



*Present at*  
*718-215300*

Act of May 1, 1920

**DECLARATION FOR WIDOW'S PENSION**

*Widow*  
Number *1547.132* *Peck*

Claimant

Soldier *John C. Cooney*

Service *Co 53 8th Inf*

PENDING FILES  
AUG 23 1926  
RECEIVED

**ACT OF MAY 1, 1920**

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

**INSTRUCTIONS—READ CAREFULLY**

Declaration and testimony must be executed before some 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.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

I further declare that I have no interest in the case and am not concerned in its prosecution.  
My postoffice address is Tabinsport, Perry Co., Indiana

Francis Esarey  
(Signature of Affiant)

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

Subscribed and sworn to before me this 21 day of August, A. D. 1923  
and I hereby certify that the contents of this declaration, etc., were fully made known and explained to the affiant 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; and \_\_\_\_\_

God.

(If Notary should certify to credibility of the witness in own handwriting)

Ernest D. Bivins  
(Official Signature)  
Notary Public  
(Official Character)

(L. S.)

my Commission  
Expires March 3-1926

Division \_\_\_\_\_

**GENERAL AFFIDAVIT**

Increase Pension Claim  
No. 717300

IN CASE OF

John C. Esarey

Late Pr. Co. G, 53 Regt.  
Inf. Vols.

AFFIDAVIT OF

Francis Esarey

Filed by Claimant

No. R. - 9902

Samuel E. Cooney

By Mr. Cooney.

THE NATIONAL ARCHIVES

CERT. NO.

1547136

PENSIONER:

Baruch F.

Wilson

OF

VETERAN:

John T. Ornes

CAN. NO.

70431

JUNIOR NO.

23

# Clerk's Certificate of Marriage

State of Illinois, } ss.  
White County,

*Matthew Martin*  
Clerk of the County Court in and for said County.

Hereby Certify that

Mr. *John E. Edwards*  
AND  
Mr. *David A. Howe*

were joined in Matrimony on the 3<sup>rd</sup> day of February A. D. 1910

by *Mark F. Dennis* *Deputy* in said County,  
*the nature of said marriage was in accordance with the laws of this State*  
as appears on the records in my office.

In Testimony Whereof, I have hereunto set my hand and affixed

the Official Seal of said County, at the Court House in Carmi, Illinois,

the 2<sup>nd</sup> day of February 1924  
*Matthew Martin*  
Clerk of the County Court.

By \_\_\_\_\_





## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid-pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29ds.*; *Broncho-pneumonia*

(secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*. *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## IMPORTANT

The reports of deaths shall be made immediately and a certificate of death shall be filed and a burial or removal permit issued prior to any disposition of the body. When a death occurs within the corporate limits of cities and towns, the certificate must be filed with the city or town health officer. Deaths occurring outside of cities and towns, the certificate may be filed with the health officer nearest to the place where the death occurs, and said health officer if the certificate of death be properly made out shall issue a burial permit, which permit shall be valid in all parts of the State. Upon the reporting of any death occurring outside of cities and incorporated towns, to the nearest health officer other than the county health commissioner of the county wherein said death occurs, said certificate of death shall be sent immediately for record, by said health officer to the county health commissioner of the county wherein the death occurs. It shall be unlawful for any undertaker, sexton or other person to bury, cremate or otherwise dispose of any human body until he has received a permit to do so from a health officer, and no such permit shall be issued by any health officer or deputy until there has been delivered to him a certificate of death written in unfading ink (or indelible pencil) and completely and accurately filled out by the proper person. In the event of any burial or other disposal of a dead human body without a permit, the offending person, upon conviction, shall be fined not less than five nor more than one hundred dollars, and if the remains are buried, the coroner of the county in which the illegal burial or other disposal occurs shall disinter or otherwise secure the remains, hold an inquest and within three days thereafter make a return of his findings upon official blanks to the health officer having jurisdiction. It is unlawful for any physician or householder to knowingly make a false report or furnish false information for the purpose of an incorrect certificate or report. All hospitals, institutions, etc., shall make and keep on file a record of all personal and statistical particulars relative to the inmates of such institutions.



# INDIANA STATE BOARD OF HEALTH

No. 5162

## DIVISION OF VITAL STATISTICS

INDIANAPOLIS, IND.

I, Wm J. King, M.D., Secretary of the State Board of Health, do hereby certify the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of

**PLACE OF DEATH**  
 County of Perry on file with the State Board of Health of Indiana.  
 Township of John Year 1907 Vol. 8 No. 69  
 Town of Jobinsport Page 45 Registered No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_) (If death occurred in a Hospital or Institution, give the NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")

**FULL NAME** Barbra Ewing Esarey

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
*SEX <u>Female</u>	*Color or Race <u>White</u>	*Single Married Widowed or Divorced (Write the word) <u>Married</u>	*DATE OF DEATH <u>Feb 27 1907</u> (Month) (Day) (Year)		
*NAME OF HUSBAND OR WIFE (of deceased) <u>John C. Esarey</u>			* I HEREBY CERTIFY, that I attended deceased from <u>February 14 1907</u> to <u>Feb 25 1907</u>		
*DATE OF BIRTH (of deceased) <u>July 27 1840</u> (Month) (Day) (Year)			that I last saw her alive on <u>Feb 25 1907</u>		
*AGE <u>66</u> years <u>7</u> months <u>-</u> days			and that death occurred on the date stated above, at <u>4 A.</u> M.		
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmers wife</u>			The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>		
*BIRTHPLACE OF DECEASED (State or country) <u>Indiana</u>			Contributory <u>Pneumonia</u> (Secondary) (Duration) _____ yrs. _____ mos. <u>3</u> ds.		
PARENTS	*NAME OF FATHER <u>Samuel Ewing</u>		(Signed) _____, M. D.		
	*BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>		_____, 19____ (Address)		
	*MAIDEN NAME OF MOTHER <u>Barbara Ewing</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL		
	*BIRTHPLACE OF MOTHER (State or country) <u>South Carolina</u>		*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE *If born in Indiana, give County. (Informant) <u>John C. Esarey</u>			Where was disease contracted, if not at place of death? Former or Usual Residence _____		
(Address) <u>Jobinsport - Ind</u>			*PLACE OF BURIAL OR REMOVAL <u>Baptist Cemetery</u>		
*Filed <u>2-27</u> 19 <u>07</u>			DATE OF BURIAL <u>Feb 28 1907</u>		
Name and Address of Health Officer or Deputy <u>David White</u>			*UNDER-TAKER <u>C. W. Hammon</u>		
			WAS THE BODY EMBALMED? <u>-</u>		
			*ADDRESS <u>Chesnut 14</u>		
			EMBALMER'S LICENSE No. _____		



IN TESTIMONY WHEREOF, I have hereto subscribed my name and caused my official seal to be affixed, at Indianapolis, this 9 day of January in the year of our Lord one thousand nine hundred and 25  
Wm J. King, M.D.  
 Secretary State Board of Health

# INDIANA STATE BOARD OF HEALTH

No. 5163

## DIVISION OF VITAL STATISTICS

INDIANAPOLIS, IND.

I, Wm F. King, M.D., Secretary of the State Board of Health, do hereby certify the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of

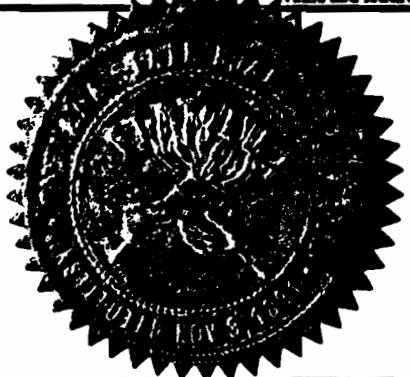
John Howe  
on file with the State Board of Health of Indiana.

Year 1907 Vol. 8 No. 69  
Page 80 Registered No. 969

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  
St., 2nd Ward

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")  
\*FULL NAME John Howe

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
*SEX <u>Male</u>	*Color or Race <u>White</u>	*Single Married Widowed or Divorced <u>Married</u>	*DATE OF DEATH <u>May 19 1907</u> (Month) (Day) (Year)		
*NAME OF HUSBAND OR WIFE (of deceased) <u>Sarah F. Howe</u>			I HEREBY CERTIFY, that I attended deceased from		
*DATE OF BIRTH (of deceased) <u>April 10 1853</u> (Month) (Day) (Year)			19... to 19... that I last saw <u>alive</u> on <u>May 12 1907</u>		
*AGE <u>54</u> years <u>1</u> months <u>9</u> days			and that death occurred on the date stated above, at <u>12:15 P.M.</u>		
*OCCUPATION (a) Trade, profession, or particular kind of work <u>Lawyer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows: <u>Apoplexy</u>		
*BIRTHPLACE* OF DECEASED <u>Indiana</u>			*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death... yrs... mos... da. In the State... yrs... mos... da.		
PARENTS	*NAME OF FATHER <u>Abraham Howe</u>	*SIGNED <u>Earl Snyder, M.D.</u> <u>May 19, 1907</u> (Address) <u>Troy - Ind.</u>			
	*BIRTHPLACE* OF FATHER <u>Ind</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL			
	*MAIDEN NAME OF MOTHER <u>Nancy Lannan</u>	*PLACE OF BURIAL OR REMOVAL <u>Briston - Ind</u>			
	*BIRTHPLACE* OF MOTHER <u>Ind</u>	DATE OF BURIAL <u>May 20 1907</u>			
*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm Sarah Stone</u> <u>Tell City - Ind</u>			*UNDERTAKER <u>Chas. Scherger</u>		
*Filed <u>May 19 1907</u> <u>Wm H. Muelchi</u> Name and Address of Health Officer or Deputy			*ADDRESS <u>Tell City</u>		
			*WAS THE BODY EMBALMED? <u>-</u>		
			*EMBALMER'S LICENSE No. <u>-</u>		



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my official seal to be affixed, at Indianapolis, this 9 day of January in the year of our Lord one thousand nine hundred and 25  
Wm F. King, M.D.  
Secretary State Board of Health

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

Indiana State Board of Health  
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Berry  
Township of Adrian

City of \_\_\_\_\_  
or \_\_\_\_\_

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. \_\_\_\_\_

[If death occurred in a Hospital or Institution, give the NAME, number of street and number.]

[If death occurs away from USUAL RESIDENCE give (1) as called for under "Special Information"]

FULL NAME

John C. Seary

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Hair W  Single  Married  Widowed  Divorced  (Write the word) Married

NAME OF HUSBAND OR WIFE

Joseph Francis Seary

DATE OF BIRTH

12 - 14 - 1874  
(Month) (Day) (Year)

AGE

82 years 1 month 6 days or \_\_\_\_\_ mo. \_\_\_\_\_ da. \_\_\_\_\_ hr.

OCCUPATION

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE OF DECEASED Ind.

NAME OF FATHER George C. Seary

BIRTHPLACE OF FATHER Ind.

NAME OF MOTHER Susan Ann Hughes

BIRTHPLACE OF MOTHER Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) Joseph Francis Seary

(Address) Adrian, Ind.

Filed \_\_\_\_\_ 19\_\_\_\_

DATE OF DEATH

1 - 20 - 1924  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

12 - 12 - 1923 to 1 - 20 - 1924

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ M.

THE CAUSE OF DEATH was as follows:

Older's scleroid

Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da.

(Signed) R. D. Parry \_\_\_\_\_ M. D.

(Address) Adrian, Ind.

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means or Injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (Per Example, Indianapolis, Transients or Recent Residents)

At place of death \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da. In the \_\_\_\_\_ State \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da.

Where was disease contracted? \_\_\_\_\_

If not at place of death? \_\_\_\_\_

Funeral or \_\_\_\_\_

Usual Residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_

DATE OF BURIAL 1 - 22 - 1924

UNDERTAKER W. J. Fisher

WAS THE BODY EMBALMED? yes

EMBALMER'S LICENSE NO. 1555

ADDRESS Cannelton, Ind.

Copy - Aug - 5 - 1924. Name and Address of Health Officer or Deputy Dr. W. H. Hooper, C. H. Co.

JOHN C ESAREY  
TOBINSPO RT IND <sup>8-1081</sup>  
712300 ACT MAY

**DROP REPORT—PENSIONER**

**INVALID** Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class ..... *SECTION 1*

**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**

....., 192  
Check No. .... \$.....  
dated ....., Section .....  
returned by postmaster with information that the  
above-described pensioner died .....  
19....., has been canceled.

Per ..... *E. E. MILLER,*  
*Disbursing Clerk.*

**FINANCE DIVISION**

*FEB 9 1924*....., 192  
The name of the above-described pensioner who  
was last paid at the rate of \$ *72*..... per month  
to ..... 19....., has this day  
been dropped from the roll because of *decease*.....  
*Died Jan. 20, 1924*

*J. Randall*  
.....  
*Chief, Finance Division.*

to take care of him.

Affiant further states that at the time of his death he was the owner of a tract of land of approximately sixty acres, which tract was subject to a mortgage of from one-fourth to one-third of its value; that said tract is now owned in fee simple by the children of the first marriage and the surviving widow, the said Sarah F. Esarey is entitled under our law to only a life estate in one-third thereof; that the usual terms of rent in said community is from one-third to one-half of the crops raised thereon. That the owners are required to pay the taxes and the insurance upon the improvements.

40929  
H. F. Esarey

He further states that said land is of the value of from \$75-\$100 per acre and that the taxes thereon will amount to approximately \$200 per year; that after paying the taxes and insurance, the amount left for the widow will not be sufficient to support her, and at present prices will not be more than sufficient to keep up the repairs and expenses of the land.

He further states that said widow is 72 years of age and that she is unable to go out and work and earn a living.

Charles Esarey

Subscribed and sworn to before me this 8 day of Sept ~~August~~ 1924.

Ernest Birnie  
Notary Public.

My Commission expires the 3 day of March - 1926

# DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920 *Special Act*

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION

State of Indiana, County of Vanderburgh, ss:

On this 16<sup>th</sup> day of August, 1926, before me, the undersigned, personally appeared Sarah F. Esarey, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920. *Special Act*

That she is 73 years of age, that she was born August 30, 1852 at Branchville "Perry County" Indiana

That she is the widow of John T. Esarey, who ENLISTED John T. Esarey, 1, at \_\_\_\_\_, under the name of \_\_\_\_\_, in Private Co. G. 53 Regiment Indiana Infantry

(Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorably DISCHARGED \_\_\_\_\_, 1, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who

DIED January 20, 1924, at Tobinsport "Perry County" Indiana

That he also served in \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was \_\_\_\_\_ employed in the military or naval service of the United States;

THAT SHE WAS MARRIED to said soldier (or sailor) February 3, 1910, under the name of Sarah F. Howe, at Carmic Illinois by Mark F. Thomas; that she had yes been previously married, that he had yes been previously married;

John T. Esarey former wife Barbara Esarey and died March 1907  
(If there was a prior marriage of either, the name and the date and place of death or divorce of the former consort, or consorts, should be stated)

Sarah F. Esarey former husband John Howe and died May 19, 1907

That neither she nor said soldier was ever married otherwise than as stated above. That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death; no

That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state) no

\_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_, born \_\_\_\_\_, 1, at \_\_\_\_\_

That she no serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (Did or did not)

That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (If any members of claimant's family were in the military or naval service during the

period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier (or sailor) was yes a pensioner, the number of his pension certificate being 712 300.

(1) Joseph H. Aders  
(Signature of first witness) Evansville  
1216 Oakley St Ind.  
(Address of first witness)

(2) Mary E. Aders  
(Signature of second witness)  
1216 Oakley St. Evansville Ind.  
(Address of second witness)

Sarah F. Esarey  
(Claimant's signature in full)  
1216 Oakley Street  
(Claimant's address in full)  
Evansville Indiana

Subscribed and sworn to before me this 16<sup>th</sup> day of August, 1926, 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 \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]  
per [Signature]  
Chief, Record Division,  
as to execution  
and validity accepted

Toney J. Schuler  
(Signature)  
Notary Public  
(Official character)  
1100 Edgar St. Evansville Indiana  
(Post office address of officer)

*My Commission expires March 1, 1928*







DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JOHN C ESAREY  
TOBINSPOORT IND  
712300 ACT MAY

*G. M. Saenger*



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? Answer. Dec. 14. 1841 Oil Creek Perry Co. Ind.  
The name of organizations in which you served? Answer. Co. G 53 Reg. 1st Inf. Supt.

No. 2. What was your post office at enlistment? Answer. Oil Creek Perry Co. Ind.

No. 3. State your wife's full name and her maiden name. Answer. Barbara Esarey Barbury Esarey

No. 4. When, where, and by whom were you married? Answer. Feb. 12. 1863 Oil Creek, Rev. John H. Jones

No. 5. Is there any official or church record of your marriage? Co. Leake's office Cannetta Perry Co.  
If so, where? Answer. Methodist Church Record Oil Creek Ind.

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. As above.  
First wife died July 27<sup>th</sup> 1907  
Second marriage Feb. 3 1910

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. John Howl. Oct 5<sup>th</sup> 1887  
died May 19<sup>th</sup> 1907 - No service.

No. 8. Are you now living with your wife, or has there been a separation? Answer. yes

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.  
John C. Nov 26<sup>th</sup> 1863  
Solomon H. May 17<sup>th</sup> 1865  
Mary J. Dec 20<sup>th</sup> 1867  
Marilla L. Feb 21 1869  
Chas. S. Nov 9 1871  
Marcus L. Jan 3 1873  
Rosatoka E. Jun 15 1876  
Oliver J. Aug 19 1878  
Aloe E. Jan 10 1882

Date Apr 9<sup>th</sup> 1915

(Signature) John C. Esarey

Certificate No. 712300

Name, John C. Gearey

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,

McClay Brandt  
Commissioner.

Tobinsport  
Perry Co  
Indiana

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

Answer. Yes. Barbara Gearey, Barbara Ewing.

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

Answer. Feb. 12<sup>th</sup> 1863, Oil Creek, Perry Co., Ind., Rev. John Hughes.

Third. What record of marriage exists?

Answer. Record of License & Marriage Certificate, (Six living witnesses) Carmelton, Ind.

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. Yes: John E. Beam, Nov. 24-1863, Solomon H. Beam, May 17-1866, Mary

J. Beam, Dec. 20-1867, Marilla, J. Beam, Feb. 21-1870, Charles S. Beam, Nov. 9-1871, Marcus J. Beam, Jan 3-1874, Rossey E. Beam, June 15-1874, Olive J. Beam, Aug. 19-1875, Owen S. Beam, June 10-1882.

Date of reply, May 4-1898

John C. Gearey  
(Signature.)

ACT OF MAY 1, 1920 Sec 2

# CLAIM FOR PENSION

Certificate No. 712,300

Name John C. Barry

Service Pr. A. G. 53

Ind. Inf. 700.

## 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 authority 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 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 certification has been filed in the Bureau of Pensions for general reference.

Wm. B. Hartford, Register, Indianapolis, Ind. 1m-4-4-21  
*Wm. B. Hartford*

Call 6

Write nothing above this line.

(3-060.)

*H. Cross* - Div.  
*Andrews* - Exp.

# Department of the Interior,

## BUREAU OF PENSIONS,

No. *295879*

*John C. Casary*  
*Co. B 5-3 Ind. Duty*

Washington, D. C., *Jan'y 18-*, 18*91*.

SIR:

It is alleged that *John C. Casary* enlisted *Sept. 27-*, 18*64*  
and served as a *private* in Co. *B*, *5-3* Reg't *Ind. Duty*  
also as a \_\_\_\_\_ in Co. \_\_\_\_\_, Reg't \_\_\_\_\_

and was discharged at *Washington D.C.*, *May 31-*, 18*68*.

It is also alleged that while on duty at *Piedmont Station D.C.*  
on or about *Jan'y 16-*, 18*68*, he was disabled by *contracting rheumatism,*  
*& his partial loss of sight - soon. On May 15/68 he was*  
*worried by heat: resulting in injury to eye-sight.*

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

*Camp Hospital by Regimental Surgeon*

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,

*James B. ...*

Commissioner.

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

(2-000.)

No. 755-879

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner  
of Pensions.

NOV 11 1891

*John L. Swartz*  
Co. G, Reg't 53, 2nd Inf.  
discharged Sept 27, 1864  
and W.D. May 31, 1865  
with Det. by order of  
War Dept.

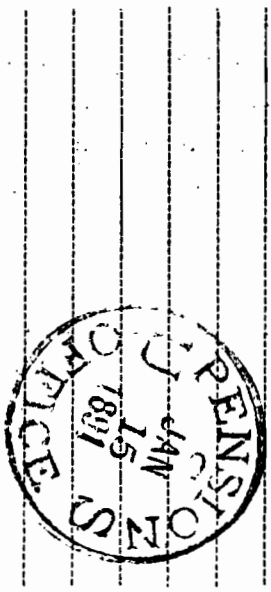
From *Oct 31, 1864* to *May 31, 1865*  
he held the rank of *private*

and during that period the rolls show him  
present except as follows: *Oct 31/64*

*absent on furlough*  
*Other records show him*  
*present as a Capt. from 29th*

The medical records show him treated as

follows *No record found.*



By authority of the Secretary of War:

*J. O. Quinworth*

Captain and Asst. Surgeon, U. S. Army.

Date *JAN 14 1891*

(COMMISSIONER OF PENSIONS)

Write nothing to the left of this line.