

Bms # 44186

Act. #473,581

Martha A. Driver
widow of
William Driver

(3-232.)

17.

No. 473581

Act of June 27, 1890

Martha A. Driver

Widow of
William Driver

Rank Pri.

Company E

Regiment 19th U.S.C. Vol. Inf.

Rate per Month \$ 8.

Commencing Feb. 1, 1898.

Ending

Washn. Agency.

Issued Jan'y 18th, 1899.

Mailed " 21st", 1899.

Fee, \$ 1.00.

(42-10,000.)

DEAD

Entitled to \$20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Wife During Civil War service

DROPPED
NOV 7 - 1916 L.D.
dead

REIMBURSEMENT
ALLOWED
MAY 1 - 1917

MAIL DIVISION,

FEB 2 1898
U. S. OFFICE.
WIDOW'S APPLICATION—ACCRUED.

Name—Soldier,

Wm Driver

Name—Claimant,

Martha A. Driver

Cert. No.

542,074

Co.

'E' 19" Reg't U.S.C.T.

Date of filing,

FEB 1 - 1898

Date of pensioner's death,

Jan'y 14" 1898

To CHIEF FINANCE DIVISION.

You are advised of receipt of application in
above case, which has been forwarded to Record
Division.

J. M. Hermann
Chief Mail Division.

[3-216.]

Ex'r

INVALID.

No.

706691

Acts of July 14, 1862, and March 3, 1875.

Notified 6-29-89
M.D. LA. 9.5 Colly Hayward Esq.
Washington D.C.
V.A. Out-hist. & P.O. ad.
July 19th 89
W. V.A. Rld

William Driver
P. O. Silver Hill
Prince George Co. Md.
Service: "E" 19th U.S.C. Inf.

Enlisted: 4th Jan., 1864
Discharged: 15th Jan., 1867
Application filed: May 27th, 1889

Alleges: Rheumatism

Re-enlisted: 7/15

- N. C.
- S. C.
- FLA.
- GA.
- ALA.
- MISS.
- LA.
- TEX.
- KY.
- TENN.
- MO.
- ARK.
- D. C.
- U.S.C.T.

Attorney: Wm H. Hayward
P. O. Washington D.C.

Recognized. Contract.

Cert. of Dis. Searched for, 18

see accrued
[3-218 a.]
Tollock, Ex'r.
No. 670154
3/98
Act of June 27, 1890.

Feb 17/98
Md. apl. 12/98, atty. Richardson for
V. Mar. prior remar. (death or divorce
W. of former spouse). prop. need
support. Alimony, divorce.

Martha A. Driver
Anacostia, D. C.
Widow
William Driver
E. 19 U. S. C. Clup.
Died at
Jan. 14, 1898
other claim, than
D. C. Clup. 542, 074
Feb 15, 1898. Clerk.
Numerical No.

Nov. 11/98, atty Richardson
S. that clm awaits ~~man~~, prior
man, divorce from former
FLA spouses. Clm's. Statist aut of
GA. prop. & income & accounts.
ALA. called for apl 12/98, S.P.
MI. Oct. 14/98, atty Richardson
LA that clm awaits ev. as to non-
TEX. prior mar. for clm's statment
as to property income, S.P.
Killed to Harry Thompson.
TENN. Oct 21/98, atty Richardson
MO for clm's property statement.
ARK Record Div. to verify Census
D. C. 36 Wm. J. C. (of D.C.) Spec
U. C. to verify, Barbara Casey, &
Alfred Matthews, S.P.

Application filed: Feb. 1, 1898.
Attorney: Albert L. Richardson
P.O. Anacostia
D. C.

Dec. 3/98, atty Richardson for
att number of clm's residence
as per Reviewer clp. S.P.

counted
20, 12/98

APR. 9 '98

INVALID. (Series Act of June 27, 1890.)Cert. No. **542074**Name, William Driver
Rank, Pvt.; Service, Co. E. 19th U.S.
Inf. Vol. Inf.Original Roll: Washington
Agency: { Transf'd 18 to
" 18 toIssued Mar. 9, 1891
Mailed 25, 1891
Rate and Period, \$ 12, from July 8, 1891Action complete
by Board of Revision

Deductions:

Disability Pneumonia &
disease of heart, disease
of eyes & senility.
Issued 18
Mailed 18
Rate and Period, \$ from 18

Deductions:

Disability:

Issued, 18
Mailed 18
Rate and Period, \$ from 18

CLIPPED FROM ROLLS

Deductions: FEB 1898

PENSIONER DEAD.

Disability:

Issued 18
Mailed 18
Rate and Period, \$ from 18

ACT

Deductions: Accrued-Pen. on and
Order issued Jan. 18, 1899.
(Pen. Ctf. and voucher herewith)
Disability: Payable to Wid.
Mailed Jan. 21, 1899

INDORSEMENTS

Feb. 9-98 P.A. & Ad.
adv. date of dth
su. wid of 473581

Apr. 9'98.

3-1609.

Department of the Interior.

BUREAU OF PENSIONS.

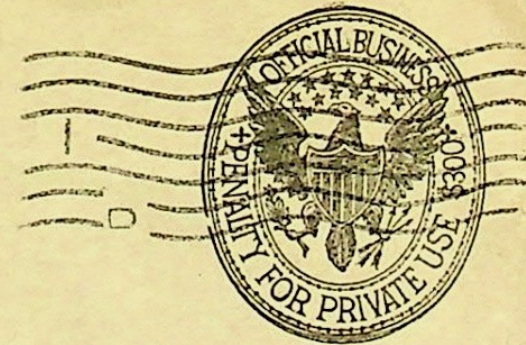
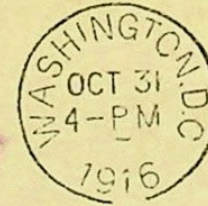
If not called for in 15 days, return to
THE COMMISSIONER OF PENSIONS,
WASHINGTON, D. C.

FINANCE DIVISION

SECTION 8,

*Recd
Oct 17, 1916*

Returned for correct address



MARTHA A. DRIVER,
WASHINGTON D C
473581
REAR 130 11TH ST N E

*122-10 22
171*

★ NOV 4 1878 ★
Finance Division,
Bureau of Tensions.

[3-216 a.]

Ellom Ex'r.
No. *706.691*

Act of June 27, 1890.

William Driver
Gargfield
P. O. *D.C.*

Service: *E 19th U.S.C. Inf.*

Enlisted: *Jan'y 4th*, 1864

Discharged: *Dec. 24th*, 1866

Application filed: *July 8th*, 1890

Alleges: *Rheumatism &*

General debility.

Any other Claim filed: *#*

1/58
Numerical No. *26.644*

Attorney: *Geo. H. Armstrong*
P. O. *Anacostia D.C.*

Recognized.

Cert. of Dis.

Searched for
(100-10,000.)

Contract.

, 18

Notified Sept 24/98
Md. Ex. Bd. Washington D.C. Jan 8/91
W.H.H.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No.....

W.H.H.

ROBBINS

3-812

REIMBURSEMENT.

Certificate No. 173 581

Pensioner Martha A. Driver

Class WIDOW.

Date of Death Oct 17, 1916

Claimant Mrs. Ella Brown

Post Office 1013 Seventh St S.E.

Washington
D.C.

Received DEC 2 1916

191

DEC 14 1916 Baltimore Life Ins
Co. Baltimore Md. - 5.00

JAN 9 1917 Clt - Stmt giving
approx. date from which
she paid the prem. on Ins.
Resp Cert for Clt's husband.

Incllq ✓

16-10-17

9-7

1-10 @ 20

6.67

9-8

9-4

4 @ 12 =

160

\$28.27

[3-216 a.]

Leorn

Ex'r.

No.

706.691

Act of June 27, 1890.

William Driver
Garfield D.C.

P.O.

Service: 819th U.S.C. Inf.

Enlisted:

Jan'y 4th, 1864

Discharged:

Dec. 24th, 1864

Application filed:

July 8th, 1890

Alleges:

Rheumatism &
General debility.

Any other Claim filed: #

1/58
Numerical No.

26.644

Attorney:

Geo. H. Armstrong
Anacostia D.C.

P.O.

Recognized

1891
Searched for
(1000-12,000.)

Cert. of Dis.

Contract,

, 18

Notified Sept 24/90 P

Md. Ex. Bd. Washington D.C. Jan 8/91

W.H.H.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No.

W.H.H.

A & H. Div.
Reimb.

CSR.WDC.

Jan.9,1917.

Mrs.Ella Brown,
1013 7th St.,S.E.,
Washington,D.C.

Madam:

Relative to your claim for reimbursement in the case of Martha A.Driver,Cert.473,581 you are advised that you should furnish a sworn statement giving the approximate date from which you paid the premiums on the insurance carried on pensioner's life in the Baltimore Life Insurance Co.

The enclosed certificate should be signed by your husband and returned to this Bureau.

Very respectfully,

G. M. ~~SALTZGABER~~ Commissioner.

A & N.Div.
Reimb.

CSR.WDC.

Dec.14,1916.

Baltimore Life Ins.Co.,
Baltimore,
Maryland.

Sirs:

For use in a claim for reimbursement in the case of Martha A.Driver,Cert.473,581,who died Oct.17,1916,at 122 10th St.,S.E.,Washington,D.C.,kindly furnish a statement showing the value of the insurance carried on pensioner's life, the name of the person to whom the insurance was paid,date of issue of the policy,premium rate and name of the person by whom the premiums were paid.

The enclosed envelope for your reply requires no postage.

Very respectfully,

G. M. SALTZGADER.

Commissioner.

Group 3 TO BE SECURELY ATTACHED TO THE PENSION CERTIFICATE. B P

Wid. Ctf. 473,581

Department of the Interior,

Service C.W.

Bureau of Pensions,

Washington, D.C., OCT 25 1916 191

Pnsr's Name Martha A. Driver

Pursuant to Section 1 of the Act of Congress approved by the President, September 8, 1916, granting increase of pension of a widow who was the wife of a soldier, sailor or marine during the period of his service in the Civil War, or who is the widow of a soldier, sailor or marine who served in the Civil War, the War with Mexico, or the War of 1812, and who has reached the age of 70 years, the pension in the above-described case is increased to \$20 per month, commencing September 8, 1916.

Countersigned

E. C. Tamm
Commissioner of Pensions.

Wesley C. Lamb
Secretary of the Interior. ✓

REIMBURSEMENT.

Claimant Mrs. Ella Brown
 Pensioner Martha A. Driver
 Street and No. 1013 Seventh Street S.E.
 Class Widow
 P. O. Washington
 Law Act of April 19, 1908
 State District of Columbia
 Agency Group 3

Rate, \$ 20 from Sept. 8, 1916 Last paid to Sept. 4, 1916 at \$ 12
 Last illness commenced - Date of death Oct. 17, 1916 Accrued pension \$ 28²⁷

AMOUNTS CLAIMED.		CHARGES APPROVED.	DEDUCTIONS.	
Physicians' bills	\$	\$ 3	State aid	\$
Medicine		90	Assets	
Board			Net Insurance	44
Nursing and care			Amount waived	
Rent				
Living expenses for pensioner				
Undertaker's bill		71		
Livery				
Cemetery charges			TOTAL	44
OTHER EXPENSES.			SUMMARY.	
			Charges approved	\$ 74 90
			Deductions	44
			Amount approved	30 90
TOTALS		74 90		

Approved for ~~\$4 90~~ \$28²⁷;

April 30, 1917 John G. Baker
 Examiner.

MAY 1 - 1917

MAY 1 - 1917

A. D. Brall Reviewer.
W. V. Smith

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Nov. 2, 1916

Certificate No. 473581

Class ACT APRIL 19, 1908.

Pensioner

Martha A. Driver

Soldier

William

Service

Co- 9 U. S. C. V. I.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 12 , to 4 Sept. 1916
has this day been dropped from the roll be-
cause of death Oct. 17. 1916.

MARTHA A. DRIVER,

WASHINGTON D C

473581

Very respectfully,

REAR 130 11TH ST N E

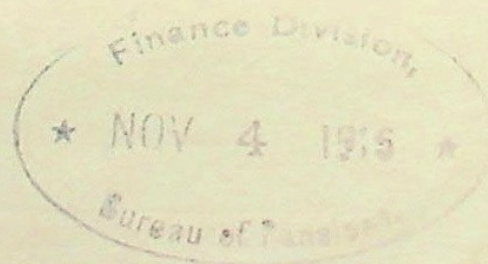
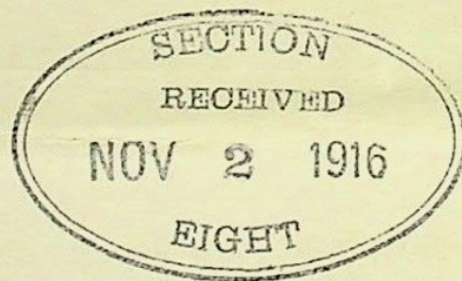
W. H. Campbell

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.

6-2249

PLATE DESTROYED



HOURS: { 7 TO 9 A. M.
12 TO 2 P. M.,
6 TO 8 P. M.

PHONE, LINCOLN 4146

Anacostia, D. C.,

Nov 27 191*6*

Mrs North Driven

122 10th St S.E.

To DR. T. D. MUDD, Dr.,

OFFICE, 1328 GOOD HOPE ROAD S. E.

For Medical Attendance

to date

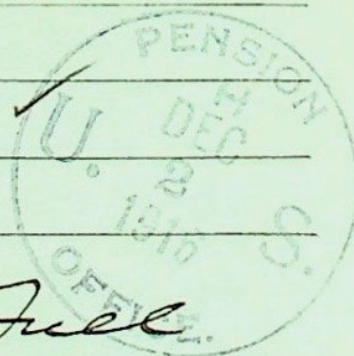
3⁰⁰

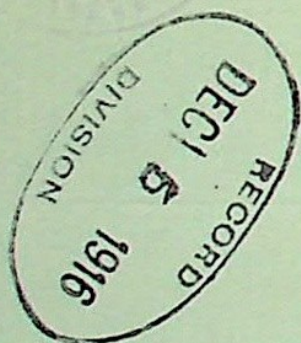
*To
From Mrs
Elly Brown*

Received payment, in full.

Thos D. Mudd

OFFICE AND OBSTETRICAL CASES CASH.





L. HOYT LAMB
DRUGGIST
SUCCESSOR TO TAYLOR & LAMB
11TH & EAST CAPITOL STS.
WASHINGTON, D. C.

Ellen Brown

1013 - 7 - 82

The following Prescriptions
were Compounded by L. H. Lamb,
Druggist 11th & E. Capt. Street &
paid for as follows:—

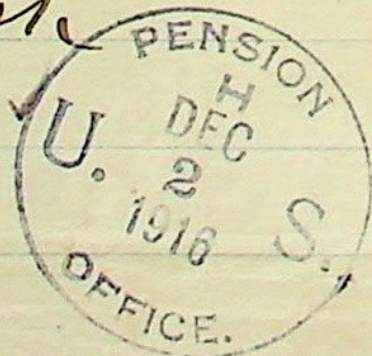
T4	78830-Date 10.15.16 =	25¢
"	78831- .. 10.15.16 =	25¢
"	78832- .. 10.15.16 =	40¢
		90¢

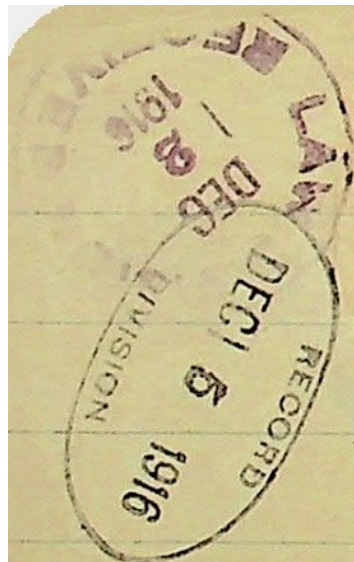
L. H. Lamb

per J. T. Watson,

Clerk

Nov. 29. 1916





Carriages

to hire

for all

Occasions

Washington, D. C. Oct 19th 1916

~~Mrs James Driver~~ Ella Brum

For Martha Driver Deceased,

to THOMAS F. MURRAY, Dr.,

Undertaker and Embalmer,

2007-2011 Nichols Avenue S. E.

Telephone, Lincoln 126.

5-6 W. J. Coffin and Case
Lavender robe
Hearse to Mt Olivet
5 Carriages "
Opening grave

\$ 33 00

7 00

7 00

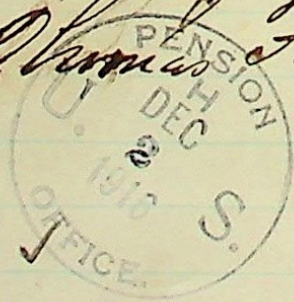
20 00

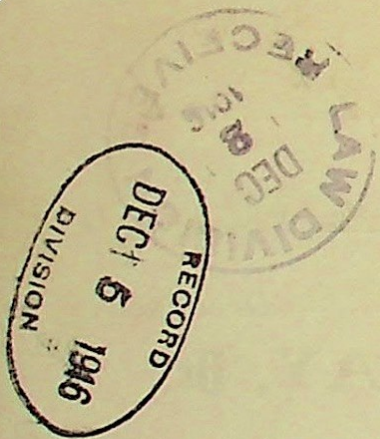
4 00

\$ 71 00

Recd Paid in full

Thomas F. Murray





CSR
A & N. Div.
Reimb.

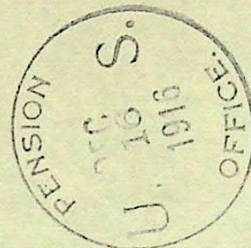
3-1865

CSR.WDC.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON Dec.14,1916.



Baltimore Life Ins.Co.,
Baltimore,
Maryland.

Sirs:

For use in a claim for reimbursement in the case of Martha A. Driver, Cert. 473,581, who died Oct. 17, 1916, at 122 10th St., S.E., Washington, D.C., kindly furnish a statement showing the value of the insurance carried on pensioner's life, the name of the person to whom the insurance was paid, date of issue of the policy, premium rate, and name of the person by whom the premiums were paid.

The enclosed envelope for your reply requires no postage.

Very respectfully,

A handwritten signature in cursive script, likely of the Commissioner, written over the typed name.

Commissioner.

In re the above.

Date of policy Oct. 14-1907.
Premium weekly \$.25cts.
Amount of Insurance \$ 70.00
Paid to Ella Brown, daughter.
The premiums are supposed to have been paid by the insured.

Increased to \$12. per month from
April 19, 1908, by Act of that date.

ACT OF JUNE 27, 1890.



It is hereby certified That in conformity with the laws
of the United States Martha A. Driver
Widow of William Driver who was
a Private, Co. E, 19 Reg't United States Colored Volunteer Infantry
is entitled to a pension under the provisions of the
Act of June 27, 1890,
at the rate of Eight dollars per month, to commence on the
first day of February 1898, and to continue
during her widowhood.

Given at the Department of the Interior this
Eighteenth day of January
six thousand eight hundred and ninety seven
and of the Independence of the United States
of America the one hundred and twenty-third

Comelius A. Smith
Secretary of the Interior.

Countersigned
H. Clay Evans
Commissioner of Pensions.

3-044

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 District
County of Columbia ss:

On this 4th day of November, A. D. one thousand nine hundred and fifteen
personally appeared before me, a Notary Public within and for the District of Columbia
Ella Brown, aged 50 years, a resident of
122 Potomac St., County of Washington, State of
District of Columbia, 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
Martha A. Driver, who was a pensioner of the United States by
certificate No. 473581, on account of the service of William Driver
in Co E 19 Regt U. S. Colored Troops (Name of soldier or sailor.)
(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 September 4, 1916

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? Martha Ann Driver
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.) _____
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid
Baltimore Life Ins Co \$65.00 Life insurance ✓
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or 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
insured in only one company as \$70.00 above named ✓
9. Who was the beneficiary named in each policy? Ella Brown the applicant herein
10. What was the relation of each beneficiary to the pensioner? daughter
11. Were the premiums paid by the deceased pensioner? Ella Brown
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account
Ella Brown the applicant had been paying 25¢ per month premiums for several years back. Can't remember exactly the length of time. ✓

U. S. DEC 2 1916 S.

- (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.)

32. Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) Yes

(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.)

her
Ella x Brown
(Claimant's signature in full.)
mark

Also appeared Thomas Driver age 23 years and Carrie Driver age 40 years
 who, being duly sworn, say that they saw Ella Brown, the claimant, sign her
 name (or make her 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? October 17, 1916

3. Did pensioner leave any property? If so, state its character and value
None

4. We knew pensioner 15th and 23rd years respectively. We believe above statements to be true because Thomas Driver
is a grandson of the deceased pensioner and Carrie
Driver is a daughter in law of deceased pensioner and both were
and intimately with her and her affairs for years

Name Thomas Driver

Name Carrie Driver

P. O. Address 1013-7th Street S.E.

P. O. Address 1214 1/2 Street S.E. Washington, D.C.

Subscribed and sworn to before me, this 1st

day of December

A. D. 1916; 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 good

DECLARATION ACCEPTED AS
 A CLAIM UNDER THE ACT OF
 MARCH 2, 1895.

George Sking
 (Signature)
Notary Public
 (Official Character.)
D.C.

CHIEF, LAW DIVISION

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Oct 17th 1916

Give date of commencement of pensioner's last sickness Oct 15th 1916

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

From Oct 24th 1915 to date of death

During what period did you attend the pensioner? Oct 24, 27, 30, 1915; Feb 21, 25, 27

State nature of disease from which pensioner died An old injury of ankle joint
which had been badly dislocated. Immediate
cause of death was
Cerebral Hemorrhage

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service

Ella Brown

Give name of any other physician who attended the pensioner in last sickness No other

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No

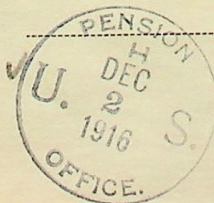
Has your bill been paid; if so, by whom? Yes. Mrs Ella Brown

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.

Nov. 16, 1916

Thos B. Mudd
 Attending Physician.



Supplied APPLICATION FOR REIMBURSEMENT.

Certificate No. *473581*

Martha A. Davis
William A. Davis
219 N. S. E. Ave.
Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (50 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 a claim for pension, or pension or payment thereof, or pertaining to any other matter under 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 procures the presentation of any pension claim, or pension or payment thereof, or other paper or writing to be used in aid of the pension claim, or pension or payment thereof, or who knowingly certifies 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 that he administered the oath thereto, when in fact such declaration, affidavit, voucher, or other paper or writing was not sworn to, or that the declarant, affiant, or witness did not appear before him and was not sworn thereto, or that the declarant, affiant, or witness did not administer the oath thereto, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898. 1572

DEC 6 1916
RECEIVED

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.

122. 10 St. SE Washington DC
Sept. 23rd 1916

To Sec. of Pension:

Dear Sirs
you will notice that
Martha A Driver
who pension No. is
473. 588. Original
is now 78 years of age
and kindly place her
on the increase list
Very Resp.

Martha A Driver

122. 10 St

SE
Washington DC.

Examined in
Record Div.

For correction of records

Wid. Of. 506251, William Driver
alias William C. Thomas and
F 19th & 2 U. S. C. Def

Inv. Of. 1086530,

William A. Thomas

E-19 U. S. C. Def

Not identical.

J. C. B. - 11-13-11.

S.

(3-128 a.)

ACT OF JUNE 27, 1890.

WIDOW'S PENSION *No. 670.154.*Claimant *Martha A. Driver*Soldier *William Driver*P. O. *Anacostia (Fork Stanton Road)*Rank *private*, Co. "E"County *District of*, State *Columbia*Regiment *19th U.S. Vol. Infantry*Rate, \$8 per month, commencing *February 1*, 1898, and \$2 per month additional for each child, as follows:

Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18
Born,	18	Commencing	18
Sixteen,	18	Commencing	18

*Entitled to \$20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Wife During Civil War service.*

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

All pension to terminate, 189..., date of

RECOGNIZED ATTORNEY:

Name *A. L. Richardson*Fee \$ *10*, Agent to pay.P. O. *Anacostia, D.C.*

Articles Filed, 189...

APPROVALS:

Submitted for *Admission November 17th 1898*, *Samuel Collock*, Examiner.Approved for *admission**Jan 13*, 1899.*S. F. Schaeffer*, Legal Reviewer.The soldier was pensioned at \$ *12* per month for *Rheumatism, disease of heart and eyes and senility*.Enlisted *January 4th*, 1864.Soldier's app'n filed *July 8*, 1890.and honorably disch'd *January 15th*, 1867.Clt's app'n under other laws *none*, 18—.Re-enlisted *not*, 18—.Former marriage of *either*, 18—.

honorably disch'd, 18—.

Death of former, 18—.

Died *January 14*, 1898.Clt's marriage to soldier *January 8*, 1860.Declaration filed *February 1*, 1898.Clt *not* remarried, 18—.

Claimant is without other means of support than her daily labor.

o-4

claimant signs by mark. X

DECLARATION FOR WIDOW'S PENSION.

ACT OF JUNE 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or a clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

District
State of Columbia, County of Washington, SS:
On this 21st day of January, A. D. one thousand eight hundred and ninety eight
personally appeared before me, a Notary Public
within and for the county and State aforesaid, Martha A Driver
aged unknown years, a resident of the Town of Anacostia,
county of Washington, District of Columbia, who, being duly sworn
according to law, declares that she is the widow of William Driver, who enlisted
under the name of William Driver, at Benedict Bros Co Md
on the 14th day of January, A. D. 1864, in Co "E," 19th Regt
U. S. Cal Vol Infy
or vessel, if in the Navy.

and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was
honorably discharged Jan'y 15th 1867, and died Jan'y 14th 1898
The cause of death need not be stated.

That she was married under the name of Martha A Thomas to said
William Driver on the 8th day of January, 1860,
by Rev C Vicmanza S. J., at Bryantown Md., there being no legal
barrier to said marriage. That neither were formerly married prior
If there was a former marriage of claimant or her husband, state it here and how dissolved.

to their marriage to each other
That she has not remarried since the death of the said William Driver
Name of soldier or sailor.

That she is without other means of support than her daily labor; that names and dates of birth of all the
children now living under sixteen years of age of the soldier are as follows:

_____, born _____, 18____, _____, born _____, 18____
_____, born _____, 18____, None, born _____, 18____
_____, born _____, 18____, _____, born _____, 18____

That her husband has not been employed in the Military or Naval service otherwise than as stated above.

That she has not heretofore applied for pension and the number of her former application is _____
Be careful to fill
this part of the blank correctly.

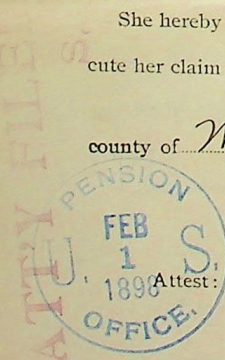
That she makes this declaration for the purpose of being placed on the pension-roll of the United States under
the provisions of the Act of June 27, 1890.

She hereby appoints H. L. Richardson of Anacostia, D. C., her true and lawful attorney to prose-
cute her claim and receive a fee of \$10. That her POST-OFFICE ADDRESS is Anacostia

county of Washington, District of Columbia

Martha A Driver
her
Claimant's signature.

Attest: 1 R. E. Spinkham
2 A. B. Shryver
Two witnesses who can write sign here.



Inv. by 542,074
M. B. B. B.

ACT OF JUNE 27, 1890.

WIDOW'S APPLICATION.

Claimant *Marta A. Dunn*

Soldier *Wm Dunn*

Service *Co. E 19 Regt.*

W. C. Dunn

ADDRESS:

Marta A. Dunn

Albion

N.Y.

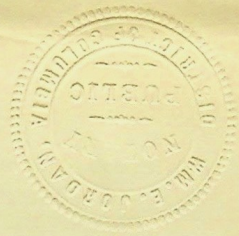
FILED BY
ALBERT L. HODGKINS

~~JOHN RABIN~~
ANACOSTIA, D. C.

ATTORNEY,

WASHINGTON, D. C.

Date of Execution



NOTES.

- The act of June 27, 1890, requires, in widow's case:
- (1) That the soldier served at least ninety days in the war of the rebellion and was honorably discharged.
 - (2) Proof of soldier's death (death cause need not have been due to Army service).
 - (3) That widow is "without other means of support than her daily labor."
 - (4) That widow was married to soldier prior to June 27, 1890, date of the act.
 - (5) That all pensions under this act commence from date of receipt of application in the Pension Bureau.

Also personally appeared *R. E. Shanklin* and *A. B. Shanklin*, residing at *Shanklin*, 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 *Marta A. Dunn*, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of *10* years and *2* years, respectively, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

Sworn to and subscribed before me this *21st* day of *January*, A. D. 18*91*;

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.

Signature *Marta A. Dunn*
Official character *atc*

GENERAL AFFIDAVIT.

City of Columbia, County of Washington, ss.

In the matter of Pension claim of Martha A Driver widow
of William Driver, late of Co E 19th U.S.C Vol Infy

ON THIS 27th day of October, A. D. 1898, personally appeared before me
a Notary Public in and for the aforesaid County duly authorized to administer
oaths. Martha A Driver aged _____ years, a resident of Anacostia
in the County of Washington and ^{Dist} State of Columbia

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

That I am the claimant in above
NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.
cited claim. That I own no real property
whatever, and no personal property except
household furniture worth less than
Twenty-five (\$25.00) dollars,

That I have no income whatever from any
source I am very old and feeble and
not able to work for myself. There is
no person legally bound for my support
and am dependent on the charity of relatives and
friends,

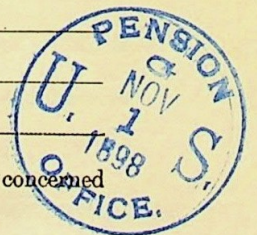
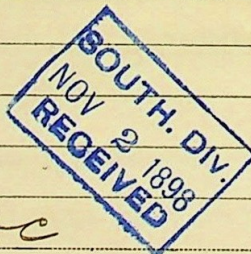
Her Post-office address is Anacostia D.C

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

Edward Flaherty
A.B. Shryver

Martha A Driver
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)



ADDITIONAL EVIDENCE.

CLAIM OF

Martha A. Davis
widow of
John Davis

Co. 8 " 19 " N. S. C. T.

AFFIDAVIT OF

Deceased

For Mother's Pension
No. 670, 154

Decd June 27-1898

FILED BY

A. J. Nicholson

City of San

Printed and sold by J. S. BERRY, Clerk Blank Printers
628 Broadway, Washington, D. C.

[L. S.] Clerk of the
To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Witness my hand and seal of office, this _____ day of _____ 189 .
What all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
_____ in and for said County and State, duly commissioned and sworn;
his name to the foregoing declaration and affidavit, was, at the time of so doing
County and State, do certify that _____, Reg., who has signed
Clerk of the County Court in and for aforesaid _____,

[L. S.]
me, and that _____ a credible person.
in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known to
with its contents before _____ executed the same. I further certify that I am in no wise interested
_____ added, and acquainted _____
_____ erased, and the words _____
affidavit 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
_____ COUNTY OF _____, State of _____

Official Signature
Official Character
Notary Public etc

HEALTH DEPARTMENT,
DISTRICT OF COLUMBIA.

Washington, January 22 1898.

A TRANSCRIPT FROM THE RECORD OF DEATHS IN THE DISTRICT OF COLUMBIA.

NAME OF DECEASED.	DATE OF DEATH.	AGE OF DECEASED.
William Driver	Jan. 14 1898	about 52 Yrs. — Mos. — Days
COLOR, SEX, SOCIAL CONDITION AND OCCUPATION.	BIRTHPLACE.	HOW LONG A RESIDENT IN DISTRICT OF COLUMBIA.
Colored male married laborer.	Md.	12 Yrs. — Mos. — Days
CAUSE OF DEATH.	PLACE OF DEATH.	DURATION OF LAST SICKNESS.
Pneumonia. Collateral oedema.	330 Jackson St. Anacostia.	Seven days.
PLACE OF BURIAL.	MEDICAL ATTENDANT.	UNDERTAKER.
Mt. Olivet Cemetery	J. D. Mudd M. D.	Thos Murray

A TRUE COPY

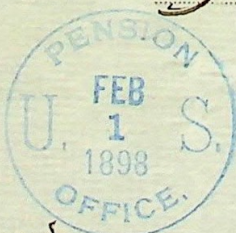
Jm. C. Woodward
M. D.
Health Officer and Registrar.

ATTEST:

CORRECT.

W. B. Moore

Statistician.

H. C. L. L. L.
Chief Clerk.

7/26/81

TRANSCRIPT OF DEATH.

Health Department,

District of Columbia.

Matthia A. Harris
widow of

John Harris, late of
Co. E. 19th Regt.
M.A.R.

John Harris Pension
and Accrued Pension
Off No. 5742 6774

A. J. Robinson

Atty

Maricetta

etc.



This is to certify that the following is a true and correct copy
of the record of marriage of William Driver and Martha Ann Thomas, as
the same appears on the record of marriages for this Parish, to wit:

Jan. 8th. 1860, married, William Driver and Martha Ann Thomas.

Witnesses - John Jackson and Julia Kimbo (col).

C. Vicinanza, S. J.

Witness my hand and the seal of St. Mary's Church, this 16th day
of August A. D. 1898.



Rev. Edwin M. Smithgate

Pastor, St. Mary's Church,

Bryantown, Charles Co.

Maryland.

Handwritten notes and signatures at the bottom of the page, including names like 'John Jackson', 'Julia Kimbo', and 'Edwin M. Smithgate'.

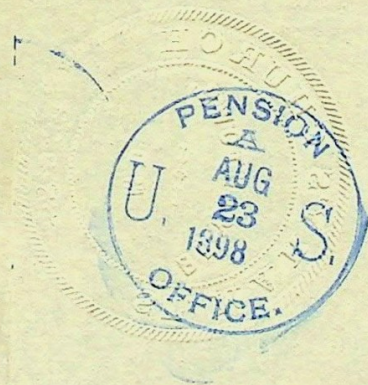
Attest
Certified Copy
of Marriage Record

A. L. Richardson
Atty

W. J. T. 1919.

ELIZABETH, CHAS. CO.

1925. 12. 25. 1925. 12. 25.



8881 D. A.

and, should a 'YAM - 12 be lost and has been YAM - 20000

2. 68881011.0.

GENERAL AFFIDAVIT.

Dist of Columbia, County of Washington, ss.

In the matter of Pension claim of Martha Ann Driver widow
of Wm Driver, Lett of B. E 19th U. S. C. T.

ON THIS 13 day of September, A. D. 1898, personally appeared before me
a Notary Public in and for the aforesaid Dist County duly authorized to administer
oaths Thos D Mudd aged 36 years, a resident of Anacostia
in the County of Washington and State of Dist Columbia
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

That I am acquainted with the claimant and

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

*Substantiation
no direct
evidence
dependent*
also knew the soldier, I know that claimant and
soldier lived together as man and wife and has
not been divorced. I also know that the claim-
ant has not remarried. I further state that
claimant is too old and feeble to work, that
she has no property either real, personal or
mixed, except a little household furniture,
she has no income whatever and no means
of obtaining a support for herself except
her own labor and the charity of her rel-
atives and friends, and were it not for
the aid of charitable persons she would suffer
for the necessities of life

His Post-office address is Anacostia, County of Washington
D. C. I further declare that I have no interest in said case and am not concerned
in its prosecution.



Thos D Mudd
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

Deposited June 27/1898
Middler's
No. 670,154

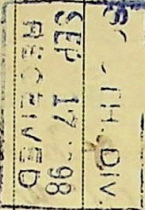
ADDITIONAL EVIDENCE.

CLAIM OF

Walter M. Davis
Notary of said County
State of Virginia
No. 1001

AFFIDAVIT OF

Walter M. Davis



FILED BY

A. J. O'Connell
Attorney at Law
Wilmington, N.C.

Printed and for sale by J. F. BERRY, Claim Blank Printer,
220 D Street, Washington, D. C.

[T. S.] Clerk of the
To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

I, Clerk of the County and State, do certify that 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 189.

Mr. E. Jordan
(Official Signature.)
Notary Public
(Official Character.)

me, and that he is a credible person.
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to with its contents before he executed the same. I further certify that I am in no wise interested added, and acquainted with the words erased, and the words

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
State of Virginia, County of Washington

GENERAL AFFIDAVIT.

List
State of Columbia, County of Washington, ss.
In the matter of Pension claim of Martha Ann Driver

ON THIS 8th day of October, A. D. 1898, personally appeared before me
a Notary Public in and for the aforesaid District County, duly authorized to administer
oaths. John H. Jackson aged 60 years, a resident of "T. B."
in the County of Prince George and State of Maryland.
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

*Notary may
not certify
no income*

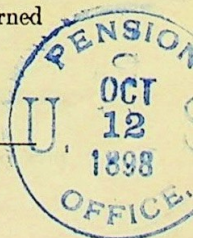
That I am well and personally
acquainted with claimant Martha Ann Driver
and have known her since she was a girl
I was also personally acquainted with her husband
William Driver I waited on them at their
marriage, I know that neither of them
were married prior to their marriage to
each other and also know that claimant
has not remarried since death of her
husband William Driver. That claimant owns
no property, has no income whatever and
no means of support other than her daily labor.

SOUTH. DIV.
OCT 14 1898
RECEIVED

His Post-office address is T. B. Post office Prince George County Md.
he further declare that he has no interest in said case and is not concerned
in its prosecution.

A. B. Shryver
J. J. Mundell
(Affiant signs by mark two persons who write sign here.)

John H. Jackson
(Signature of Affiant.)
maric



ADDITIONAL EVIDENCE.

CLAIM OF

Maria Ann Brown
widow of John Brown
State of D. C. 19th N. O. C. J.

For Colorado Pension
Act of June 27-1890
AFFIDAVIT OF

John W. Johnston

No. 670,154.

FILED BY

A. L. Richardson
557 Bell St. N. W.
D. C.

Printed and for sale by J. F. SHERRY, Chain Blank Printer,
620 D Street, Washington, D. C.

[L. S.]

Clerk of the

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Witness my hand and seal of office, this _____ day of _____, 189 _____.

That all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

in and for said County and State, duly commissioned and sworn;

his name to the foregoing declaration and affidavit, was, at the time of so doing

County and State, do certify that _____, Reg., who has signed

_____, Clerk of the County Court in and for aforesaid

(Official Character.)
Notary Public

(Official Signature.)
Mr. E. Jordan

me, and that he is a credible person.

in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known to

with its contents before _____ executed the same. I further certify that I am in nowise interested

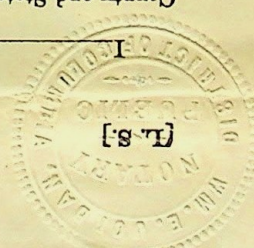
added, and acquainted _____

erased, and the words _____

affidavit 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

_____, as: _____, COUNTY OF _____, State of _____



OFFICE OF THE ASSESSOR,
DISTRICT OF COLUMBIA.

Washington, *Sept 2^d 1898*

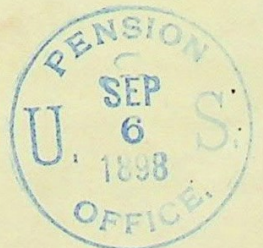
This is to Certify ^{to} That Real Estate to the amount

of _____ Dollars

is assessed on the books of this office in the name of
William or Martha A Driver



Jeff A. Hall
Assessor.



assessment

Acct June 4/1890
No. 640, 154

Martha Ann Driver
Widow of

Wm Driver
Co. E. 19th W.A.C.

For Medals & Pension

~ " ~

Certificate of
Assessor



A. S. Richardson
Atty
Aurora, D.C.

GENERAL AFFIDAVIT.

Dist
State of *Columbia*, County of *Washington*, ss:

In the matter of *Pension of Martha A. Driver widow*
of *Wm Driver, Late of Co. E 19th U.S.C.*

Personally came before me, a *Justice of the Peace* in and for the aforesaid County,
Notary, Justice or Clerk of Court.

and State, *Barbary Casey*, aged _____ years,
Name of witness
citizen of the town of *418 Jackson St. Anacostia*
Post-Office address Give Street and No. if in city or town.
County of *Washington*, State of *Dist Columbia*

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 I am acquainted with the applicant and
NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.
her late husband; I know that claimant and
soldier were living together when soldier died
and that they had not been divorced; that
the claimant has not remarried since the death
of the soldier. That the claimant owns no prop-
erty whatever except a little household fur-
niture, she has no income from any source
and is wholly dependant on her own labor and
the help she receives from her children and
friends.

She is very old and unable to do much
work herself.

I further declares that *I* have no interest in said claim and *am* not
concerned in its prosecution.

1 *A. B. Shryver*
2 *J. J. Mundell* } { *Barbara Casey.*
(Signature of Affiant.)

NOTE.—In the execution of evidence, two persons who can write, must attest the signature by signing their names
opposite.

Widows

Est of June 11/1892.

No. 670, 154

GENERAL AFFIDAVIT.

CASE OF

Mattie A. Shinn and Son

vs Shinn

Date of O.E. 19th M.S.C.C.

for Widows Shinn

Est of June 27/1892

AFFIDAVIT OF

Richard Casey

FILED BY

A. & R. R. Adams

JOHN RAUM.

ATTORNEY AT LAW,

WASHINGTON, D.C.

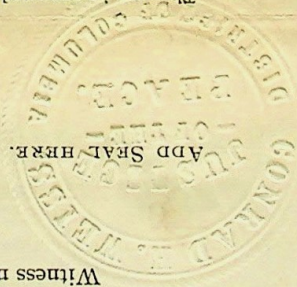
This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached. Write an affidavit just as you would write a letter stating all the facts, circumstances, dates and places as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, 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; that he is a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 31st day of August, 1892

[Sign here]

Richard A. Shinn
Justice of the Peace,



Handwritten red ink notes and stamps, including dates like '28/92' and '1/1902', and signatures.

GENERAL AFFIDAVIT.

Dist State of Columbia, County of Washington, ss:

In the matter of Pension of Martha A. Driver widow of Wm Driver
Sold of Co. E. 19th W. S. C. T. for Widow's Pension Act of June 27/1890

Personally came before me, a Justice of Peace, in and for the aforesaid County,
Notary, Justice or Clerk of Court.

and State, Alfred Matthews, aged 57 years,
Name of witness.

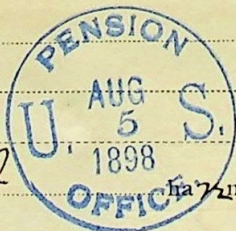
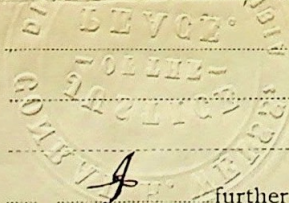
citizen of the town of 1006 Loudoun Place S.E., Washington
Post-Office address Give Street and No. if in city or town.

County of D.C., State of _____

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 I have known the claimant for about 20 years also knew the soldier for that length of time. That I know that the claimant and soldier lived together as man and wife up until the death of soldier and that she has not remarried since; that she has no property of any kind and has no income from any source whatever and is wholly dependent upon her own labor and the help of her children. I also know that claimant and soldier were never divorced.



I further declares that I have no interest in said claim and am not concerned in its prosecution.

Clifford Smith
A.B. Shyock

Alfred Matthews
(Signature of Affiant)

NOTE.—In the execution of evidence, two persons who can write, must attest the signature by signing their names opposite.

No. 630,154

GENERAL AFFIDAVIT.

CASE OF

Martha A. Davis
vs. John A. Davis

date of
20 E. 19th N. O. C. D.

for Indorsed Return

Let of June 27/1890.

AFFIDAVIT OF

Alfred Matthews

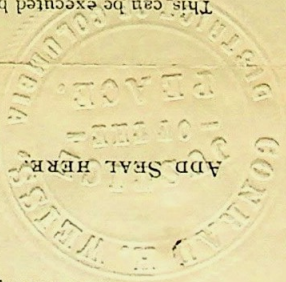
FILED BY

A. S. Rickard
JOHN RAUM.

ATTORNEY AT LAW,

WASHINGTON, D. C.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached. Write an affidavit just as you would write a letter stating all the facts, circumstances, dates and places as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.



*Recd from
\$10.28/98-7
July 27/1902
S. B.*

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, 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; that he credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 14th day of August, 1898

[Sign here]

Conrad N. Meier
Justice of the Peace, D.C.

APPLICATION FOR ACCRUED PENSION.

(WIDOWS.)

District
State of Columbia County of Washington, ss:

On this 21st day of January, 1898, personally appeared
Martha A. Driver, who, being duly sworn, declares that she is the lawful widow of
William Driver, deceased; that he died on the 14th day of
January, 1898; that he had been granted a pension by Certificate No. 542074
which is herewith returned (or if not, state why not).....

.....; that he had been paid the pension by the Pension Agent
at Nashu up to the 4th day of December, 1897
after which date he had not been employed or paid in the Army, Navy or Marine service of the United States, except

.....; that
she was married to the said William Driver on the 8th day of
January, 1860, at Bryantown, in the State of
Maryland; that her name before said marriage was Martha A. Thomas

that she had (or had not) been previously married; that her husband had (or had not) been previously married; that she
hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her
residence is No. 330 Jackson Street Anacostia

County of Washington Dist Columbia
and her post-office address is Anacostia, D.C.

Martha A. Driver
(Widow's Signature)

Also personally appeared William F. Brown, residing at Anacostia D.C.
and A. B. Shyerson, residing at Anacostia D.C.
who, being duly sworn, say that they were present and saw Martha A. Driver sign her

name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of William
Driver, who died on the 14th day of January, 1898

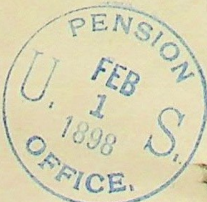
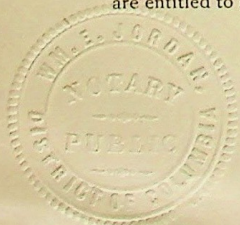
and that their means of knowledge that said parties were husband and wife, and that the husband died on said date are as
follows: Have known the claimant & her husband for 4

years and 2 years respectively & knew they lived together
as husband and wife

William F. Brown
A. B. Shyerson
(Signature of Witnesses)

Sworn to and subscribed before me on this 21st day of January, 1898, and I
certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements
are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

Wm. E. Jordan
(Signature)
Notary Public D.C.
(Official Character.)



W. S. G. G.

APPLICATION FOR ACCRUED PENSION.

WIDOWS.

Dec 5 05.
Certificate No. 5412, 0744

Pensioner Mrs. D. D. D.

W. S. G. 19th W. S. C. D. D.

170 Third Avenue

A. S. Richardson

Amasa D. D.

67th St. N.Y.C.

When the amount of accrued pension is large, the following evidence of marriage should accompany the application for accrued pension:
1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye-witnesses of the ceremony.
If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce from the same must be proved.
This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.
It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.

County of _____, ss.
I, _____, Clerk of the _____ County and State aforesaid, do hereby certify that _____ is _____ day of _____, 18____, and that his signature within written is genuine.
Given under my hand and the seal of said Court this _____ day of _____, 18____.
Clerk.



542.074
96.

(3-145 a.)

ACT OF JUNE 27, 1890.

O. C. Hendry

INVALID PENSION.

Claimant, William Driver
P. O., Garfield Rank, Private
County, Washington Company, E.
State, D.C. Regiment, 19th Cavalry Reg.
Rate, \$ 12, per month, commencing July 8 1890

Disability by Med. app?
Reviewed by Med. app.

EXEMPTED FROM ROLLS
FEB 1898
PENSIONER DEAD

RECOGNIZED ATTORNEY.

Name, Geo. H. Armstrong Fee, \$ 10 Agent to pay.
P. O., Anacostia D.C. Articles filed, _____, 189__

APPROVALS.

Submitted for admission Jan 23 1891, John Brown, Examiner.

Approved for admission Approved for Rheumatism
and Disease of Heart
Disease of Eyes and
Senility \$ 12
Ernest H. H. Medical Referee.
July 18th 1891

W. H. Campbell
Legal Reviewer.
July 28 1891

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

SERVICE SHOWN BY RECORD.

Enlisted Jan 4, 1864, honorably discharged July 15, 1867
Re-enlisted _____, 18____, honorably discharged _____, 18____
Declaration filed July 8, 1890, alleges permanent disability, not due to vicious habits,
from Chronic Rheumatism & general debility

Admission denied by med. no med.

Act of June 27, 1890.

AA DECLARATION FOR INVALID PENSION.

AA

To be executed before a court of record or some officer thereof having custody of its seal.

District Columbia
~~STATE OF~~ Columbia } ss.
 COUNTY OF Washington

On this 7th day of July, A. D. one thousand eight hundred and ninety
 personally appeared before me, A Notary Public of the District Court, a
 court of record within and for the county and State aforesaid, William Driver
 as high as he can recollect
 4 aged 67 years, a resident of the District of Columbia
 county of Washington, State of Columbia, who, being
 duly sworn according to law, declares that he is the identical William Driver
 who was ENROLLED on the 4th day of January, 1864, in 19th Regt United
 (Here state rank, company and regiment)
State Colonel 1st Regt, as a private, Company E,
 in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least
 ninety days, and was HONORABLY DISCHARGED at Brownsville, Texas, on the 24th
 day of December, 1866. That he is wholly unable to earn a support by
 reason of chronic Rheumatism and general Debility
 (Here name the disease or injuries from which disabled.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief
 permanent. That he has applied applied for pension under application No. Sent Name number
 That he is not 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 George H. Armstrong
 of Anacostia, State of D.C., his true and lawful attorney
 to prosecute his claim. That his POST-OFFICE ADDRESS is Garfield, D.C.
 county of _____, State of _____

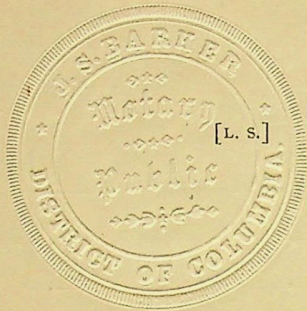
Attest: J. S. Barker
Turner Long

William X Driver
 (Claimant's signature)
 mark

Also personally appeared Turner Torrey, residing at Anacostia D.C.
and Alfred James Young, residing at Garfield D.C., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw William Driver, the claimant, sign his name (or 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 for three years and eight 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.

Turner Torrey
James Young
(Signatures of witnesses.)

Sworn to and subscribed before me this 7th day of July, A. D. 1890,



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 "Alfred" line 2 above, erased,
and the words "as high as he can recollect" line 4, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

J. S. Barker
(Signature.)
Notary Public
(Official character.)

AA (3-010a.) AA

SOLDIER'S APPLICATION.

Name William Driver
Service in 19th Regt Col Troops

26674

Address Garfield D.C.

Wm. H. Armstrong
Attorney.

Address Anacostia D.C.

Date of execution July 7 1890

(6-580.)

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Declaration for an Original Invalid Pension.

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

RECEIVED
MAY 23 1887
WM. H. HAYWARD.

State of Columbia, County of Washington, ss:

ON THIS 15th day of May A. D. one thousand eight hundred and eighty nine
personally appeared before me Clark of the Supreme Court
of Record within and for the County and State aforesaid

aged 40 years, who, being duly sworn according to law, declares that he is the identical

Driver who was ENROLLED as a Private on the 19th day of January
1864, in Company E of the 15th regiment of U.S.C.

commanded by Capt M. Patterson and was honorably DISCHARGED at

Boonville Texas on the 15th day of January 1867 That his

personal description is as follows: Age 40 years; height 5 feet 10 inches; complexion Dark

hair Black; eyes Black. That while a member of the organization aforesaid, in the

service and in the line of duty at Richmond in the State of Virginia

on or about the 15th day of June 1864 he Contracted

Amputation from which he has suffered

of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

Ever since

That he was treated in hospitals as follows:

(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

Field Hospital near
Petersburg Va which place he was sent from
Camp and treated there about eight months

That he has not been employed in the military or naval service otherwise than as stated above (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 15th day of January 1867

That since leaving the service this applicant has resided in the Counties of St. Charles and Prince

in the State of Virginia and may labor

and that his occupation has been that of a

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

laborer

That he is now greatly 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.

WM. H. HAYWARD, of Washington, D. C.

his true and lawful attorney to prosecute his claim. That he has not received nor applied for

a pension; that his residence is No. 15th street

and that his post office address is

Silver Hill, Prince George Co. Md

John Johnson William J. Driver

John Burges

(Two witnesses who can write sign here.)

Signature of Claimant.

Mark

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Wm. Brown Applicant.

Reg't.

Vols.

18

18

Enlisted

Discharged

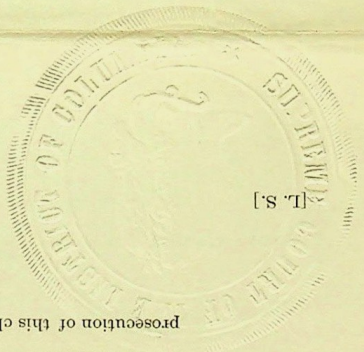
Filed by

WM. H. HAYWARD,

ATTORNEY,

WASHINGTON, - - D. C.

Printed and for sale by J. H. SOUTER, Washington, D. C.



Wm. Brown
Clerk of the Court
by *William Brown*

prosecution of this claim.

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

erased, and the words

to the applicant and witnesses before swearing, including the words

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

sworn to and subscribed before me this

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

(Signature of Affiants.)

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

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

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

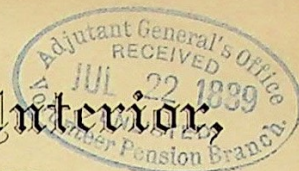
who being by me duly sworn, say that they were present and saw

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

residing at

Also personally appeared

William Brown
John Johnson
John Johnson
residing at
residing at
233 9th St N.E.
Circuit Court
Washington, D.C.



So Div.

Ex'r.

Department of the Interior,

No.

BUREAU OF PENSIONS,

706691
 William Driver
 Co. "E" 19th U.S.C. Inf.

July 19th, 1889

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of

William Driver, who, it is claimed, enlisted
 Jan. 4th, 1864, and served as Private
 in Co. "E", 19th Reg't U.S.C. Inf.; also in Co.

commanded by Capt. M. Patterson

and was discharged at Brownsville Tex, Jan. 15th, 1867

While serving in Co. "E", 19th Reg't U.S.C. Inf, he was disabled by

Rheumatism near Richmond Va, winter and spring of 1865.

also

If there is a charge of desertion against
 Claimant can the same be removed
 and was treated in hospitals of which the names, location, and dates of treatment are as
 follows:

Very respectfully,

James P. Black,
 Commissioner

The Adjutant General, U. S. Army.



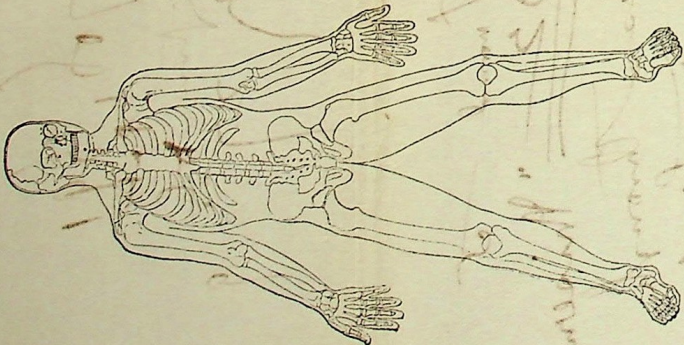
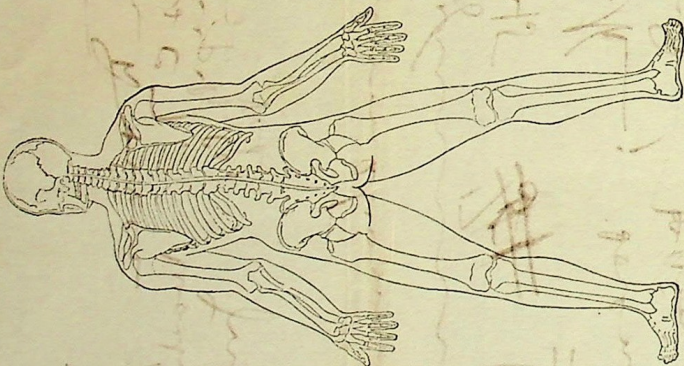
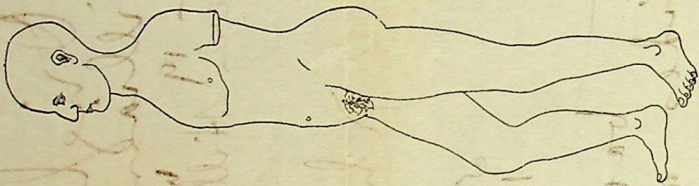
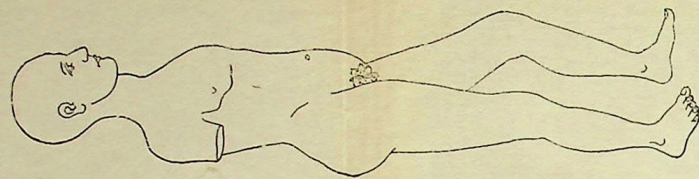
2d Division.

FIRST CALL

On Adjutant General, U. S. A.

No. 706691 Claim No.

William Driver
Co. "D" 19th U.S. Inf.



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.

SURGEON'S CERTIFICATE

IN CASE OF

William Driver
Co. E 19 Reg't W.C.T.

Applicant for

No. 706,691

DATE OF EXAMINATION:

July 27, 1889.
J. H. Cook, Pres.,
J. H. Cook, Sec'y,
J. H. Cook, Treas., } BOARD.

Post office,

County,

State,

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.]

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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No. 706, 091

Rank, 1st

Company, E. 19 Reg't

ASC 7

Washington

State, D.C.

State, D.C.

Silver Hill, P. H. Co., Md.

(Post office address of the Board.)

July 27, 1889.

(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 in the service, viz:

Cause of disability.

Rheumatism

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

and that he receives a pension of \$17.00 dollars per month.

Pulse rate per minute, 56; respiration, 17; temperature, normal; height, 5 feet, 7 inches; weight, 145 pounds; age, 34 years.

He makes the following statement upon which he bases his claim for

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

"Rheumatism" in back; soreness through insides and pain in limbs,

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.

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.

Upon examination we find the following objective conditions:

No evidence in any joint of rheumatism, and no normal motion of all, bases of fingers and toes. Alleged tenderness on pressure in lumbar spine and that he can feel it all through him. Patellar tendon reflex normal. No ataxic symptoms. No cardiac lesions. Muscular and well nourished.

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 rating for the disability caused by Rheumatism, for that caused by , and caused by .

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, increase, restoration, or renewal, or for a re-rating.

W. A. M., Pres. J. L. Rose, Sec'y. J. J. Kearney, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

William Driver

Co. *E*, 19 Reg't *U.S.C.T.*

Applicant for *Original*

No. *706.691*

DATE OF EXAMINATION:

Jan 15, 189*1*.

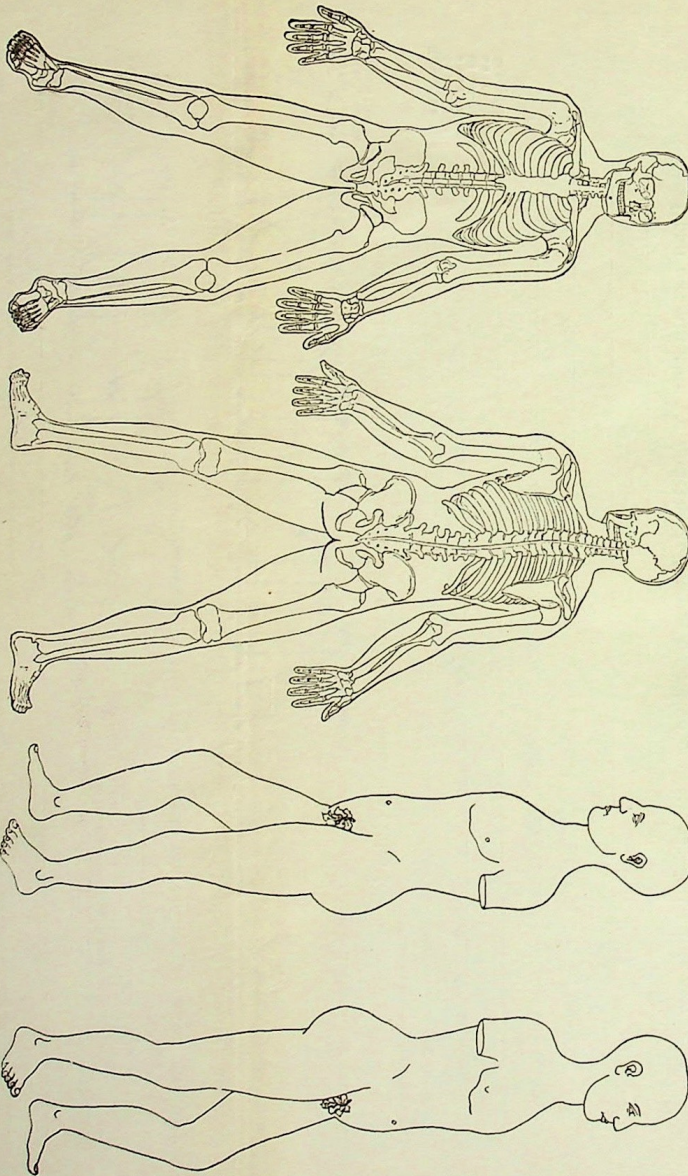
Irving Rosse, Pres.,
C. T. Caldwell, Sec'y, } BOARD.
Geo. L. Loring, Treas., }

Post office, _____

County, *3d Board--Pacific Building,*
Washington, D. C.

State, _____

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



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. [Ex-tract 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.

Original
[State above whether for original, increase, or restoration.]

Pension Claim No. *706.691*

Name and rank of claimant.

William Driver

, Rank, *Pvt.*

Company *E. 19* Reg't *U.S.C.T.*

3d Board--Pacific Building

State,

Claimant's post-office address.

Garfield - D.C.

Washington, D.C.

[Date of examination] *Jan 15, 1891.*

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: *Rheumatism and general debility*

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

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

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

I have pain in my back almost all the time. My right is dim and eyes run water nearly all the time. Teeth are so worn down that they are of but little use.

Upon examination we find the following objective conditions: Pulse rate, *64 to 72*; respiration, *17*; temperature, _____; height, *5* feet *1 1/2* inches; weight, *130* pounds; age, *70* years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Rheumatism - Shoulders creak upon motion. Knees are swollen, stiff and tender. Heart's action slow and regular. There is a murmur at aortic and mitral valves. No hypertrophy.

Disease of Eyes - Claimant cannot read. But can see objects and count fingers with right eye at 10 feet. There are arcus senilis, incipient cataract and pterygium of left eye and vision with this organ is limited to ability to count fingers at three feet. Right eye appears normal.

Loss of only three teeth (from lower jaw). The rest are worn off close to gums, and are dark colored. Gums normal.

Claimant's entire disability is due to rheumatism and old age.

Date for EACH cause of disability.

He is, in our opinion, entitled to a *8/18* rating for the disability caused by *rheumatism and disease of heart* caused by *disease of eyes*, and *0* for that caused by *loss of teeth*

Living R. Bosse, Pres. *C. T. Caldwell*, Sec'y. *Geo. J. Timmer*, Treas.

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

ACCRUED PENSION.

Act of March 2, 1895.

Southern Division.

Certificate No. 542,074.

Last issue ~~July 8, 1890~~ ¹⁸⁹¹ March 9, 1890 Jan. 13/9

Pensioner, William Driver.

Act June 27, 1890.

Date of death, January 14, 1898.

Claimant, Martha A. Driver, widow.

Anacostia (Fort Stanton Road.)

District of Columbia.

Certificate is filed.

Voucher not filed.

Submitted for Admission November 17, 1898.

Samuel Pollock, Examiner.

BOARD OF REVIEW.

Approved for admission Pay Widow is above

S. F. Schaeffer

Reviewer,

Jan 13, 1899

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued Jan. 18, 1899
Mailed " 21, 1899

Payable to

(Widow)

Original certificate and voucher

Claimant does not write.

no M.C.