she no interest in said case and is not concerned in its prosecution.

Pearl M. GrantCharley Belt

If Affiant sign by mark, two persons who can write sign here.

Elvira E. Belt
mark

Signature of Affiant.

Witnesses must state their post office address, age and means of knowledge of the facts to which they testify.

Witnesses must write their names immediately after their statements leaving no blank space over their signatures.

State of Kansas County of Johnson, ss:

SWORN TO and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted him with its contents before

her executed the same. I further certify that I am in no wise interested in said case,

nor am I concerned in its prosecution; and that said affiant is personally known to me and that

is a creditable person.

[L. S.] my com & Oct 14th 1917

M. V. B. Parker
(Official Signature.)

Olathe Kaus
(Official Character.)

I, _____, Clerk of the County Court, in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the

foregoing declaration and affidavit, was, at the time of so doing, _____

in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith

and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____ 19 _____

[L. S.]

Clerk of the _____

NOTE—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving date of beginning and close of official term. If certificate on file so state.

No. _____

GENERAL AFFIDAVIT.

Claim of

Elvin & Bell in

Benjamin Bell

Late _____ Co. H Regt. _____

79th Mo Col Inf Vols. _____

Affidavit of

Charles Bell

Olathe Kaus

FILED BY

Wal Pratt

Olathe - Kansas



F. J. Boyer, Publisher of Legal Blanks, Lawrence, Kan.

JUN 8 1915

JUN 14 1915

State of Kansas, Johnson County, ss:

In the matter of claim for gr & Pension by
Elvira Z Belt - Widow Benjamin Belt
Co A. 79th U S Col Infantry.

On this 1st day of June A. D. 1915, personally appeared before
 me, a Notary Public in and for said County, duly authorized to
 administer oaths, Charley Belt aged 32 years, a resident of
Olathe, in the County of Johnson and State of
Kansas, whose Post Office address is Olathe Kas

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to
 aforesaid case as follows:

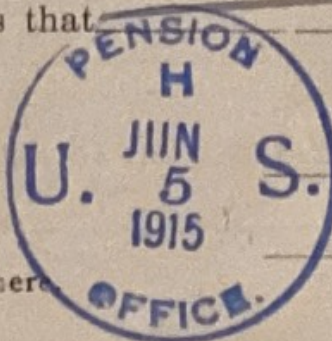
I was present on the day of the
death of said Benjamin Belt.
He died on the 2nd day of
May 1915

Witnesses must state their post office address; age and means of knowledge of the facts to which they testify.

Witnesses must write their names immediately after their statements leaving no blank space over their signatures.

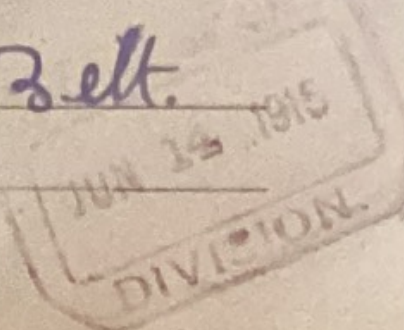
_____ further declares that _____ no interest in said case and is not
 concerned in its prosecution.

If Affiant sign by mark, two persons who can write sign here



Signature of Affiant.

Charley Belt



State of Kansas County of Johnson, ss:

SWORN TO and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted him with its contents before

he executed the same. I further certify that I am in no wise interested in said case,

nor am I concerned in its prosecution; and that said affiant is personally known to me and that

he is a creditable person.

[L. S.]

O. J. Scott
(Official Signature.)
Notary Public
(Official Character.)
my commission expires Jan 27, 1916.

I, _____, Clerk of the County Court, in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, _____ in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____ 19 _____

[L. S.]

Clerk of the _____

NOTE—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving date of beginning and close of official term. If certificate on file so state.

No. _____

GENERAL AFFIDAVIT.

Claim of

Elvira B. Bell
Burgess

Late _____ Co. H 69 Regt.

US Col Infantry Vols.

Affidavit of

John James
Walter Ross

FILED BY

W. D. Hall
Clatthe
Kansas

State of Kansas, Johnson County, ss:

In the matter of Claim for W. O. Pension - Elvira & Belt
Benjamin Belt. Co. H. 69th U. S. Colored Infantry

On this 2nd day of June A. D. 1915, personally appeared before me, a Notary Public in and for said County, duly authorized to administer oaths, John James aged 59 years, a resident of Johnson Co., in the County of Johnson and State of Kansas, whose Post Office address is Olathe Kans well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:

I was present when said Benjamin Belt died - which was on the 2nd of May 1915.

I was well acquainted with him when he was a young man and I know he was not married prior to his marriage to Elvira & James.

I was acquainted with said Elvira & James from her childhood until she married said soldier and I know her marriage to said Benjamin Belt - was her first and only marriage.

I have known them from time of their marriage to the date of soldier's death and I know they have lived together as husband and wife - all that time and that they have not been separated or divorced.

I lived near them - in same neighborhood - all the time.

I further declares that I have no interest in said case and is not concerned in its prosecution.



John James

Signature of Affiant.

If Affiant sign by mark, two persons who can write sign here.

Witnesses must state their post office address, age and means of knowledge of the facts to which they testify.

Witnesses must write their names immediately after their statements leaving no blank space over their signatures.

State of Stouras County of Johnson, ss:

SWORN TO and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words an Undertaker

erased, and the words _____

a Notary Public added, and acquainted him with its contents before

executed the same. I further certify that I am in no wise interested in said case,

nor am I concerned in its prosecution; and that said affiant is personally known to me and that

he is a creditable person.

[L. S.]

my Com & July 17/1915 Notary Public

(Official Signature.)

(Official Character.)

I, _____, Clerk of the County Court, in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the

foregoing declaration and affidavit, was, at the time of so doing, _____

in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____ 19 _____

[L. S.]

Clerk of the _____

NOTE—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving date of beginning and close of official term. If certificate on file so state.

No. 26.1048374

GENERAL AFFIDAVIT.

Claim of

Elvira E Belt

Benjamin Belt

Late _____ Co. H. 79 Regt.

U.S. Col. Inf. Vols.

Affidavit of

Undertaker

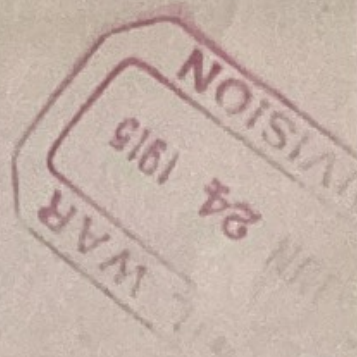
Dr. Joto Kas

FILED BY

W. A. Pratt

Alastie

Kass



F. J. Boyles, Publisher of Legal Blanks, Lawrence, Kan.

State of Kansas, Johnson County, ss:

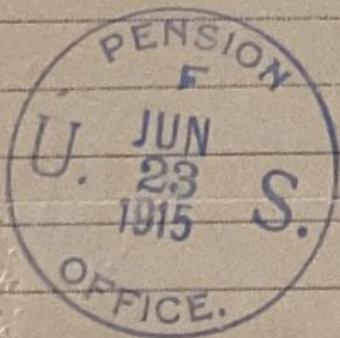
In the matter of Claim for W. O. Pension Elvira E. Belt
widow Benjamin Belt Co A-79 US Col Inf
Died May 2-1915 Interred May 4 1915

On this Tenth day of June A. D. 1915, personally appeared before
 me, a Notary Public in and for said County, duly authorized to
 administer oaths, J. L. Chambers aged 39 years, a resident of
De Soto, in the County of Johnson and State of
Kansas, whose Post Office address is De Soto Kansas

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to
 aforesaid case as follows:

I am engaged in the Undertaking
business at De Soto - Kansas

The Books of my office show that
Benjamin Belt died on the 2nd day of May
1915. and that I buried him on the 4th
day of May 1915



I further declare that I have no interest in said case and is not
 concerned in its prosecution.

J. L. Chambers



Probate Judge

day of

191

WITNESS my hand and the seal of said Court at Ottawa, Kansas, this

is in the form of law and by the proper officer

Court, and as such full faith and credit are due the acts, and that the registration of said

is the same as the same, and that the same is the same as the same

are attached to the above certificate, and nothing to be that of

and the same being a Court of Law and Record, and of said Court, and the same

sole Judge of the Probate Court, within

STATE OF KANSAS, COUNTY OF FRANKLIN

Probate Judge and Ex-Officio

certified copy of
"Marriage Record"
Benjamin Belt
Co. A. 79th Cal. Inf.
To
Elvira E. James

claim for
W. O. Benson

W. O. Benson
Atty

IN PROBATE COURT

STATE OF KANSAS, FRANKLIN COUNTY

CERTIFICATE OF COURT



STATE OF KANSAS, FRANKLIN COUNTY, ss.

IN PROBATE COURT

I, R. H. Harrison sole Judge and ex-officio Clerk of the Probate Court, within and for the county aforesaid, do hereby certify the foregoing to be a true Copy of Within Marriage License as appears of record in Book B. of Marrying Records of said County

as the same appears from the record of said Court.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Ottawa, Franklin County, Kansas, this 2nd day of June A. D. 1915.

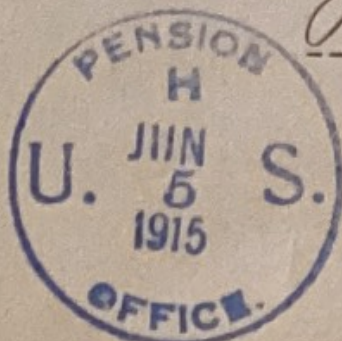
R. H. Harrison
Probate Judge and Ex-Officio Clerk

STATE OF KANSAS, COUNTY OF FRANKLIN, ss.

I, R. H. Harrison sole Judge of the Probate Court within and for said county, the same being a Court of Law and Record, hereby certify that the signature attached to the above certificate, purporting to be that of R. H. Harrison is his genuine signature, and that he was at the time thereof ex-officio Clerk of said Probate Court, and as such full faith and credit are due his acts, and that the attestation of said clerk is in due form of law and by the proper officer.

WITNESS my hand and the seal of said Court, at Ottawa, Kansas, this 2nd day of June 1915.

R. H. Harrison
Probate Judge



State of Kansas, Anderson County, ss:

In the matter of Claim for W-O-Pension.
Elvira E. Belt vs Benjamin Belt
Co A 79th U S Col Infantry.

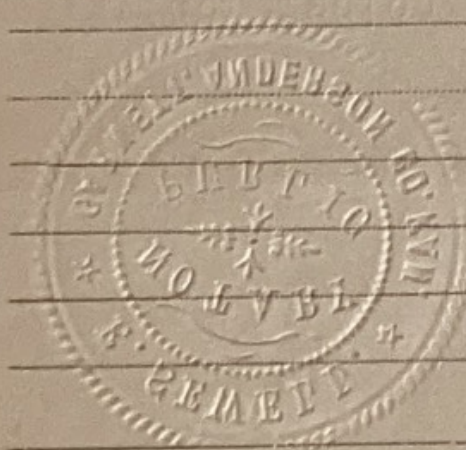
On this Twelfth (12th) day of June A. D. 1915, personally appeared before me, a Notary Public in and for said County, duly authorized to administer oaths, J. B. Martin aged 65 years, a resident of Garnett, in the County of Anderson and State of Kansas, whose Post Office address is Garnett Kansas,

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:

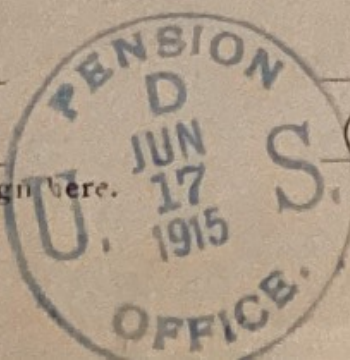
That he was acquainted with Benjamin Belt, while he was a man, and to the best of his knowledge, he has good reasons to believe that said Benjamin Belt was never married previous to his marriage to Elvira E. James. He also states that he was well acquainted with Elvira E. James, before she married Benjamin Belt, and he knows that was her first marriage. He further says that from his knowledge and acquaintance with aforesaid or forenamed couple, he is certain that they lived together, as husband and wife, from the time of their marriage, until the death of the Soldier and that they were never divorced.

Witnesses must state their post office address, age and means of knowledge of the facts to which they testify.

Witnesses must write their names immediately after their statements leaving no blank space over their signatures.



I further declares that he has no interest in said case and is not concerned in its prosecution.



J B Martin

Signature of Affiant.

If Affiant sign by mark, two persons who can write sign here.

State of Kansas County of Joluar, ss:

SWORN TO and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted her with its contents before

she executed the same. I further certify that I am in no wise interested in said case,

nor am I concerned in its prosecution; and that said affiant is personally known to me and that

she is a creditable person.

My Commission Expires February 26-1916 Frank R. O'ggy.

[L. S.]

(Official Signature.)

Notary Public.

(Official Character.)

I, _____, Clerk of the County Court, in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, _____ in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____ 19 _____

[L. S.]

Clerk of the _____

NOTE—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving date of beginning and close of official term. If certificate on file so state.

No. _____

GENERAL AFFIDAVIT.

Claim of

Eloira B. Bell

Benjamin Bell

Late John Co. A 69 Regt.

W. L. Col. Aug Vols.

Affidavit of

America Martin

Olathe Kans

FILED BY

W. L. Pratt

Olathe - 1 Cas

F. J. Boyles, Publisher of Legal Blanks, Lawrence, Kan.

JUN 8 1915
DIVISION

State of Kansas, Johnson County, ss:

In the matter of claim for W. O. Pension by
Elvira E. Belt ~~and~~ Benjamin Belt co H
77 U S Col Infantry

On this Thir day of June A. D. 1915, personally appeared before
 me, a Notary Public in and for said County, duly authorized to
 administer oaths, America Martin aged 67 years, a resident of
Olathe, in the County of Johnson and State of
Kansas, whose Post Office address is Olathe Kansas

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to
 aforesaid case as follows:

I was well acquainted with said
Benjamin Belt before his marriage
to Elvira E. James and know that was
his first marriage.

I also was well acquainted with
Miss Elvira E. James from her childhood
and I know that aforesaid marriage
was her first marriage and I have
lived near them from date of their
marriage to each other and I know
that they have lived together as husband
and wife all the time until date
of soldier's death.

They have not been separated or
divorced.

I was at the said soldier's home
on the day of his death and I know
he died on the 2nd day of May 1915

I further declares that I have no interest in said case and is not
 concerned in its prosecution.

If Affiant sign by mark, two persons who can write sign here.



Signature of Affiant.

America Martin

Witnesses must state their post office address, age and means of knowledge of the facts to which they testify.

Witnesses must write their names immediately after their statements leaving no blank space over their signatures.

RETURN TO THIS OFFICE
AT ONCE.

3-402.

Certificate No.

620.399

Name,

Benj Beek

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McKay Brandt

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer.

Elvira Beek

Elvira James

Second. When, where, and by whom were you married?

Answer.

Aug-1873- = Ottawa Kans- Rev Reitsicker-

Third. What record of marriage exists?

Answer.

Record County Seat of Franklin Co. Kans (Ottawa)

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer.

No

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer.

Willie Beek Born July²³ 1875 = Bennie Beek
born Feb¹³ 1880 - Chas. Beek - May²³ 1883 -
Alva Beek May²³ 1885 -

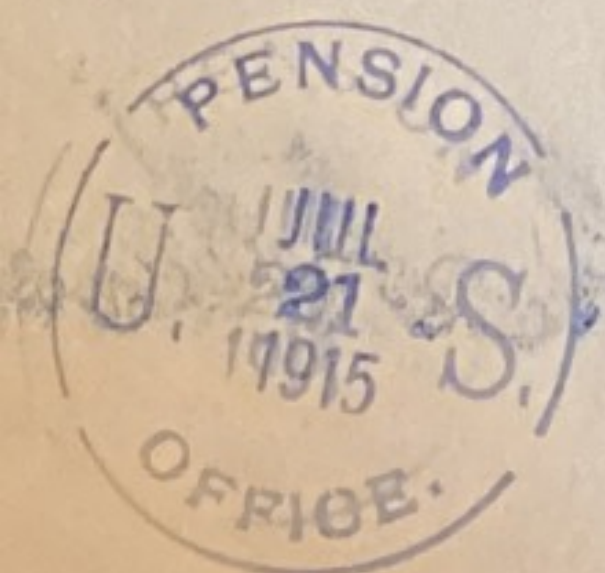
Date of reply, Aug. 4th, 1898.

Benjamin^{his} Beek
(Signature.)
Mark

0-8

5301b750m1-98

Witness his mark
Chas S Beekoff
St John Kansas



3-416

L.S.P.

See B.

Civil War Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., July 20, 1915

W.O.

No. Claim, 1048374

Cert. No. 620399

Claimant, Elvira Belt mid.

Soldier, Benjamin Belt

Co. H, 79 Reg't U.S.C. Inf.

Respectfully, requested

Marriage circular

Soldier died May 2, 1905

JUL 21 1915

MARRIAGE CIRCULAR NOT ON
FILE.

J.R. Rainey

CHIEF MAIL & SUPPLIES DIVISION.

DATE.

Chief of Civil War Division.

L.S. Perkins Exp.

6-645

not found

3-871

RECORD DIVISION

Department of the Interior
BUREAU OF PENSIONS

Briefed by use

Claim No. 1048374

Certificate No. 620399

Claimant

Soldier Benjamin Belt

Service H 79 use Inf

Additional Service H 1 Kans Col'd Inf

No other claim, State records 9, 1, 1915
" " " Kans " 2 " 1915

No claim, combination records, 191

REMARKS:

Records corrected

Hobbes

Chief Division.

6-1944

3-732

✓✓

the sum of \$620.399

Cert. No. **796394**

Act of April 19, 1908

DEAD

Olivia

Daughter of

Benjamin Belt

Rank *Quar*

Company *No*

Regiment *40th Col & Coy*

Rate per Month \$*12*

Commencing *June 5 1915*

Ending

Agency or Group No. *March 2*

Issue *Sept 17 1915*, 191

0-3387

PAID APR 19 1922

Reimbursement: *March 19*

March 19

W.C.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Washington, D. C., August 9, 1915

Respectfully returned to the Adjutant General, War Department for a report showing the full and correct military history of the soldier.

It appears that soldier was discharged October 1, 1865, but the statement of March 26, 189 does not quote rolls after April 30, 1864, and the date from which he held the rank of private as therein given precedes the date of his enlistment, Nov. 16, 1863, by 16 days.

2 inclosures.

Received A.G.O.

AUG 11 1915

W.O. 1048374

Benjamin Belt.

H 79 U.S.C. Inf.

H 1 Kang - Col'd Inf.

Acting Commissioner

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, AUG 12 1915

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Benjamin Belt,

Co. 76, 79 U.S.C. I.,

the rolls not quoted in the

inclosed former statement

do not show him absent

The former statement

has been amended to show

him a Private from

enrolment to muster-out.

CIVIL WAR

AUG 13 1915

DIVISION

H. P. McCain

The Adjutant General.

Form No. 161-A. G. O.
Ed. Apr. 16-15-5,000.

7

File with 1918175

ADJUTANT GENERAL'S OFFICE

OCT-26

1967890

1912

WAR DEPARTMENT.

Civil War Division

6-3364

3-094.

Ad

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Sec 2

Washington, D. C., October 22-1912

Respectfully referred to the

Adjutant General
War Dept.

for soldier's age at
date of enlistment
and any other age
of record also date
the organization was
disbanded.

1 enclosure

Serial No 620399

Benjamin Belt,
Co IV 79 U.S.C. Inf.

Commissioner

1967890

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, October 29, 1912.

Respectfully returned to the
Commissioner of Pensions.

The records show that the 79th United States Colored Infantry was disbanded November 8, 1865.

The age of Benjamin Belt, Company H, 79th United States Colored Infantry, was stated on the records at date of enlistment as 21 years. No other age found.

The Adjutant General.

(A. G. O. 74)

6.

No. 737236

WAR DEPARTMENT,

RECORD AND PENSION DIVISION,

MAR 26 1890

Washington, D. C., 18

Respectfully returned to the Commissioner of Pensions.

Benjamin Bell
Co. H, Reg't 79 Inf. C.

was enrolled May 16, 1863
and M. O. in Co Oct 1, 1865

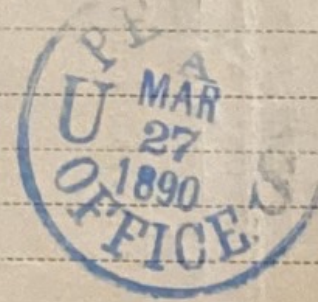
From ~~Oct 31, 1863~~ ^{Enlist} to ~~Oct 30, 1864~~ ⁷⁴⁴⁰
he held the rank of Private

Amended in A. S. O. Aug 11/15
and during that period the rolls show him present except as follows:

Other record furnish
nothing additional bearing
upon this case

The medical records show him treated as follows:

as Biny. Bell -
Co. H, 1st Trans. Cold. Inf.
Nov. 24, to Dec. 1, 63, Int.
Fever Quotidian, returned
to duty. Nothing additional
found.



By authority of the Secretary of War:

L. C. Ammon

Captain and Ass't Surgeon, U. S. Army.

Per R

18460 b-50 m

Write nothing to the left of this line.

MAR 26
163683

1890 *

737236

M

Write nothing above this line.

(3-060.)

Southern Div.
N. T. I. Ex'r.
No. *737236* G. Ser.
Benj Belk.
N. 79- U. S. C. Inf.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., *March 25-*, 18*90*

SIR:

It is alleged that *Benjamin Belk.* enlisted *Nov 16-*, 18*63*
and served as a *priv* in Co. *N.*, *79-* Reg't *U. S. C. Inf.*
also as a _____ in Co. _____, Reg't _____
commanded by Col. Williams.

and was discharged at *Pine Bluffs. Ark.*, *Oct 1-*, 18*65*

It is also alleged that while on duty at *Fort Smith, Ark.*
on or about *Jan'y*, 18*64*, he was disabled by *diarrhea and piles,*

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Green B. Raum

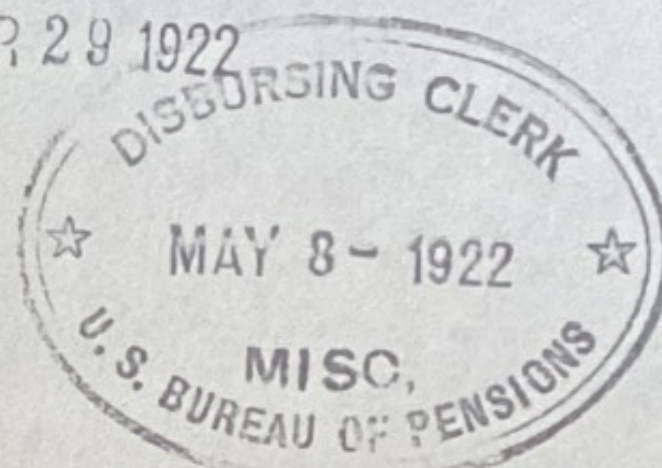
Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

Sec. 5

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
OFFICE OF THE DISBURSING CLERK
WASHINGTON

APR 29 1922



The Postmaster

Olathe, Kans.

Dear Sir:

A letter containing a pension check addressed to
Elvira E. Bell RR #6
Certificate Number 796394, was mailed in time
to reach your office on or about MAY 4 1922

Please return it to me immediately upon its receipt,
as I am informed that pensioner is dead.

Endorse date of death, if obtainable, in space pro-
vided below, and return this letter with said check.

Very respectfully,

E. E. Miller
Disbursing Clerk.

Pensioner died March 9 1922

(D-B)

Reimburse, Widow Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., *April 17, 1922*

No. Claim, _____

Widow
Cert. No. *796,394*

Claimant, _____

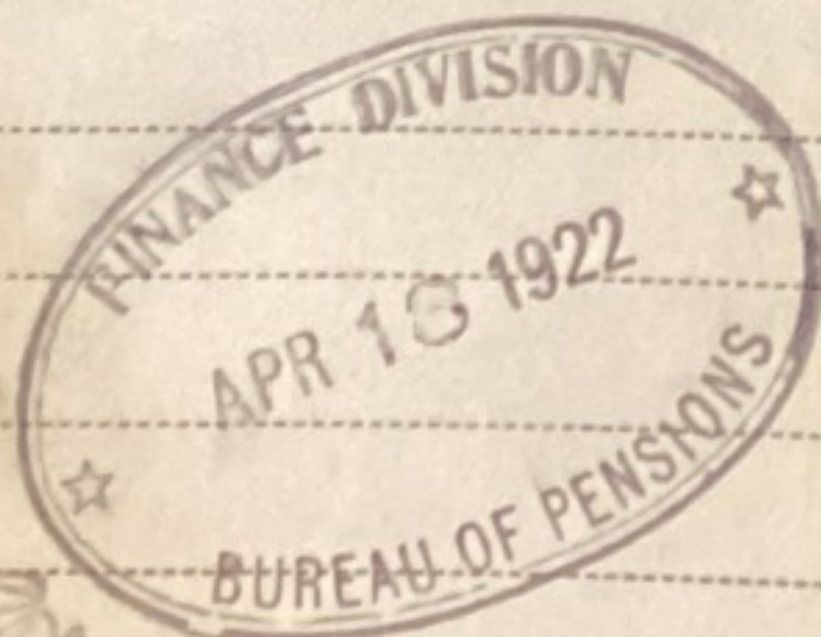
Soldier, *Benjamin Belt*

Co. *H*, *79 Reg't U.S. Inf*

Respectfully, *referring to the Chief of the*
Finance Division:

For dropping

Letter not answered



E. W. Morgan

Chief of *Finance* Division.

Barney H.

S. TAYLOR, PRESIDENT

HARRY E. MILLER, CASHIER

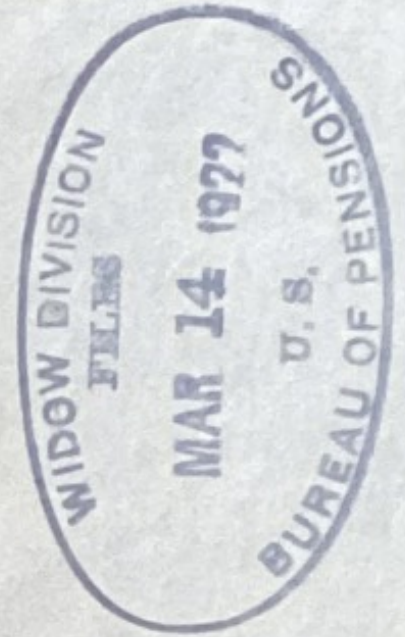
C. S. HAMBLETON, VICE PRES. (ACTIVE)

83-807

DE SOTO STATE BANK

CAPITAL \$16,000.00

DE SOTO, KANS.



Mch. II, 1922

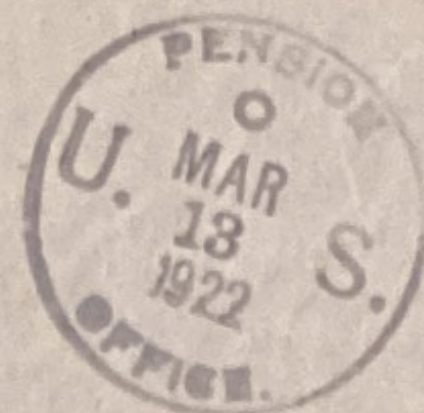
Department of the Interior
Bureau of Pensions
Washington D.C.

Dear Sirs:

J.D. Chambers, undertaker at DeSoto, Kansas having buried Elvira E. Belt pension #796394 says that there is need of the backpay due her on her pension in order to help pay funeral expenses. We would appreciate the necessary papers to be filled out in order to procure same.

Yours very truly,

Harry E. Miller
Cashier.



Robertson
3-812
~~ABANDONED~~
REIMBURSEMENT.

Certificate No. *796-394*

Pensioner *Elvira E. Belt*

Class **WIDOW**

Date of Death *March 9, 1922.*

Claimant *Charlie Belt*

Post Office *Olathe,*
Kan.

Received *June 10,* 192*2.*

JUL 24 1922 *Chmt: Stmt from*
holder of mortg; also
from assessor. Also
bills. ✓ State Aid. Feb 3

SEP 28 1922 *To Chmt for all bills*
Statements fr Assessor of Taxes -
+ holder of mortgage K.R.

d. 15 *Properly*
15

DEPARTMENT OF

BUREAU OF

FINANCE DIVISION

FINANCE DIVISION

APR 19 1922

J. N. K.

BUREAU OF PENSIONS



36-1

3-1081
ELVIRA E BELT

DROP REPORT PENSIONER

796394

ACT APR

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WIDOW

Sert. No.

Pensioner

Soldier

Service

Class

ACT OF MAY 1, 1920

Group

LAW DIVISION

....., 192
In the above-described case a declaration filed
in this Division indicates that said pensioner died
....., 19.....

Per H. P. WILLEY,
Chief, Law Division.

DISBURSING DIVISION

30 5/4/22
MAY 12 1922
Check No. 3842088 \$ 90
dated MAY 4 1922, Section 5
returned by postmaster with information that the
above-described pensioner died
19.22, has been canceled.

Per N L H E. E. MILLER,
Disbursing Clerk.

FINANCE DIVISION

APR 19 1922, 192
The name of the above-described pensioner who
was last paid at the rate of \$ 30 per month
to FEB 4 1922, 19....., has this day
been dropped from the roll because of death

Chief, Finance Division.

✓ d. mar 9-22

OFFICE OF

County Clerk of Johnson County

NELLIE McCULLEY, County Clerk

*Board of County Commissioners meets first
Monday of each Month.
Bills allowed first day only*

Olathe, Kansas

July 28, 1922.

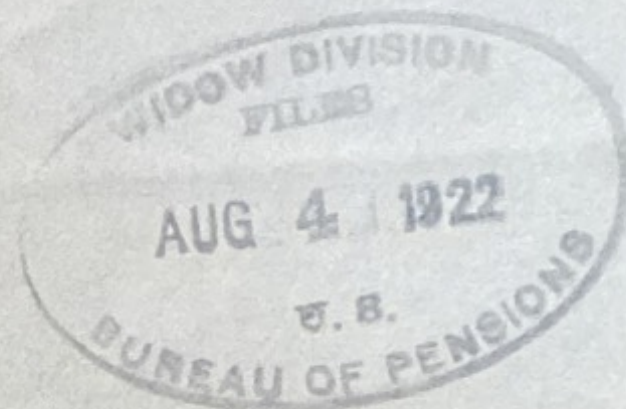
Widow Division R. S.

W. C. 796,394

Elvira E. Belt

Benjamin Belt

H-79 U.S. C. Inf.



Department of the Interior,

Bureau of Pensions,

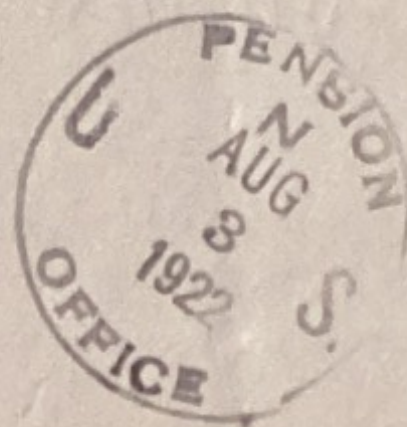
Washington, D. C.

Dear sirs:-

Replying to your communication of July 24th
in regard to above named pensioner. On April 3, 1922,
Johnson County, Kansas, paid to J. D. Chambers, undertaker,
Fifty Dollars (\$50.) to apply on burial expenses of Mrs.
Benjamin Belt.

Very truly yours,

Nellie McCulley
County Clerk.



Widow Division
Reim. Section
W.C. 796384
Elvira E. Belt
Benjamin Belt
H 79 U.S.C. Inf.

September 28, 1922

Mr. Charles Belt
Olathe
Kansas

Sir:

In your claim for reimbursement in the case of Elvira E. Belt you are again advised that you should furnish itemized bills for medical attendance, medicine, nursing and care and undertaking livery and cemetery charges.

Each bill should contain the name of the pensioner and a statement over the signatures of the creditors, showing by whom paid, or if unpaid, that you are held responsible for payment.

You should also furnish a statement signed by the Assessor of taxes, showing the assessed value of the property, and the ratio between the assessed value and the real value; also a statement signed by the holder of the mortgage, showing the amount of the mortgage on the property at the date of death of the pensioner, the unpaid interest and the cash value of the property.

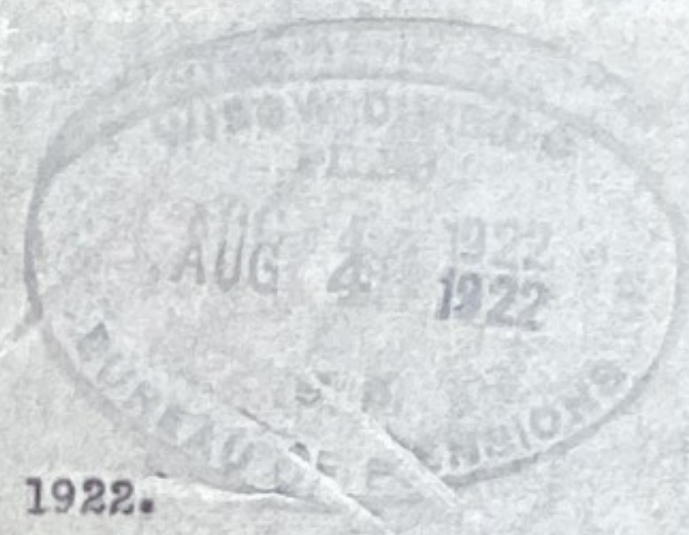
This evidence was called for under date of July 24, 1922 but has not been received.

Very respectfully,

Chief Clerk

K.R.

Widow Division R. S.
W. C. 796,394
Elvira E. Belt
Benjamin Belt
H-79 U. S. C. Inf.



July 24, 1922.

The County Auditor,
Olathe, Kansas.

Sir:

The above named pensioner died March 9, 1922 at Olathe and was buried at De Soto by J. D. Chambers, undertaker. To aid in the adjudication of a claim for reimbursement, please state whether any part of the burial expense has been or will be paid by your county and if so, the amount, and to whom payment has been or will be made.

Kindly return the enclosed carbon copy of this letter with your reply under cover of the enclosed envelope which requires no postage.

Very respectfully,

WASHINGTON GARDNER
Commissioner.

FWB-rhb
2-enc.



Widow Division R. S.
W. C. 796,394
Elvira E. Belt
Benjamin Belt
H-79 U. S. C. Inf.

July 24, 1922.

The County Auditor,
Olathe, Kansas.

Sir:

The above named pensioner died March 9, 1922 at Olathe and was buried at De Soto by J. D. Chambers, undertaker. To aid in the adjudication of a claim for reimbursement, please state whether any part of the burial expense has been or will be paid by your county and if so, the amount, and to whom payment has been or will be made.

Kindly return the enclosed carbon copy of this letter with your reply under cover of the enclosed envelope which requires no postage.

Very respectfully,

WASHINGTON GARDNER

Commissioner.

FWB-rhb
2-enc.

Widow Division R. S.
W. C. 796,394
Elvira E. Belt
Benjamin Belt
H-79 U.S.C. Inf.

July 24, 1922.

Mr. Charlie Belt,
Olathe, Kansas.

Sir:

In your claim for reimbursement in the above cited case you are advised that a statement should be furnished from the holder of the mortgage, showing the amount of the mortgage on the property owned by the pensioner at date of death and the unpaid interest; also, the cash value of the property.

You should also furnish a statement from the assessor of taxes showing the assessed value of the property and the ratio between the assessed value and the real value.

You should also furnish itemized bills for medical attention, medicine, nursing and care and undertaking, livery and cemetery charges. Each bill must contain pensioner's name and show, over the creditor's signature, by whom paid, or if unpaid, that you are held responsible for payment.

Very respectfully,

WASHINGTON GARDNER
Commissioner.

FWE-rhb

Elvira E Belt
R. R. Co. Olathe
Johnson Co, Kans.

Widow
Benjamin Belt

9-1-15 mce
Service At 79. W. S. Co. Eng
At 1 Kansas Cattle Eng

Died May 2-1915. Olathe. Kans.
No other claim. than
J. of 620399

June 11, 1915
Clerk.

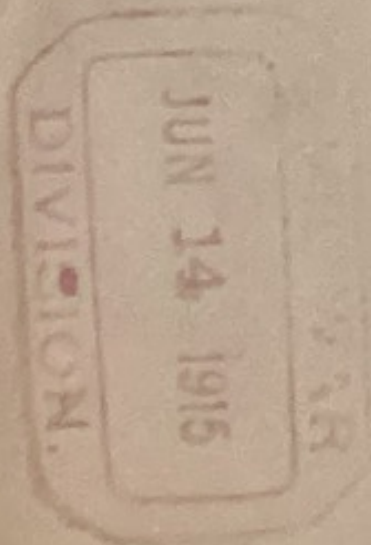
Application filed: June 5- 1915
Attorney: W. A. Pratt
P. O. Olathe

Kans.

Aug. 9/15. To Atty.
Pratt for firm's statement
as to her full & correct
name, including middle initial.
As a report returned h. S. B.

Attorney Filed

0-1300 Cert. of Dis. Searched for , 19



BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS

Washington, D. C. July 31, 1915

No. Claim, 1048,374

Invt. No. 620399

Claimant, Widow of Benjamin Bell-

Soldier, H, 79 Reg't. U.S.T. Inf.

Co. H, 79 Reg't. U.S.T. Inf.

Respectfully, Attd to Mr. Riffel:

Mr. Case, Reviewer.

(1) I suggest return for case on the War Department for statement to show the correct and full military history of the Soldier.

The statement of March 29, 1890 therein does not quote rolls after April 30 1864 and the date from which he held the rank of private as therein given precedes the date of his enrollment "Nov 16 1863".

The claimant should be required to state and

Chief, Board of Review

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS

Washington, D. C., _____, 191

No. Claim, _____

Cert. No. _____

Claimant, _____

Soldier, _____

Co. _____

Reg't. _____

Sign her correct full name including her middle initial, if she has one, as indicated by witnesses all of whom in referring to her maiden name call her "Elvira E. James".

It may be necessary a return of her statement to correct her name on the Records.

C. B. Peters
Chief, Board of Review

OK

Sec 13.

3-416

F. E. M.

Civil War

Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., Aug 27, 1915
Wid. No. Claim, 1048,374
Ino. Cert. No. 620,399

Claimant, Elvira E. Belt. Widow
Soldier, Benjamin Belt
Co. H, 79 Reg't U.S.C. Inf.

Respectfully, referred to the
Chief of the Record Division.
Sec. 327-Orders.

Widow now says her full correct
name is Elvira E. Belt.

Middle initial to be
recorded.



John S. Thomas

Chief of Civil War Division.

M. Loughlin & Co.

3 02

3

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Aug. 2, 1915
No. Claim, 1048374-
Cert. No. 620399

Claimant, Mrs. J.
Benjamin Belt-
ier, H, 79 Reg't U.S.C. Inf.

Respectfully, returned to Chief of
Civil War Div. Attention
initialed to slip of reviewer
herewith.

Mr. Case Rev.

A. J. Aspinwall

Chief, Board of Review.

Civil War Division
Wid. Orig. No. 1048374
Elvira Belt
widow of
Benjamin Belt
Co. H, 79 U.S.C. Inf.

3-1865

L.S.P.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON August 9, 1915.

FILED
AUG 19 1915
DIVISION

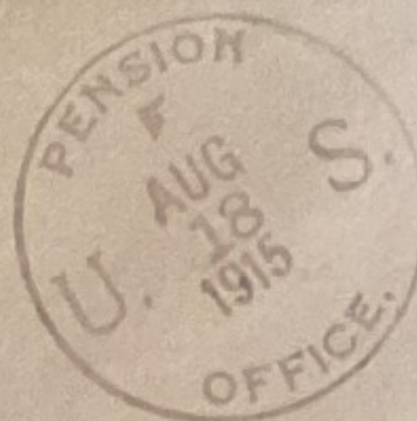
W. A. Pratt, Atty.,
Olathe, Kansas.

Sir:

In the above-cited claim, the claimant should furnish her sworn statement, setting forth her full and correct name. She signed it by mark as Elvira Belt, but several witnesses have testified that her maiden name was Elvira E. James. If said middle initial E. is part of her correct and full name, she should so state, under oath, and sign her full name thereto. If unable to write, her mark should be attested by two witnesses who can write.

Very respectfully,

E. C. Sieman
Acting Commissioner.



Civil War Division
Wid. Orig. No. 1048374
Elvira Belt
widow of
~~Elvirain~~ Belt
Co. H, 79 U.S.C. Inf.

L.S.P.

August 9, 1915.

W. A. Pratt, Atty.,
Olathe, Kansas.

Sir:

In the above-cited claim, the claimant should furnish her sworn statement, setting forth her full and correct name. She signed it by mark as Elvira Belt, but several witnesses have testified that her maiden name was Elvira E. James. If said middle initial E. is part of her correct and full name, she should so state, under oath, and sign her full name thereto. If unable to write, her mark should be attested by two witnesses who can write.

Very respectfully,

Acting Commissioner.

Civil War Division,
Inv. Cert. 620399,
Benjamin Belt.
Co. H, 79 U. S. C. Inf.

AA/MM

November 1, 1912.

Mr. Benjamin Belt,
Olathe,
Kansas.

Sir:

You above entitled claim for pension under the Act of May 11, 1912, requires your statement, under oath, giving the day, month and year of your birth, and a properly verified copy of a public, baptismal or family record showing the date of your birth.

If a copy of the family record be furnished, the officer certifying to the same should state the date of publication of the book in which the record appears, whether the record bears any marks of erasure or alteration, and whether the appearance of the writing indicates that it is an old entry.

Very respectfully,

L. STILLWELL,

Acting Commissioner.

Civil War Division,
Inv. Cert. No. 620,399.
Benjamin Belt,
Co. H, 79, U.S.C. Inf.

A.A.

MME.

December 18, 1912.

Mr. Benjamin Belt,
Olathe,
Johnson Co., Kansas.

Sir:

Relative to your above cited claim for pension under the Act of May 11, 1912, you are advised that under your pending declaration you are not entitled to a higher rate under said act than you are now receiving under the general law, unless by reason of the disability for which pensioned you are now unable to perform manual labor and, if such be the case, you should so state and furnish the testimony of a physician and two credible witnesses showing the nature and extent of your disability.

You are at liberty to file another claim based on your age, if you so desire, after you shall have passed your next birthday, a blank declaration for which purpose is enclosed.

Very respectfully,

J. L. DAVENPORT.

Commissioner.

Civil War Division.
Inv. Ctf. 620,399.
Benjamin Belt,
Co. H. 79 U.S.C. Inf.

AA/CCC

✓
May 9, 1913.

Mr. Benjamin Belt,
Olathe, R. R. #6,
Kansas.

Sir:

Your above cited claim for pension under the Act of May 11, 1912, requires the testimony of the attending or family physician showing the extent to which you were incapacitated for the performance of manual labor by reason of chronic diarrhoea and resulting disease of rectum, independent of any other disability at and since date of filing claim May 20, 1912.

The physician should fully describe the disability and state the extent to which you have been disabled thereby during the period above indicated.

Very respectfully,

J. L. DAVENPORT.
Commissioner.

Section E.
O.L.G. - E.J.C.

Get 4/14

Civil War Div.
Inv. Ctf. 620,399
Benjamin Belt,
Co. H, 79th United States
Colored Infantry.

Mr. Benjamin Belt,
Clatne, Kansas.

Sir:-

Relative to your above cited claim for pension under the act of May 11, 1912, filed May 20, 1912, you are advised that there is required the testimony of the attending or family physician showing the extent to which you were incapacitated for the performance of manual labor by reason of chronic diarrhoea and resulting disease of rectum independent of any other disability, at date of filing claim, and the extent to which you have been disabled since.

The physician should fully describe the disability and state the extent to which you have been disabled thereby during the period above indicated.

Very respectfully,

G. M. SALTZBERG,
Commissioner.

3-173.

No. 620399

Name, Belt

Co. H 79 Reg't U.S. C.R. Inf.

Chief CW Division:

Medical examination has been ordered by me in this case to-day. Please see indorsement on jacket.

C. F. WHITNEY,
Medical Referee.

FEB 28 1912, 19

6-806

3-1647.

Act of ~~Feb. 6, 1907.~~

May 11-1912

Cert. 620399

Name, Benjamin Belt

Application filed May 20, 1912
Service, Co H 79 U.S.C. Inf.

~~Agd at enlistment and~~
~~date of m. dis. Ad.~~
Oct 22-1912

Letter of ~~Disability~~
Ad

Oct Nov 1-1912

Dec 17-1912

May 9-1913

Feb. 4 1914. Clint. disability call. 4.

Cw

Div.

3-338.

nmh

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., FEB 26 1912

No. 620399

Mr. Benjamin Belt
Co. 1st 79th Regiment U.S. Cr Inf
P. O., Olathe - R.R. 6
Co. Johnson, Kansas
(State.)

You are hereby directed to report in person
for a medical examination to the Board of
Examining Surgeons

(St. and No.) 126 - Park Street
Town, Olathe -
County, Johnson, State, Kan
within three months from date hereof.

The Board meets at 10 o'clock A.M.
Third Wednesday in each month.

Read the instructions on the back of this
slip, and return it with the date of examina-
tion noted below by the secretary of the board
making the examination.

Very respectfully,

J. R. Dawnsport,

Commissioner.

Examination made by—

Dr. J. B. Armstrong
Dr. S. B. H. Stewart, and
Dr. F. F. Greene

members of the Board, this 26th
March, 1912

F. F. Greene

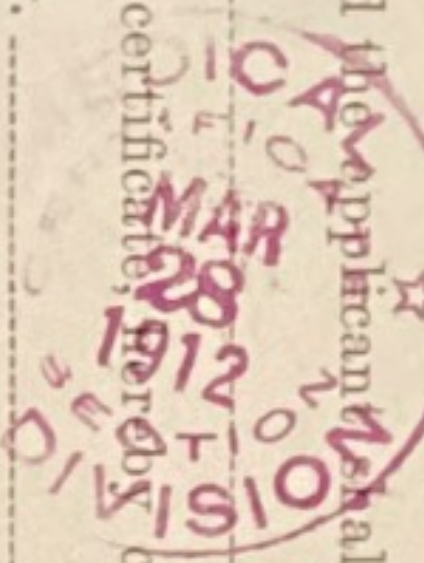
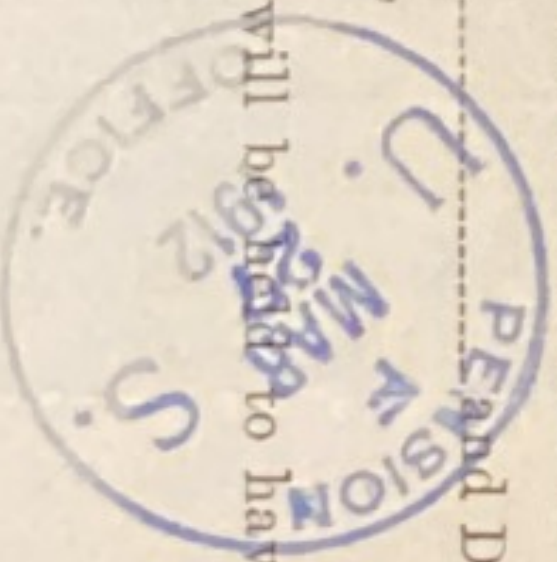
Secretary.

Attorney: _____

P. O.: _____

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by boards of surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows: "I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____ the examining surgeons here present."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.



C. W. Davis

Bill East

3-340.

Mm

Mr. J. F. Greene

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., FEB 26 1912, 191

Dr. J. F. Greene, Secretary,

Olathe

Co. Johnson, Kansas
[State]

Sir:

Mr. Benjamin Belt

P. O. Olathe R. R. No 6

Co. Johnson, Kansas,
[State]

late a private

Co. H, 79 Regiment U. S. & Vol. Infy
[State]

an applicant for increase

Invalid Pension No. 620399

has been directed to report himself to you for examination on account of the disability or disabilities mentioned hereon.

If other causes of disability are found on examination, they should be described.

Evidences of the results of vicious habits should be sought in every case and reported on.

Examine and describe of rectum.

Examine claimant with care and clearly describe his general physical condition.

Also condition of tongue, throat, liver, spleen, breasts and rectum.

Is the rectal frame, fistula, stricture, inflammation, ulceration, bleeding, prolapse?

Is file tumor as present for number, size, location and condition.

Describe heart, lungs and kidneys.

Very Respectfully,

J. R. Thompson,

Commissioner.

3-1638.

INCREASE

Cert. No. 620399

Benjamin Belt

P. O.,

County,

State,

Application filed Feb. 12, 1912.

Service, No. 29 U.S.C. Inf.

Feb. 14/12 To Med. Dir. L.H.R.

FEB 26 1912 Ba Olathe Kan
No att. mmu

Attorney,

P. O.,

County, , State,

ACT OF MAY 11, 1912
3-419
CIVIL WAR

DIVISION.

A. Aundell, Examiner.
(Write surname first plainly.)

Cert. No. 620399

Soldier, Benjamin Belt

H. Co. 79 Reg't U.S.C. Inf.

Submitted for at Nov 21, 1917

Hemingway, Reviewer, Dec. 5, 1912.

Resubmitted for , 19

, Reviewer, , 19

FROM BOARD OF REVIEW TO

Examiner DEC 12 1912

2d charge

3d charge

Sp. Ex. Div.

2d charge

Law Div.

Finance Div.

Misc. charges

Cert. Div.

(Use this slip in resubmitting the case.)

Answered
May 2, 1912.
D.C.
C. F. Davis.

DEPARTMENT OF THE INTERIOR,
UNITED STATES PENSION AGENCY,

Topeka, Kansas, April 26, 1912.

Hon. J. L. Davenport,
Commissioner of Pensions,
Washington, D. C.

Sir:

I have the honor to return herewith pension certificate number 620,399, and order to inscribe in the case of Benjamin Belt, late a Private of Company H, 79th U. S. C. Vol. Inf., with the information that the original order on file in this case gives the number of regiment as 29th.

Very respectfully,

A. W. Smith
Pension Agent.

M



Harries.

Ex'r.

INVALID.

No. 137236

Acts of July 14, 1862, and March 3, 1873.

Benjamin Belt

P. O.

De SotoJohnson Co. Kas.

Service:

thi H 79 US 6InfH 1 Kans Cold Inf

Enlisted:

Nov 16, 1865

Discharged:

Oct 1, 1865W 9-1-15 me

Application filed:

Nov 6, 1889

Alleges:

Ch. Mass res filesW 18

Re-enlisted:

H 1 Kas. Cold Inf21 12 7
Kan

Attorney:

Noah Moser

P. O.

Logoskee

stop Dec 22/89
 Arch 25.90. calls 65/13
 Md. 27. Lawrence, Kas. H.C.
 VA July 26/90 Al. ver. Courtes.
 W. VA. 29/90 Corresp. with
 Brooks, Gregg, Lewis, Henry,
 James. Dr. Marbles.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No.

[3-216 a.]

Ex'r.

Invoicing No. 737236

Act of June 27, 1890.

Benjamin Belt
P. O. Desota
Johnson Co Kans

Service: H 79.45 C Inf

N 1 Kans Cold Inf

Enlisted: 9-1-15 me

, 18

Discharged: , 18

Application filed: Jan 30 , 1891

Alleges: over

Any other Claim filed: 737236

Numerical No. 568676

Attorney: Noah Moser

P. O. Loggville

MAY 25 1891

Recognized

Contract.

Cert. of Dis. Searched for

, 18

90R

W. J. ... W. J. ...

Service, Jan 26 2901 S.E.

Original Roll: 100-100000
Trans'd to: 100-100000

DEVA

July 10th, 18

18

Rate and Period, \$ 12, from Nov 6, 18

Deductions:

Disability

Entered

Disability: Chronic back
and neck pain

Feb 20 1912.

APR 22 2

Rate and Period, \$/17, from March 2011, \$1

Deductions:

Disability :

2 Issue.

Reis. 4
C1788

Issued, Mar 23. 1914, 18

18

Rate and Period, \$21, from Mar 27, 1813.

21/50
from Jan 27, 1813.
#27- Nov 6. 1917.

Deductions:

Disability :-

Entered

ACT, OF MAY 1, 1912

18

18

Rate and Periods of use, from 1880 to 1890.

1895.

Issued *Dehli* 17/19/15

WALTON

to Finance Division.

Disability:

Entered

Re Wadsworth # 796394

INDORSEMENTS.

INDORSEMENT IS
 June 2, 1909. Delinquent ATTG info'd
 of rev. of due. June 10, 02, ATTG info'd
 March 2, 1912. D.A. Rem. C.F. York
 to the - Captory co. from
 due to "Rev. due."

Director advised. - D.T.C.

DROPPED

MAY 25 1915

Head

ends

STATE OF Kansas COUNTY OF Johnson SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words.....
erased, and the words.....added
and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

L.S.

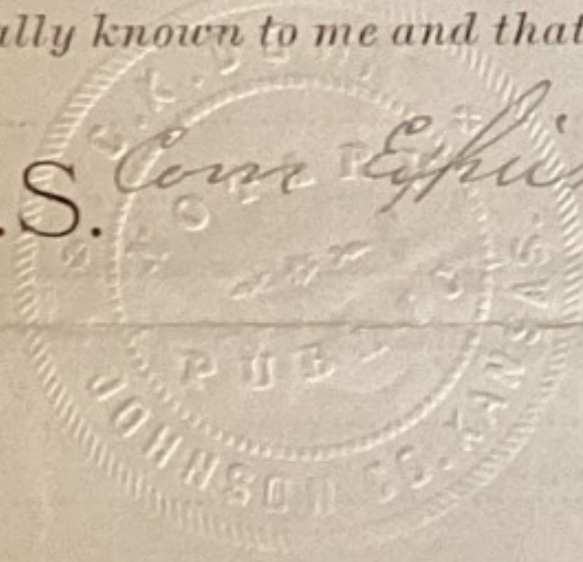
Comm Expires April 23-1891

Chas Dow

(Official Signature.)

Notary Public

(Official Character.)



No 727236

ADDITIONAL EVIDENCE.

--- CLAIM OF ---

Bert Bett
Desoto Kan

Co H 79 Reg't
U.S. Army Vols.

--- AFFIDAVIT OF ---

Claimant

for

Bert Bett

FILED BY
NOAH MOSER,
LOOGOOTEE, IND.

GENERAL AFFIDAVIT.

STATE OF Kansas, COUNTY OF Johnson SS:

In the matter of Benjamin Belt
late Member Co. H 79th Inf Reg't USCT Vols.

On this 8th day of April A. D. 1890, personally appeared before me, a
Notary Public in and for the aforesaid county, duly authorized to administer oaths,
Benjamin Belt aged years, a resident of
in the county of Johnson and the State of Kan well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

I am Claimant in this. The Surgeons who treated
in the service are both dead as I am informed.
I am unable to furnish Evidence of Commissioned
officer or orderly Sargt of My Co for reason I
do not know where they are and I have furnish
ed 3 Comrades which with the Hospital
records I hope is plenty.

It seems that the Evidence
of Dr WM March is the only Doctors Evidence
I can furnish since discharge and I ask that
the Evidence of neighbors and acquaintances
be accepted. Old Dr Martin at Baldwin
City Kan gave me medicine for my disease
several times from 1865 to 1870 but I have failed
to get his Evidence as it has been a good while
ago and he is now very old and seems he
can't remember the particulars of my disease
and I guess I have made my claim about
as plain as I can

H. is postoffice address is Desoto Kan

~~further declares that~~ ~~has no interest in said case, and is not concerned in its prosecution.~~

(If affiant signs by mark, two witnesses who can write, sign here)

(Signature of affiant.)

Benjamin Belt

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS

Washington, D. C., Dec. 10, 1912

No. Claim, _____

2 Cert. No. 620,399

Claimant, Benj. Belt.

Soldier, _____

Co. H, 79 Reg't. U. S. C. of.

Respectfully, returned to

Chief Civil War Div.

His age cannot be

accepted as 70 years until

after Dec. 31, 1912, and

he should be so informed,

and also told that if he is

now totally disabled by pensioned

causes he is at liberty to file

evidence to prove same.

C. B. Hemingway,

Rev.

M. A. Goff

Re. Rev.

T. W. DALTON

CHIEF BOARD OF REVIEW

Chief, Board of Review.

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

MAY 25 1915, 191

Certificate No. 620.399,

Class AGT OF MAY 11, 1913

Pensioner Benjamin Belt,

Soldier _____

Service _____

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 21⁵⁰, to Feb 4, 1915
has this day been dropped from the roll be-
cause of death May 2 /15

Very respectfully,

W. H. Russell

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

PLATE DESTROYED

21⁵⁰ *t*

FEB 4 1915

MAY 18 1915

To the Chief, Finance Division:

You are hereby notified that check # 7627264 for \$ 64⁵⁰
dated MAY 4 1915 in favor of BENJAMIN BELT
post-office OLATHE KANS
Certificate # 620399 ACT MAY

Class Act May 11, 1912

Section 4, has been returned to this office by the Postmaster
with the information that the pensioner died May 2-1915
and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,
Disbursing Clerk.

(D-3)

MAY 20 1915 *SEA*

FINANCE
MAY 22 1915
DIVISION

050206

VOL 171

OFFICE 1912

1912 1912

1912 1912

ACCRUED PENSION.

Act of March 2, 1895.

Civil War Division.

Certificate No. 620399

Last issue March 23, 1914, 1

Pensioner Benjamin Belt

Act May 11, 1912

Date of death, May 2, 1915, 1

Claimant, Elvira Belt, widow,

R.R. No. 6, Olathe,

Johnson County,

Kansas.

Certificate not filed

Attorney, none

Fee, Agent to pay.

P. O.,

Articles filed

Submitted for ad. July 27 1915,

L. S. Perkins, Examiner.

" " " Sept 10 1915

F. E. McLaughlin

BOARD OF REVIEW.

Approved for Admission

Pay widow as above -

M. C. Case, Reviewer,

W. B. Pettus, Rereviewer,

July 29, 1915
Sept 13, 1915
Sept 14, 1915

M. C., None

Claimant does not write.

Wm. H. Pratt

Certificate # 626 3995

NOV 12 1912

6110
4/1

State of Kansas
County of Johnson

Personally appeared before me - a Notary Public in and for Johnson Co. Kansas Benjamin Belt. late of Co D 79 Regt US Col Inf (new) who states under oath as follows - viz -

I was a slave and was owned by a man named Dodson Belt. When I was some 6 or 7 years old Mrs Belt told me that I was of the same age as her daughter Nancy and that we were both born in 1842. I have kept the year of my birth in my mind from that time until the present.

I do not know of any record of my birth and not think there ever was any Record of any kind.

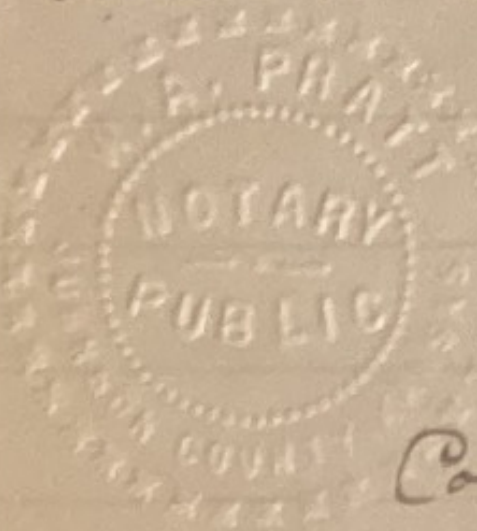
I was enlisted in 1863 and I was then 21 years old.

Sworn and Subscribed to before me

This 9th day of November 1912

John H. Cook
W. A. Pratt
Witness

his
Benjamin Belt
mark



W. A. Pratt
Notary Public
Olathe Kansas

Com Ex Sept 19/16

Benj. Belt
Co. A. 179th U.S. Col. Inf.
Ct # 620,399

Olathe - Kansas

Jan 26th 1913

The Hon Commissioner of Pensions
Washington D.C.

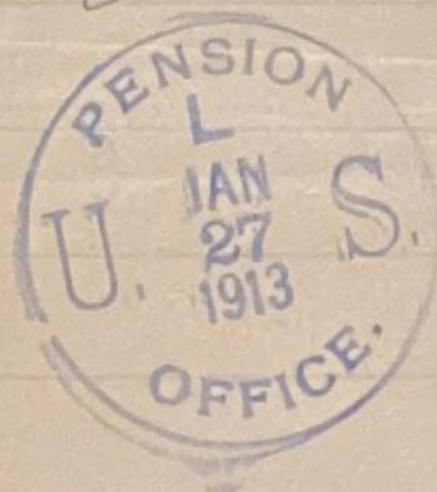
This soldier. filed his claim for sick
pension Oct 11th 1912 on the 18th of May 1912

His claim was rejected on the
grounds that he had not yet arrived at the
age of 70 years -

He claims to have been born
in 1842. Does not know the month or
day of the month.

Respectfully

Benjamin Belt
J. H. T.



No 737236

Bey Beeth

Co H 69 W.S. 6 V.

Desoto Kan



Who appears? & to whom?

John by
Moses Moser
Hoggeater
Ind

History Orig Inrd Claim No 734236

January 29, 1891

Desoto
Kansas

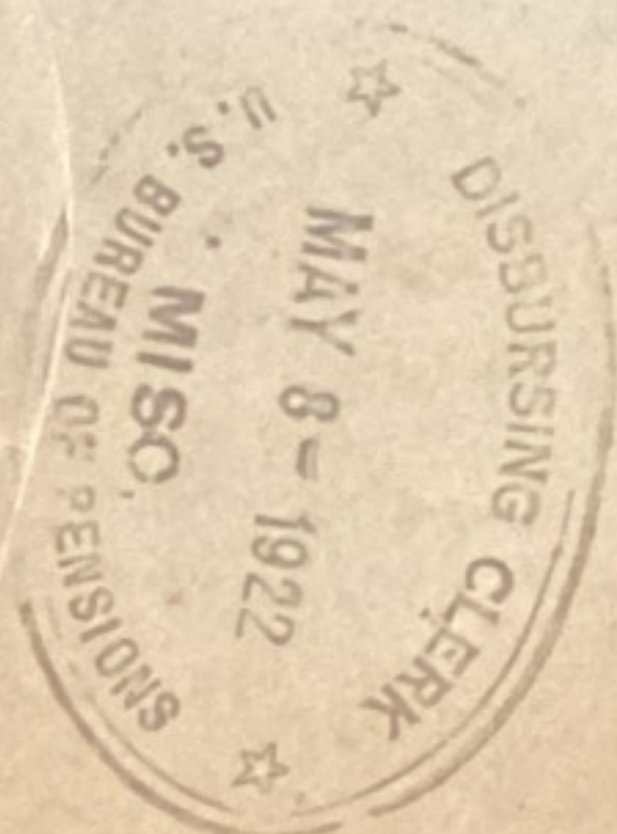
Dear Sir the Department of the Interior
wishes me to state the places where I lived
and my occupation. I first lived Douglas
county near Lawrence Kan and worked on a
farm for three years when I first came out
of the war in 66. 67 and 68. I next lived
in Franklin County I was working on the
rail road some of my time and other work that
I could get to do. I staid Franklin county
and Douglas county near Ottawa and Lawrence
untill I came to Johnson County I have
been here every since ⁽⁷²⁾ ^{farming} my disability has
been the chronic dorea and piles. I have always
tyed to Doctor my self as much as much as I
could. I have suffered from that every
since I come out of the war. men that
have worked with me knows something
about my suffering. If you want any
farther information it will haft to
come from the doctors that I have been
Examined by before. you can send this
to the Department of the Interior if
you think it is best.

Yours respectfully

Bert Belt

Desoto Johnson

Co
Kansas



1061

THE INTERIOR,

ENSIONS,

URSING CLERK,

, D. C.

RED IN TEN DAYS.

REI

TO THE POSTMASTER:

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the person has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.



ADDRESS
TO
STREET
NUMBER



83-807

DE SOTO STATE BANK

CAPITAL \$16,000.00

DE SOTO, KANS.

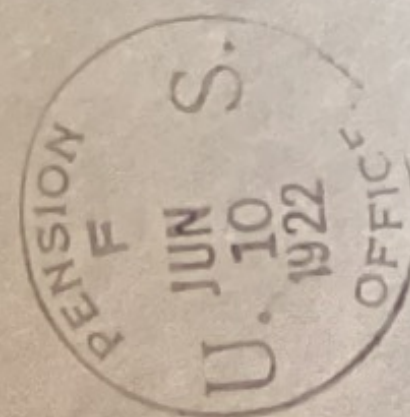
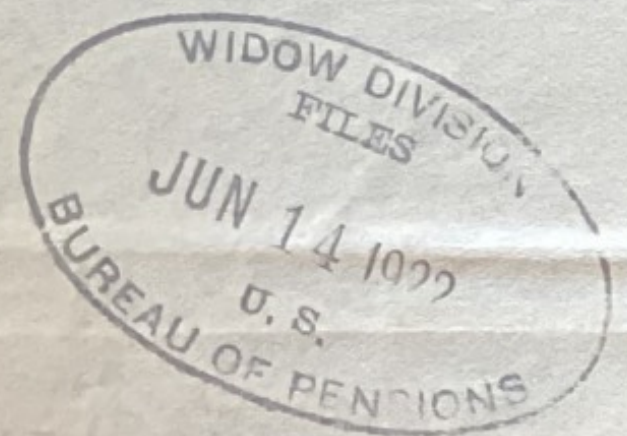
June 8, 1922

Pension Department,
U.S. Government

Washington.

Inclosed find claim for burial and doctor bill Elvira
E Belt.

De Soto State Bank



P. D. Taper

✓

Reissue

ACT OF MAY 11, 1912.

Cert. No. 620399

ACT OF MARCH 4, 1913

✓ Claimant,

Benjamin Belt

✓ P. O.,

Olathe

Rank,

Private

✓ County,

Johnson

Service,

H. 79th U. S. Inf

✓ State,

Kansas

Rate, \$ 21.50 per month, commencing

January 27, 1913

#29 from November 16, 1917.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

Fee, \$; Agent to pay.

P. O.,

Articles filed, 19

APPROVAL.

Submitted for

Acem Mar. 17, 1914

O. L. Gantner, Examiner.

Approved for

Admission

Rate

21.50

per month; age

70

years.

Reissue from General Law.

Date of birth November 11, 1842

✓ Length of pensionable service: 1 years, 11 months, 23 days.

✓ Deductions in service from any cause: 0 years, 0 months, 0 days,

on account of

Mar 19, 1914 M. W. Lohr

Legal Reviewer.

Mar. 20, 1914, C. J. Wade

Re-Reviewer

✓ Enlisted November 16, 1863; honorably discharged October 1, 1865.

✓ Enlisted, 18; honorably discharged, 18

Enlisted, 18; honorably discharged, 18

✓ Length of pensionable service: 1 years, 11 months, 23 days.

✓ Pensioned at \$ 17 per month, under General Law

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed

January 27, 1913

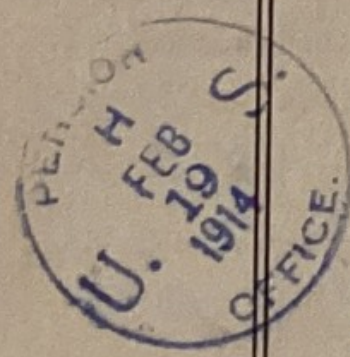
Age shown by evidence

70

years; date of birth alleged

November 11, 1842

✓ Claimant does not write.



ACT OF MAY 11, 1912

Claim for Pension

Certificate No. 620399

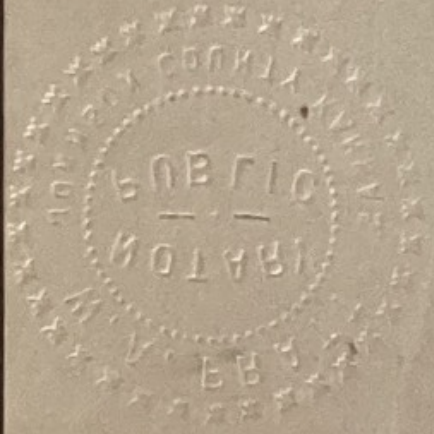
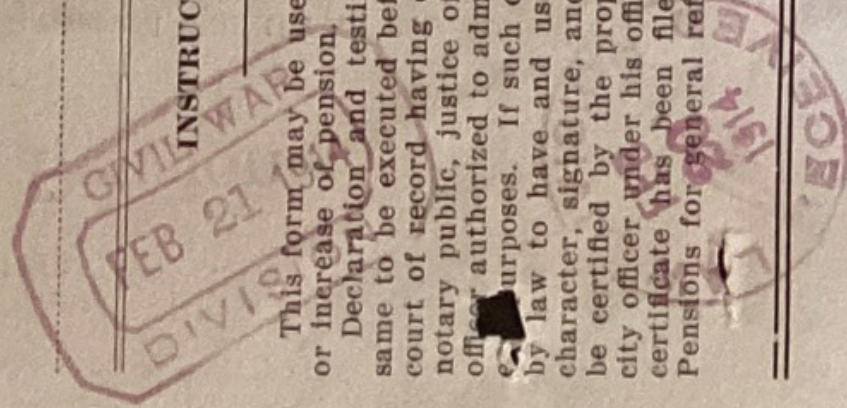
Name Benjamin Belt
B. H.

Service 79 W. S. Col.

Confidential

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper state, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



Declaration for Pension

The Pension Certificate Should Not Be Forwarded With the Application.

County of Johnson }
State of Kansas } SS.

On this 17th day of Feb, A. D. one thousand nine hundred and 14th
personally appeared before me, a Notary Public within and for the county
and State aforesaid, Benjamin Bell, who being duly sworn according to law,
declares that he is 70 years of age, and a resident of Olathe
county of Johnson, State of Kansas; and that he is the
identical person who was enrolled at St. Louis Ark under the name of
Benjamin Bell, on the 16th day of Nov, 1863,
as a foot, in C. H. 79th U. S. Col Infantry
(Here state rank, and company and regiment in the Army, or vessel if in the Navy.)

in the service of the United States, in the Civil war, and was Honorably Discharged
(State name of war, Civil or Mexican.)
at Seamouth Mo, on the 1st day of Oct, 1865.
That he also served _____
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his
personal description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____;
color of eyes, _____; color of hair, _____; that his occupation was _____;
that he was born December, 1842, at _____

That his several places of residence since leaving the service have been as follows: _____
(State date of each change, as nearly as possible.)

That he is _____ a pensioner. That he has _____ heretofore applied for pension
Certificate # 620399
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the pro-
visions of the act of May 11, 1912.

That his post-office address is Olathe, county of Johnson
State of Kansas

Attest: (1) William W McFee
(2) M. J. McFee

Benjamin Bell
(Claimant's signature in full.)

Also personally appeared William W McFee residing in Olathe Mo
and M. J. McFee, residing in Olathe Mo, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw
Benjamin Bell, the claimant, sign his name (or make his mark) to the foregoing dec-
laration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of
_____ years and _____ years, respectively, that he is the identical person he represents himself to be, and that
they have no interest in the prosecution of this claim.

William W McFee
M. J. McFee
(Signatures of witnesses.)

Subscribed and sworn to before me this 17th day of February, A. D. 1914,
and I hereby certify that the contents of the above declaration, etc., were fully made known and ex-
plained to the applicant and witnesses before swearing, including the words _____
_____, erased, and the words _____
_____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. A. Pratt
(Signature.)
Notary Public
(Official character.)

Validity accepted
as to execution
(L. B.)
Wallace Streater
Chief, Law Division
per Yaste

U. S. OFFICE
FEB 19 1914

3-014.



ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 620399.

Name, Benjamin Deft

Service,

INSTRUCTIONS

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

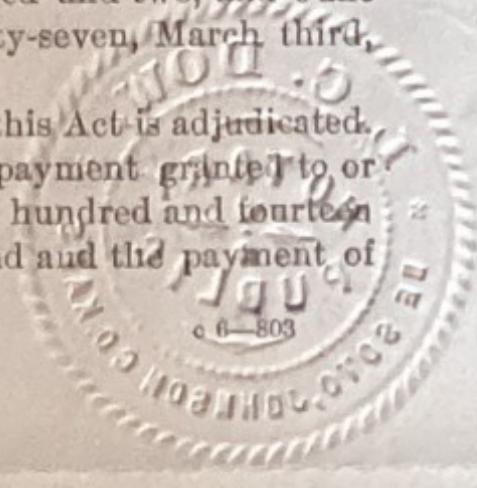
All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.



DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kan, County of Jehuse, ss:
 On this 8 day of Jan, A. D. one thousand nine hundred and thirteen, personally
 appeared before me, a Notary Public within and for the county and State aforesaid,
Benjamin Becht who, being duly sworn according to law declares that he is 71
 years of age, and a resident of Jehuse, county of Jehuse,
 State of Kan; and that he is the identical person who was ENROLLED at
Ft Smith Ark, under the name of Benjamin Becht,
 on the 16 day of Nov, 1863 as a PT, in 79 Reg
Cal Inft Co 14
 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
 in the service of the United States, in the Civil War war, and was HONORABLY DISCHARGED
 at Lebanon Mo, on the 1 day of Oct, 1865.
 That he also served _____
 (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal
 description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____; color of
 eyes, _____; color of hair, _____; that his occupation was farmer; that he
 was born 1842, at Ft Smith Ark

That his several places of residence since leaving the service have been as follows: _____
Jehuse Co Kan
 (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 620399 That he has _____ applied for pension under original

No. _____ That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of
 the Act of May 11, 1912. account total disability, Discharge of Military

That his post-office address is Platte, Jehuse, county of Jehuse, State of Kan

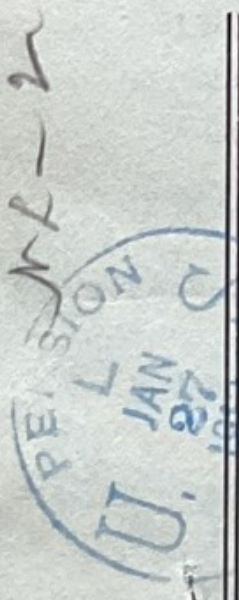
State of Kan
 Attest: (1) Notary Public
 (2) B F Becht
Benjamin Becht
 (Claimant's signature)

Subscribed and sworn to before me this 8 day of Jan, A. D. 1914, and I hereby
 certify that the contents of the above declaration were fully made known and explained to the
 applicant before swearing, including the words act May 11-1912,
 erased, and the words account total disability, Discharge of Military added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Notary Public
 (Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Valley accepted
 as to execution
 Wallace Streater
 Chief, Law Division
 Yaster



ACT OF MAY 11, 1912

Claim for Pension

Certificate No. 620399

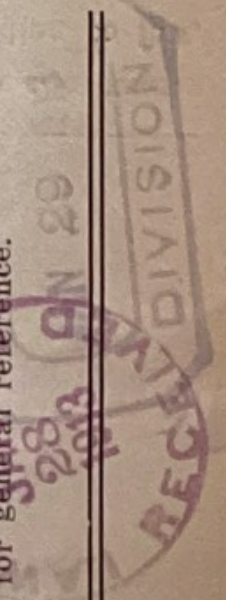
Name *Bergmann, Ruth*

Service *Co D*

77th Inf. Col. Inf.

INSTRUCTIONS.

This form may be used for original pension or increase of pension.
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper state, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



Declaration for Pension

The Pension Certificate Should Not Be Forwarded With the Application.

County of Johnson }
State of Kansas } SS.

On this 25 day of January, A. D. one thousand nine hundred and Thirteen
personally appeared before me, a Notary Public within and for the county
and State aforesaid, Benjamin T Belt who being duly sworn according to law,
declares that he is 70 years of age, and a resident of Olathe
county of Johnson State of Kansas; and that he is the
identical person who was enrolled at Ft. Smith Ark under the name of
Benjamin Belt, on the 16 day of November, 1863
as a private, in Co. D. 79th U.S. Col. Infantry
(Here state rank, and company and regiment in the Army, or vessel if in the Navy.)

in the service of the United States, in the Civil war, and was Honorably Discharged
(State name of war, Civil or Mexican.)
at Leavenworth Kan on the 1 day of October, 1865
That he also served
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his
personal description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____;
color of eyes, _____; color of hair, _____; that his occupation was Farmer
that he was born _____, 1842, at Franklin Co Ark
That his several places of residence since leaving the service have been as follows:
(State date of each change, as nearly as possible.)

That he is _____ a pensioner. That he has _____ heretofore applied for pension.
670 399
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the pro-
visions of the act of May 11, 1912.

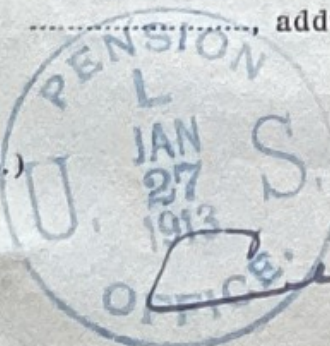
That his post-office address is Olathe, county of Johnson
State of Kansas

Attest: (1) A. E. Warr
(2) C. E. Hammond
Benjamin T Belt
(Claimant's signature in full.)

Also personally appeared _____, residing in _____, persons whom I
and _____, residing in _____, certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw
_____, the claimant, sign his name (or make his mark) to the foregoing dec-
laration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of
_____ years and _____ years, respectively, that he is the identical person he represents himself to be, and that
they have no interest in the prosecution of this claim.

Subscribed and sworn to before me this 25 day of January, A. D. 1913,
and I hereby certify that the contents of the above declaration, etc., were fully made known and ex-
plained to the applicant and witnesses before swearing, including the words _____,
_____, erased, and the words _____,
_____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(L. S.)



W. H. Pratt
(Signature.)
Notary Public
(Official character.)



CIVIL WAR

3-214
Russus

ACT OF MAY 11, 1912.

Cert. No. *620399*

Claimant, *Benjamin Selt*
P. O., *Clashe* Rank, *Private*
County, *Johnson* Service, *Co H 79 USC Inf*
State, *Kansas*
Rate, \$ _____ per month, commencing *May 20, 1912.*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____; Fee, \$ _____; Agent to pay.
P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for *admission*, 191 *21*, Examiner, *A. A. Russell*

Approved for *admission* Rate \$ *16.50* per month; age *69.70* years. *(C.B.C.)*

Reissued from general law.

Age not accepted as 70 years

Length of pensionable service: _____ years, _____ months, *23* days.

Deductions in service from any cause: *none.* years, _____ months, _____ days,

on account of _____

Dec. 5, 1912, C.B. Hemingway, Legal Reviewer. *Dec. 7, 1912, M.A. Loff, Re-Reviewer.*

Enlisted *Nov 16*, 18 *63*; honorably discharged *Oct 1*, 18 *65*

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: _____ years, _____ months, *23* days.

Pensioned at \$ *17.00* per month, under *General Law*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 20*, 191 *21* age *70 years*

Age shown by evidence *69 7/8* years; date of birth alleged _____, 18 *42*

Claimant does *not* write. *No*

ACT OF MAY 11, 1912

Claim for Pension

Certificate No. 620,379

Name Bergin, Bell

Service 99 U.S. Col Inf

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper state, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

JUN 4 1912

DIVISION.



Declaration for Pension

The Pension Certificate Should Not Be Forwarded With the Application.

County of Johnson }
State of Kansas } SS.

On this 18 day of May, A. D. one thousand nine hundred and twelve personally appeared before me, a Notary Public within and for the county and State aforesaid, Benjamin Belt, who being duly sworn according to law, declares that he is 70 years of age, and a resident of Olatchee county of Johnson, State of Kansas; and that he is the identical person who was enrolled at St. Louis Ark under the name of Benjamin Belt on the 15 day of June, 1863 as Private, in Co. H. 79 U.S. Col. Infantry (Here state rank, and company and regiment in the Army, or vessel if in the Navy.)

in the service of the United States, in the Civil war, and was Honorably Discharged at St. Louis Mo (State name of war, Civil or Mexican.) on the 15 day of June, 1863. That he also served (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 10 inches; complexion, fair; color of eyes, blue; color of hair, gray; that his occupation was farmer; that he was born 1843, at St. Louis Mo.

That his several places of residence since leaving the service have been as follows:

(State date of each change, as nearly as possible.)

That he is not a pensioner. That he has not heretofore applied for pension. Pension Card 620392 (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Olatchee, county of Johnson State of Kansas.

Attest: (1) H. E. Johnson (2) J. W. Rea Benjamin Belt (Claimant's signature in full.)

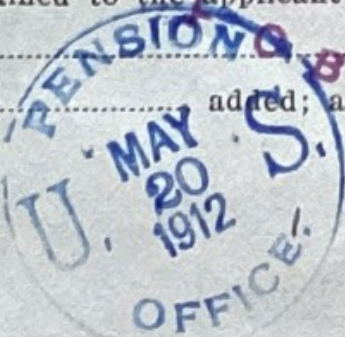
Also personally appeared H. E. Johnson, residing in Olatchee and J. W. Rea, residing in Olatchee, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Benjamin Belt, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of

70 years and 70 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Subscribed and sworn to before me this 18 day of May, A. D. 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words

added, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(L. S.)



H. E. Johnson
J. W. Rea
(Signatures of witnesses.)

H. E. Johnson
(Signature.)
Notary Public
(Official character.)

Sum & Rep-19
1/12

620399
Lopeika

Reissue to
correct service & allow
Increase

3-355.

Certificate No. 620399

INVALID PENSION.

Claimant, Benjamin Belt,

P. O., Olathe / R.R. #6.

County, Johnson,

State, Kansas.

Rank, Private,

Company, 76.

Regiment, 79. U.S.C. Vol. Inf.

Rate, \$ 17- per month, commencing March 20-1912

Pensioned for Chronic diarrhoea res. dis. of rectum

TO RECOGNIZED ATTORNEY.

Name, [Signature]

Fee, \$ [Signature]; Agent to pay.

P. O., [Signature]

Articles filed [Signature], 1

APPROVALS.

Submitted for Apl. 10, 1912

[Signature] Anna, Examiner.

Approved for Chronic diarrhoea and resulting disease of rectum,

Approved for Chronic diarrhoea and resulting disease of rectum 7/18 from March 20, 1912

Apr. 11, 1912 C. F. Leson Legal Reviewer.

Wilson Medical Examiner.

[Signature], 190 [Signature] Re-Reviewer.

April 15, 1912 C. F. Whitney Medical Referee.

Enlisted Nov 16, 1863 Discharged Oct. 1, 1865 Last paid to [Signature]
Pensioned at \$ 12- per month for Ch. diarrhoea & resulting dis of rectum.

PRESENT CLAIM.

Declaration filed Feb. 12, 1912 for Increase

Claimant does Not write.

Also personally appeared

W M March

residing at

D Salok,

, and

Chas Morse

residing at

Salok

persons whom I certify to be respectable and entitled to

credit, and who, being by me duly sworn, say that they were present and saw

Benjamin Belt

the claimant, sign his name (make his

mark) to the foregoing declaration; that they have every reason to believe from the appearance of said

claimant and their acquaintance with him, that he is the identical person he represents himself to be; and

that they have no interest in the prosecution of this claim.

W M March

Chas Morse

Signature of Affiants.

If Affiants sign by mark, two persons who can write, sign here.

Sworn to and subscribed before me this

5

day of

Feb

A. D. 19*12*, and I hereby certify that the contents of the above declaration, etc.,

were fully made known and explained to the applicant and witnesses before swear-

ing, including the words

erased, and the words

added, and that I have no interest, direct or indirect, in the prosecution of this claim

(L. S.)

come by 3/14-13

Official Signature

Official Character



Validity accepted
as to execution
S. A. Cuddy,
Chief, Law Division.

INVALID

CLAIM FOR INCREASE.

Applicant.

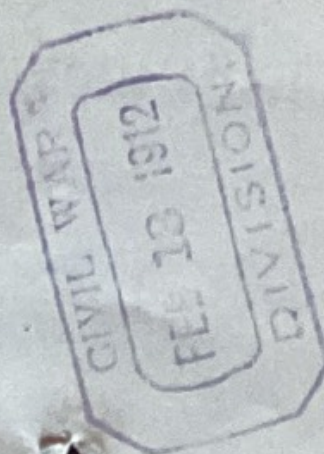
Benjamin Belt

Reg't.

Co.

Vols.

Pension Certificate No.



Declaration for the Increase of an Invalid Pension.

State of Kan, County of Johnson, SS.

ON THIS 7 day of Feb, A. D. one thousand nine hundred and seven
personally appeared before me, a Notary within and for the County and State
aforesaid Benjamin Beek aged 70 years, a resident of
Gal, County of Johnson, State of

Kan, who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the Jopetta Pension Agency at the rate of 17⁰⁰
dollars per month, Certificate No. 670399; by reason of disability from
Chronic diarrhea and resulting desian function
(Here name disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a Dr
Co. H. 29. Reg. NS Cal. Vol. (Here state rank, company and
regiment, if in army, or vessel if in navy.)

That he believes himself entitled to an increase of pension on account of
Increase of troubles and age limit
(Here state reasons for applying for an increase. If on account of increase in the disability for which already pensioned, that should be described. If on
account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin,
and the name of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)



that he hereby appoints, with full power of substitution and revocation,
of _____ his true and
lawful attorney, to prosecute his claim

His post office address is Albion Kan. RR. 6
W. M. March
Chas. Morse
Two witnesses who can write sign here

Benjamin Beek
Signature of Claimant

Increase

INVALID PENSION.

Claimant, Benjamin BeltP.O., De Soto
County, Johnson
State, Kans.Rank, Private
Company, H
Regiment, 79 U.S.C. Vol. Inf.

Rate, \$ _____ per month, commencing _____

REJECTED

Disabled by _____

RECOGNIZED ATTORNEY:

Name, Noah Meiser Fee \$ 2 —, Agent _____ to pay.
P.O., Loogootee Ind. Articles filed (none), 18 _____

APPROVALS:

Submitted for May 6th, 1892 N.B. Milliken, Examiner.Approved for Chronic diarrhoea resulting disease of rectum
and resulting disease of rectum. 12/18 no increase

ER

May 27, 1892, Curtis, Legal Reviewer. Jun 10, 1892 Shedden, Medical Referee.Discharged Oct. 1st, 1865 Last paid to _____, at \$ 12 —Pensioned from November 6th, 1889, at \$ 12 —, for chronic diarrhoea
and resulting disease of rectum.Original declaration filed Nov. 6th, 1889; alleged chronic diarrhoea which
resulted in piles.claim under act of June 27th 1890 reg. June 27th 1891.

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Inc., Dec. 31st, 1891 — increase of originalall in signs by X. No M.L.

Certificate No. 620399

INVALID.

APPLICATION FOR

INCREASE OF PENSION

Regt. Belt

Co. H 79

Reg't.

USCT

Vols.

FILED BY

NOAH MOSER,

ATTORNEY,

LOGOOTE : : INDIANA.

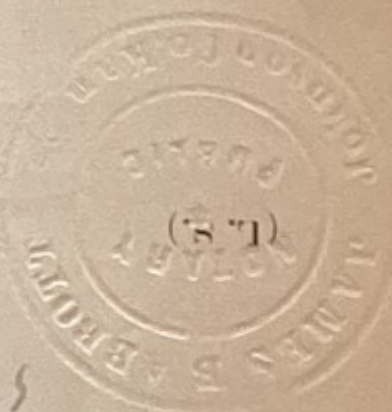


Official character.

Signature.

prosecution of this claim.

1-1893



claim.

him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with the claimant (make his name) to the foregoing

who being by me duly sworn, say that they were present and saw persons whom I certify to be respectable and entitled to credit, and residing at

Also personally appeared

residing at

and

residing at

DECLARATION
— FOR —
THE INCREASE OF INVALID PENSION.

State of Kansas, County of Johnson, ss :

ON THIS 26th day of December, A. D. one thousand eight hundred and ninety one
personally appeared before me, the undersigned, duly authorized to administer oaths within and for the
County and State aforesaid, Benjamin Belt, aged 57 years,
Claimant's Name.
who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled
at the rate of \$12 00 dollars per month, under Pension Certificate No. 620399, by reason of
Chronic Diarrhea and resulting disease
of rectum.
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a member in Company H
of the 79 Regiment of U.S.C.T. Volunteers.
That he believes himself entitled to an increase of pension for disability above stated, and hereby makes
application for Said Increase

The attorney fees to be \$2.00 when Increase is allowed

That he hereby appoints, with full power of substitution and revocation,
NOAH MOSER, of Loogootee, Indiana, his lawful attorney to prosecute said claim.

His postoffice address is DeSoto, County of Johnson
State of Kansas

Benjamin Belt
Signature of Claimant.

Two witnesses who can write sign here.

Act of June 27, 1890.

INVALID PENSION.

Claimant, Benjamin Belt
 P.O., Asota Rank, Private
Johnson Company, 79.
 State, Kansas. Regiment, 79. U.S. Vol. Inf.
 Rate, \$ _____, per month, commencing Jan'y 30. 1891.

Disabled by _____

RECOGNIZED ATTORNEY.

Name, Noah Morse Fee, \$ 10 Agent to pay.
 P.O., Logansport Ind Articles filed, _____, 189 .

APPROVALS.

Submitted for adm May 22, 1891 L. E. Susby, Examiner.

Approved for Rejection as allowance rejection, no benefit
would confer no benefit. conferred under Act of June
27th 1890

Two info. Linton Bidwell M. E.
June 6, 1891. Legal Reviewer. June 27, 1891. Medical Referee.

now pensioned under other laws. Last paid to _____, 189 , at \$ _____
 Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Nov 16., 18 63 honorably discharged Oct 1, 18 65
 Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____
 Declaration filed Jan'y 30 1891, alleges permanent disability, not due to vicious habits,
 from chronic diarrhoea and piles.

6/84
ACT OF CONGRESS APPROVED JUNE 27, 1890.
8-2-91

Wm Aug 737236
568676

SOLDIER'S

APPLICATION.

Benjamin Bell

Co. H, 79th Reg't.

W. H. Bell

Vols.

Address: Deato

of Hano

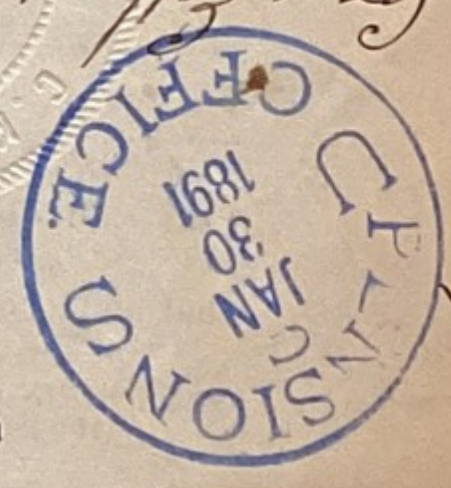
FILED BY

NOAH MOSER,

ATTORNEY,

LOOGOOTEE, . . . INDIANA.

Wm. 3-6-91



prosecution of this claim.

Signature: *Wm. Bell*
Official character: *Wm. Bell*

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words.....
....., erased, and the words.....
....., added; and that I have no interest, direct or indirect in the

Sworn to and subscribed before me this 24 day of January, A. D. 1891.
(If Affiants sign by mark, two persons who can write sign here.)
A. J. Bell
(Signature of Affiants.)
Wm. Bell

this claim.
him. That he is the identical person he represents himself to be; and that they have no interest in the prosecution of declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with the claimant sign his name (make his mark) to the foregoing
who being by me duly sworn, say that they were present and saw.....
persons whom I certify to be respectable and entitled to credit, and
residing at..... and.....

Also personally appeared *Wm. Bell*
residing at *Deato*

He does not want this pension allowed provided his first claim can be allowed



A

Act of Congress Approved June 27, 1890.

DECLARATION - FOR - INVALID - PENSION.

To be Executed before a Notary Public or some Officer with a Seal.

State of Kansas, County of Johnson, SS:

ON THIS 29 day of January A. D. one thousand eight hundred and ninety one, personally appeared before me a Notary Public

within and for the County and State aforesaid Benjamin Belt

aged 49 years, a resident of the Near of Desoto P.O.

County of Johnson State of Kan, who, being duly sworn according to

law, declares that he is the identical Benjamin Belt who was ENROLLED ON OR

about the 16 day of Nov, 1863, in Co. H of the 79th Reg't U.S. C. Vols. in the

war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Pine Bluff Ark

on or about the 1 day of Oct 1865; that he is greatly unable to earn a

support by manual labor by reason of Chronic Diarrhea
(Here name the disease or injuries for which disabled.)

And resulting piles

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

That he has has applied for pension under application No 737236 ~~That he is a pensioner under~~

~~Certificate No.~~ (If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints NOAH MOSER, of Longootee, Indiana, his true and lawful attorney to prosecute his claim.

~~That he hereby agrees to allow his said attorney a fee of \$10. when the claim is allowed.~~

That his POST-OFFICE address is Desoto

County of Johnson State of Kan

Benjamin Belt
(Claimant's Signature.)

Attest: A. J. Clerk

Attest: Wm. Levin
[Two witnesses who can write, sign here.]

I Agree to Prosecute said Claim for said fee of \$10.

Noah Moser Att'y.

ORIGINAL INVALID CLAIM.

620399
Soldier, *Benjamin Belt*P. O., *Alto*County, *Johnson*State, *Kans.*Rates, \$ *1 1/2*Rank, *Private*Company, *H.*Regiment, *29 U.S. Col. Inf.*

per month, commencing

Nov. 6, 1889

Pensioned for

Name, *Noah Moser*P. O., *Loogootee Ind*

RECOGNIZED ATTORNEY

Fee, \$ *25.00*

Agent

to pay.

Articles filed

Apr. 16/90

, 1890.

APPROVALS.

Approved for

Submitted

for X-ray of Aug 7, 1890;

witnesses

Wm. H. Harries

, Examiner.

Approved for

*Chronic diarrhoea.
This submitted as a result
Ev. of disease since discharge.*

Approved for

*chronic diarrhoea &
resulting disease of rectum.
12/18*

Legal Reviewer.

Re-Reviewer.

Medical Examiner.

Med. Ex'r.

Med. Reviewer.

Med. Referee.

*June 6, 1891,**June 27, 1891,*

IMPORTANT DATES.

Enlisted, *Nov 16*, 18*63*

service from

Mustered, 18*63*

to

, 18*65*, inDischarged, *Oct 1*, 18*65*Declaration filed, *Nov 6*, 18*89*

Not in service since

Oct 1, 18*65*

BASIS OF CLAIM.

*Alleges in decl. that. at Fort Smith Ark in Jan 1864 he contracted chronic diarrhoea which resulted in piles.**Chuk writes**No M. Q.*

Also personally appeared

William H. Trampler

residing at

Desoto

Kan

and

A R Miller

residing at

Johnson Co Kan

persons whom I certify to be respectable and entitled to credit, and

who being by me duly sworn, say that they were present and saw

Benjamin Belk

, the claimant sign his name (make his mark) to the foregoing

declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him

that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

W H Trampler
A R Miller

(If Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

Sworn to and subscribed before me this

15

day of

October A. D. 188*9*

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained

to the applicant and witnesses before swearing, including the words

erased, and the words

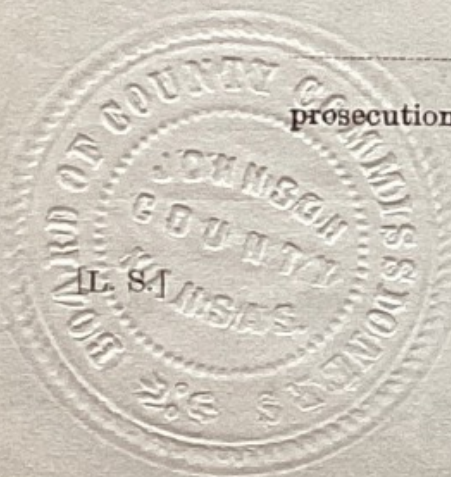
added; and that I have no interest, direct or indirect in the

prosecution of this claim.

N. M. Adams

Clerk of the

Johnson County



INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Benj. Belk, Applicant.

Co H, 79th Reg't.

U. S. C. Det. 1st Vols.

At 1st Kansas Artillery 1863,

Enlisted Nov. 16, 1863,

Discharged Oct 1st 1865,



Filed by

Roach Mason
Longstreet
Ind

Declaration for an Original Invalid Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Kansas, County of Johnson, ss:
ON THIS 15 day of October A. D. one thousand eight hundred and eighty nine
personally appeared before me the County Clerk of the County of Johnson a Court
of Record within and for the County and State aforesaid Benjamin Belt
aged 47 years, who, being duly sworn according to law, declares that he is the identical Benjamin
Belt who was ENROLLED as a Private on the 16 day of
Nov, 1863 in Company H of the 79 regiment of USCT
commanded by Col Williams and was honorably DISCHARGED at
Pine Bluffs Ark on the 1st day of Oct, 1865; That his
personal description is as follows: Age 71 years; height 5 feet 10 inches; complexion copper
hair black; eyes black. That while a member of the organization aforesaid, in the
service and in the line of duty at Fort Smith in the State of Arkansas
on or about the month day of January, 1864, he was taken
with Army Diarrhea which became
Chronic and has resulted in piles
(Here state the name or nature of disease, or the location
of wound or injury. If disabled by disease state fully its cause; if by wound or injury, the precise manner in which received.)

4-H-1-Kans Col by

That he was treated in hospitals as follows: Camden Ark. in Spring of 1864
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)
at Pine Bluff Ark in Summer or fall of 1864

That he has not been employed in the military or naval service otherwise than as stated above no
(Here state what the

service was, whether prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 1 day of Oct 1865

That since leaving the service this applicant has resided in the State of Kansas
in the State of Kansas, and that his occupation has been that of a farmer

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a

lab farmer That he is now Partly disabled

from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of
the United States; and he therefore makes this declaration for the purpose of being placed on the invalid
pension roll of the United States. He hereby appoints with full power of substitution and revocation,

Noah Moser of Loggooten Ind

his true and lawful attorney to prosecute his claim. That he has not received non applied for

a pension; that his residence is No. Johnson Co. Kan street

and that his post office address is ,

Desoto Kan

B Belt
(Signature of Claimant)

W. W. Thompson
Ch. H. Miller
(Two witnesses who can write sign here.)

REQUEST FOR MILITARY RECORDS				1. DATE 6/6/2023		2. PULLTIME/STAFF INITIALS JDN	
3. NAME OF REQUESTER Erilue Lusco				4. RESEARCHER CARD NO. 1002605			
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY		5. STACK AREA 18E4	6. ROW 16	7. COMPARTMENT 6	8. SHELF 4	9. SEARCHER JDN	
10. RECORD IDENTIFICATION (Check one only)							
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND (If Military or Bounty Land checked – complete items 11, 13, 14, and 15. If Pension is checked – complete items 11, 12, 13, 14, 15, and 16.)							
11. NAME OF SOLDIER Belt, Benjamin				12. NAME OF DEPENDENT Belt, Elvira B			
13. UNIT (CO, BN, or REGT.) Co H, 79th USCI				14. STATE SERVED FROM KS		15. WAR, OR DATE OF SERVICE Civil War	
16. PENSION FILE NUMBERS							
		APPLICATION			CERTIFICATE		
a. INVALID		737236			620399		
b. WIDOW		1048374			796394		
c. MINOR							
d. MOTHER							
d. FATHER							
e. OTHER NUMBERS (XC, etc.)							
17. RECEIVED BY		18. DATE		19. RETURNED TO		20. DATE	

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

DO NOT REMOVE FROM RECORDS

NA FORM 14027 (10-12)