By = 7845 my E, Retirem

Act of Jr(3+23N), 1890.	
(S) mo30/ 534.	
Mary G. Robinson.	
Frank. M. Robinsond	
Rank Pof., Co G. Regt. Y" Mind. Vol one	
Regt. / Mund. Log out	
Rate per month, \$ 4	
Commencing Ossf. 2" 1890	
Additional sum of \$2 per month for each of the following children, until	
men	
Lufa M. " auf 27 1890	
Lelis M. " " Opt 24" 1892 Cora. V. " Auf 15" 1898	
John 14. " (11/5 1895)	
Jac. V. "Opl. 28" 18 9)	
Topeka Agency.	
Issued Selfat, 3, 189/	
Fee \$ 10	
NO 801-FILE	
94	

INCREASED TO \$40 PER MONTH FROM JUNE 4, 1929 - ACT MAY 23, 1928

> ALLOWED 10-28-33 LISALLOWED 10-28-33 ALLOWED

December 1, 1935.

N Cort. 301 554

DCC

General Accounting Office, Claims Division, Washington, D. C.

There is transmitted herewith for proper disposition check No. 10295784, symbol No. 11552, dated February 4, 1933, issued in favor of Mary E. Robinson, in the amount of \$40.00, covering the period January 4, 1935, through February 3, 1935, which under existing laws is an asset of the estate of the deceased. There are also attached letters testamentary in favor of G. H. Houseworth and John Robinson, a letter from The First National Bank and Form No. 1055.

Kindly advise this Administration of the action taken.

Hespectfully.

M. COLLINS, Director of Finance.

Inc. IBH/mme

EII.E

rEC 9 - 1933

See File in Miscellaneous Section, Dieb. Div., R. 552 210 Section, Dieb. Div., R. 552

### December 8, 1935.

DAH-AP

Mr. C. H. Houseworth, The First Estional Bank, Harveyville, Kansas.

ROBLESON, Mary E. W.O. 301.554

Dear Sir:

Further reference is made to your letter dated October 51, 1955, relative to the case of the above cited Givil war widow who died on February 5, 1955.

Oheck No. 10,293,724 for \$40.00 drawn February 4, 1933, in favor of this pensioner forms a part of the assets of the estate and the records show that under date of December 1, 1933, the application for the proceeds thereof filed by John Robinson and you as administrators was forwarded to the General Accounting Office, this city, for settlement as that office is charged with the disposition of unendersed pension checks when the payers have deceased. All further correspondence relative to this check should be addressed to that office.

Respectfully,

M. COLLINS. Director of Finance.

WMB/afq MMM3

Chief, Claims Division Chief, Accounting Division ROBINSON, Mary E. W. C. 301,554 November 17, 1933. MCC-Cb

Attention: Correspondence Section, Room 620.

The attached letter from Mr. C. H. Houseworth which has been acknowledged by this service is referred for your attention to that part thereof pertaining to the unindersed pension check.

J. E. LOGGINS.

READY FOR FILE

Angwered

No ans. ned.....

TTTLOR

ACCEPANCE OF A

PODA

November 16, 1933.

Br. C. H. Housemolib, The First Estional Bank, Harveyville, Kanses. ROBINSON, Mary N. W. C. 301,854

Dear Sirt

October 31, 1933.

557 DVFJ

November 2, 1935.

Mr. W. J. Betts. Harveyville, Kansas.

HOBINSON, Mary R. W. O. SQL,554

Door Sire

Check Wo. 10,295,724 for \$40.00 drawn Pobruary 4, 1955, in favor of the above cited Civil War pensions is on file in this Admin-Istration and is an agest of the estate.

In order that the persons interested may receive the proceeds of this check the enclosed form should be executed and returned to this Administration.

Bespectfully.

M. COLLINS, Director of Pinance.

1 Eng.

dym ?

MB/029 MMB

TRANSCRIPT OF VETERANS ADMINISTRATION CHECK From: DISBURSING ACCOUNTING 1933 No. 10 293 724 For 2-4-33 (Office) Pay to the order of MARY E ROBINSON 40 HARVEYVILLE No. ACT APR 301554 For \_ State New address Bank indorsements The original of this check was returned account of ..... DEATH and is now in the Return Check File ASSET 2-11-33 (Typist) (Checked by) RETURNED CHECK AND CHECK COPY SECTION 2-10420

tificate of the court to who court as required by law,

REFERENCE SLIP

	erred to-
ررس	encion accts Sub-Dev
For	approval
	attention Mr. Brooker
	comment
	correction
i	follow-up
:	recommendation
:	report
То	call mesee me
:	indicate changes
	note and file
;	note and return
	prepare reply
	rewrite
	send literature
-	
forn	hen necessary to identify papers to which this a stached, write subject, date, author, etc.,
	we 301554 uiner: Mary & Robinson
	Phone 2074.33
	narks: Check of 2-4-33
00	amount for accreas
22	w. w. J. Bells
Dat	e 10/213/33 From Jeuns 3. GOVERNMENT PRINTING OFFICE VOTE PO 3000

VETERANS ADMINISTRATION Claimante
Finance Form 285

John Mobinson C.H. Houseworth, Harveyville, Kansas.

Rev. Nov. 1929 NOTICE OF DISPOSI	TION TO BE MADE OF CHECK
FROM: Accounting Division, P. Sub-	Div. (or Section)  DAR-AF  ROWENDER 27, 1933.
TO: Disbursing Division, Service Sub-	Div. (or Section) (Date)
Former Record	Corrected Record - Remarks, etc. (Include definite stmt. as to disposition)
Payee Mary E. Robinson.	The pensioner having lived through the
Address R H 1	is an asset of the estate.  The check and attached papers (Form 1055
Claim or File No. W.C. 301.554 (C.I.A.XC.etc.) Civil Par	and letters testamentary) should be forwarded to the General Accounting Off Me. Attached letter of transmittal from C. H. Houseworth has not been acknowledged.
Check No. Symbol # Amount Month	
10,293,724 11-532 \$40.00 February	1935
MB/ofq	Please dispose of checks listed as indicated above.  Wm. H. Holmes Chief, BY

#### October 27, 1933

MGG-Gb

Mr. W. J. Betts Harveyville, Kansas ROBINSON, Mary E. W.C. 301 554

Dear Sir:

Your claim for reimbursement from accrued pension cannot be allowed, for the reason that the pensioner was last paid to and including the date of death. There is, therefore, no accrued pension due.

The pension check issued February 4, 1933 is an asset of the pensioner's estate and not payable on expenses of last sickness and burial.

bear the pensioner's name and refer to the number W.C. 301 554.

Respectfully.

GEORGE E. BROWN Director of Compensation

w/aapmit

Form 3229

#### VETERANS ADMINISTRATION

MEMORA	MUUM
--------	------

From Chief, Claims Division

To Chief, Accounting Division

Subject ROBINSON, Mary E.

W. C. 301,554

Date November 17, 1933.
MCC-Cb

Attention: Correspondence Section, Room 620.

The attached letter from Mr. C. H. Houseworth which has been acknowledged by this service is referred for your attention to that part thereof pertaining to the unindersed pension check.

J. E. LOGGINS

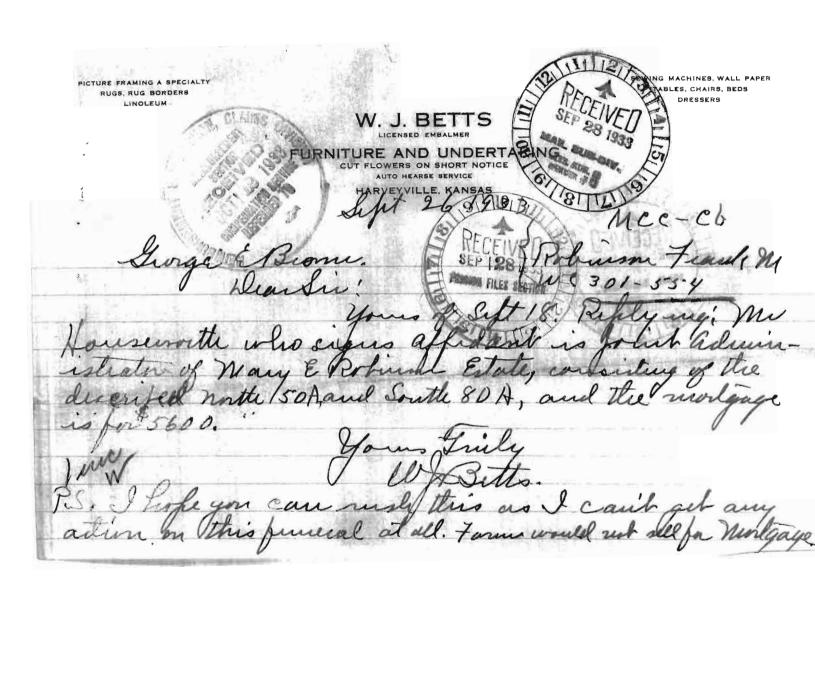
Finance Form 285 ReverNove F1929	NOTICE	•	ville. Kansas. Tion to be made of	CHECK
4	1		Div. (or Section)	DAH-AF November 27, 1933.
COL SEIS ZOS 1935 Div	ision, Se	rvice Sub-I	Div. (or Section)	(Date)
DEPENDENTS ACCOUNTS SUB DIV.	gord y Minn	9mf		ord - Remarks, etc. stmt. as to disposition)
ayee Mary E. Robi	naon,		•	ing lived through the
iddinaan D. v. 7	۸. <b>م</b>	( * m/	-	ered thereby, the check
ddress <u>Rull</u>	- Qur	C*	is an asset of the	• •
Harveyville,			is an asset of the The check and atte and letters testa	estate.  acked papers (Form 1055  mentary) should be forward
Claim or File No. W.	C. 301,554	**************************************	The check and attemed letters testand to the General Acc	estate.  acked papers (Form 1055  mentary) should be forward
Harveyville.	C. 301,554	**************************************	The check and attemed letters tests to the General Accordance Attached letter of	estate.  acked papers (Form 1055  mentary) should be forward  counting Office.
Harveyville,	C. 301,554	Month	The check and attemed letters tests to the General Accordance Attached letter of	estate.  acked papers (Form 1055  mentary) should be forward  counting Office.  I transmittal from C. H.
Harveyville.  Claim or File No. W.  C.I.A.XC.etc.) Ci	C. 301,554 VII war	Month February	is an asset of the The check and atte and letters testan to the General Acc Attached letter of Houseworth has no	estate.  acked papers (Form 1055  mentary) should be forward  counting Office.  I transmittal from C. H.
Harveyville.  Claim or File No. W.  C.I.A.XC.etc.) Ci	Amount		is an asset of the The check and atte and letters testa to the General Acc Attached letter of Houseworth has no	estate.  acked papers (Form 1055  mentary) should be forward  counting Office.  f transmittal from C. H.  t been acknowledged.
Harveyville. Claim or File No. W. C.I.A.XC.etc.) C1 Check No. Symbol # 10.293.724 11-532	Amount		is an asset of the The check and atte and letters testan to the General Acc Attached letter of Houseworth has no	estate.  acked papers (Form 1055  mentary) should be forward  counting Office.  f transmittal from C. H.  t been acknowledged.

The second second second second

## REFERENCE SLIP DAH-AK

# Referred to-Disbursing Division

For	approval
	attention Mrs. Hayes
	comment
	correction
	follow-up
	recommendation
	report
То	call mesee me
	indicate changes
	note and file
	note and return
	prepare reply
	rewrite
	send literature
_	
for	When necessary to identify papers to which this m is attached, write subject, date, author, etc.,
	e WIRTZ. Anna
	W.C. 537,185
D	marks: Letter dated Nov. 22, 1933
Kei	from Florence J. Wartenberg
	relative to check fo.
	14.381.979 for \$36.00 drawn
	October 31, 1933.
	Form 285 was forwarded to
	your Division under date of
	December 21, 1933.
	1/13/34 Accounting Div.
Da	te Fu/d-fd From
	U S GOVERNMENT PRINTING OFFICE: 1932 15—520
	1 -



Drop card information please WC 301554 mary E. Robinson Died Feb. 3, 1933 Rate 40 Last month Od. 10/19/33

V = 5

OFFICERS

W. H. LAIRD.
CHAIRMAN OF BOARO
C. H. HOUSEWORTH.
PRESIDENT
LOUIS M. TOMLINSON,
VICE PRESIDENT
FRANK HALLER.
CASHIER
INEZ LAIRD.
ASS'T CASHIER

No. 11822

# The First National Bank

CAPITAL AND SURPLUS \$30,000.00

October 31, 1933

DIRECTORS

LEWIS THOMBSON

W. H. LAIFO

C. F. CRUMB

FRANK HALLER

C. H. HOUSEWORTH

Er. G orge E. Brown,
Director of compensation,
Washington, D. C.

Re: MCC-Cb Robinson, wary E. W. C. 301 554

Your letter of October 27, 1933, addressed to W. J. Betts has been handed to me for attention.

In your letter you state that the pension check issued February 4, 1933, is an asset of the pensioner's estate and not payable on expenses of last sickness and burial.

I do not quite understand the statement as I have always been under the impression that the Post-master returned all pension checks where the party had died, and Mrs. Robinson passed away on February 3, 1933.

If it is true that this check belongs to the estate, would you please advise me how to handle it?

I am writing this for the reason that John Robinson, son of the deceased pensioner, and myself are the administrators.

Yours very truly,

Adm.

CHH: IL

Dear Sir:



DRC	OP REPORTPENSIONER
MARY E R	COBINSON HARVEYVILLE KANS ACT APR
301554	R R 1
Pensioner	Cert. No.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Class	
MA	R 4 1933
Canceled	(payee deceased)
AC	CCOUNTING DIVISION
The name of	FEB 21 1933 , 193
ner month to	FED 3 - 1933 , 193.
has this day be	een dropped from the roll be-
cause ofDE	ATH 2-3-33
onengiaminomini	
Vet. Adm.	Wm. H. HOLMES,
Fin. Form 1411 Rev. Mar. 1932	Chief Accounting Division.

C. H. Houseworth	being duly sworn, say
To my . own personal .knowledge there	a.is.a.mortgage.of\$5600.00.covering rifty
(50) sores in the Mortheest (NE)	corner of the North Half (Na) of section
Nine (9). Township Fifteen (15).	mange Thirteen (13). and the Southwest
Quarter (SW2) of Section Nine (9),	Township Fifteen (15), Range Thirteen (13),
this land being owned by the Mary	E. Robinson Estate with the exception of
the North Half $(N_2^1)$ of the Southwe	est Quarter (SW1) which is owned by John
Robinson	<b>一种大学的主要</b>
	1 0 2010



READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USIN

3-044

# APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF //array	
On this 12 day of africal , A. I	D. 1933, before me, the undersigned, personally appeared
01-0 12 -11	ears, a resident of Harreyville,
County of Walannes, State of ITan	who makes the following declaration as an
application for, and claim is hereby made for, reimbursement from the acc	rued pension for expenses paid (or obligation incurred) in the
last sickness and burial of Mus Mary & Probuss	1
No 30/334 and who DIED Fibruary 3 , 193	3, at Harreyselle I can
and was buried at Williamy los Cesaretting	
That the answers to questions propounded below are full, complete,	
belief, and that no evidence necessary to a proper adjustment of all claims	
1. What was the full name of the deceased pensioner?	any E. Cabinion
2. In what capacity was decedent pensioned? (As goldier or sailor, or as	s a widow minor child dependent relative etc.
Widow of soldier	a widow, millor child, dependent relative, etc.)
3. If decedent was pensioned as a soldier or sailor—	9 (1)
(a) Was he ever married? (Answer yes or no.)	por w. In war
(b) How many times, and to whom?	W les V D
	Charles Beetle A
(c) If married, did his wife survive him? (Answer yes or no.)	
(d) If so, is she still living? (Answer yes or no.)	V
(e) If not living, give full names and dates of death of all wives	
20 William Co. Lancon Street His Date 2 Co. of Mary Safe 2	(91110)
(f) Was he ever divorced? (Answer yes or no.)	(3)
(g) If so, is the divorced wife still living? (Answer yes or no.)	(If living a conv of the deere of divorce must
be filed.)	- Att 20 1000
(h) If not living, give her full name and the date of her death	PENSION FILES SECTION
(1) 11 100 11116), 5110 101 101 1010 0110 0110 0110 0110	
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.) 200	) (4)
6. Were any sick or death benefits paid on pensioner's account? If so, gi	ve name of society and amount noid
no	The state of the s
7. Was there insurance (life, accident, or health) in force on life of pensioner	rat time of death? (Answer ves or no.) 20
8. If so, give the name of each company in which a policy was carried and	(1000) 000 01 000)
13 Danmarda and an analysis an	
9. Who was the beneficiary named in each policy?	
A THE RESERVE THE PROPERTY OF THE PARTY OF T	100
10. What was the relation of each beneficiary to the pensioner?	(a)
11. Were the premiums paid by the deceased pensioner?	
12. If not paid by the deceased pensioner, state the amount of premiums	paid by each person who made payment on that account
	(19) 110)
THE RESERVE OF THE PERSON OF T	NA AND AND AND AND AND AND AND AND AND A
	Ap City
	6-1672 6-1672
位 · 英型 **	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 miles	The state of the s
	THOUSE A
	8

13.	Is there an executor or administrator, or will applicat Executors, John Column		person as administrato	r?	
14.	Did the decesed mensioner leave any money real est.	ate, or personal property?			
15.	If so, state the character and value of all such proper	ty 6.00 Carl in Bank.	anote on T	Rewton C	raing
O	or 200 - not due. 130 acre	, , , , , ,	y gu		
<b>1</b> 6.	What was the assessed value (last assessment) of the	real estate? QUA,	l d		
	How was the pensioner's property disposed of?				
18.	Did pensioner leave an unindorsed pension check? (	Answer yes or no.) It came A	before buring i	lest was.	relus
	What was your relation to the deceased pensioner?				
	Are you married? (Answer yes or no.)	at # D			
	What was the cause of pensioner's death?	free men		<del>-</del> -	
	When did the pensioner's last sickness begin?	j aug			
23.	From what date did the pensioner become so ill as death?  About 4 June		ndance of another per		
24.	Give the name and post-office address of each physic	ian who attended the pensioner durin	g last sickness		
		Harneywelle.	TALLY		
25.	State the names of the persons by whom the pension	er was nursed during the last sickness	3		
	Clarice North	ud Mis Luly	, governo	<u>^</u>	
	Mrs Charles Coure	any John	Labourn		
26.	Where did the pensioner live during last sickness?	My home			
27.	Has there been paid, or will application be made for p	payment to you or any other person,	any part of the expense	es of the pension	mer's
	last sickness and burial by any State, county, or n	nunicipal corporation? (Answer yes	or no.)		
	The following is a complete statement of all the expe	enses of the last sickness and burial o	f said deceased pension	er:	
	(Each charge entered below should be supported by an itemized bill should show, over his signature, by whom paid, or who is held respondered. If no charge was made for any item, that fact should be indicate	sible for payment, and contain the name of the			
	NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT	
	C. L. Youngman	Physician	impaid.	42	2 1
		Medicine			
	Λ	Nursing and care			1
	W 13 etts	Undertaker	undaiel	258	00
	1,	Livery			
	V	Cemetery			
	7 march Service 221	Other expenses and their nature:	TENES TRACE		
	Park - Fline 245				
	y le constant of				
				30	2 (
_	That of the above-mentioned expenses this claimant	has paid, or guaranteed the paymen	t of, the following item		120
					,
			0		
		Styl	Sells		
		Hapin	(Claimant's signature in full (P. O. address)	* Kay	40
			7		
$^{ m th}$	(When the claimant for reimbursement is a married e Christian name or the initials of her husband, and al			full name, not	

No XUC 301554

# REIMBURSEMENT

## ACCRUED PENSION

Claimant W. J. Bet	Ti.		Pensioner 7	mary E. A	dineon
Street and No.		- 11	Class	ZS.	
P.O. Harveyvil	le		Law		
State Kan	reac	/	Section		
50800					
Rate, \$					
Last illness commenced	Date	of de	eath Feb.	3, 1933 Accrue	d pension, \$
AMOUNTS CLAIMED			CHARGES APPROVED	DEDUCT	rions
Physician's bills	s 42	25	\$	State aid	<b>S</b>
Medicine	ľ	1	1	Assets	
Board				Insurance	
Nursing and care				. Amount waived	
Rent					
Living expenses for pensioner					
Undertaker's bill	258	00			
Livery					
Cemetery charges				TOTAL	
OTHER EXPENSES				SUMM	ARY
				Charges approved	8
				Deductions	
TOTALS	300	25			
Approved for Regarded, Sensioner si	for ida	La la ti	hu, re ut p af el	arow the	at the
C. S. GOVERNMENT PRINTING OFFICE: 1943 15-369	layns Adjudica	tor.	for	Reduburieme	nt Claims Authorizor.

lowa. Act of June 27, 4890. Wis. MINN. NEBR. KANS. NEV. Colo. Died at .... CAL. OREGON. 10 other claim. IND. Ty. N. Mex. DAKOTA. ....., 18 Clerk. WASH. Numerical No. 198558 UTAH. Application filed: Aug 2, 1899
Attorney: January Delty. P. O....

## September 19, 1933.

Auditor County Clerk Wabsunsee County, Kensas, MCC-Cb ROBINSON, Frank M. WC- 301,584

Dear Sire

To complete a claim you are requested to advise this office what aid has been applied for or granted in this case. This information is desired as a courtesy, as there is no general fund from which the charge for same may be paid.

There is enclosed herewith for your reply an addressed envelope, which requires no postage.

All future communications relative to this case should bear the veteran's name and refer to the number WC-501,654.

Respectfully

Engl.

GEORGE E. BROWN, Director of Compensation.

mm/amr

any

September 18, 1933

MCC-Cb

Mr. W. J. Betts Harveyville, Kenses ROBINSON, Frank M. W.C. 301 554

Dear Siri

This is relative to the claim for accrued pension due Mrs. Mary E. Robinson, deceased.

In this connection, it he been observed that the pensioner owned real estate valued at \$3804.00 and was mortgaged. However, the amount of the mortgage is not shown. It will therefore be necessary to submit an affidavit showing the exact amount of encumbrances on the property.

All future communications relative to this case should bear the veteran's name and refer to the number W.C. 301 554.

Respectfully.

GEORGE E. BROWN Director of Compensation

al

MWD/ddp

## April 29, 1933

W. C. 301554 ROBINSON, Mary E.

Honorable Arthur Capper United States Senate Washington, D. C.

My dear Senstor Capper:

This is to acknowledge receipt of your communication dated April 19, 1935, transmitting the claim of W. J. Betts, Harveyville, Kansas, for reimbursament in the above-cited case.

It is desired to assure you that this claim will be given careful attention and that you will be further advised at the earliest opportunity.

A darbon copy of this letter is enclosed for your use.

Respectfully,

GEORGE E. BROWN Director of Compensation.

IJL 80-1

State of Kausas Office of Probate Judge of said County. A.D. 1872 there was issued from the office of said Brobate Judge a Marriage Dicense, of which the following is a Marriage Vicense To any Person authorized by law to perform the Marriage Ceremony, Greeting You are herrby authorized to Join in Marriage Frank Robinson of Orage County aged 28 years, and Mary E. Craig of Orage County aged 22 years, and of this Liceuse, you will make due return to my office within thirty days

I. At Billings Probate Judge And which said Marriage Liceuse was afterwards, towit; On the 13 day of April A. D1872 returned to said Judge, with the following Certificate andorsed therson, Sage County S.S. I W. b. W. Cornick do hereby Certify that in accordance with the authorization of the within License I did on the 9" of April A.D. 1872 at in said County, Join and unite in Marriage the within named Frank Robinson and Mary E. Craig Nitness my hand and Seal the day and francisor "MS. M. Lormick" "attest N. A. Willings Probate Judge" Minister

State of Kausas Ven Probate Court of said County First Jerm Osage County 5.8. March 22 A.D. 1888

L alex 1 Blake Judge and Ex office Clark of the Probat Downt in and for the County and State aforesaid, do hereby The Copy of the Marriage Liceuse, is a full true and Con Robinson and Mary E. Coraig, and the Certificate of M. S. Me Cornich officiating Clergyman of the Marriag of said Frank Robinson W Mary E. Craig as the same was Careful Copied by me from the "Record of Musiagedicenses Vol "A" at page 109, now legally in my custody and under my official Controll In witness Whareof have hereunto Subscribe my name affixed the seal of said Court at office in the City of Lyndon in said County this 22 day of March A.D. 1888 alex Blake Judge and Ex-Dyficio Clerk of said Court (3-060 α.)

# MILITARY SERVICE.

0	NAME OF SOLDIER:
mau	KM. Robinson
West	
Rsw	Ex'r. Jun ry, 189
No. 4587	115 81111 100 1
mid.	9
SIR:	
	hat the above-named man enlisted
	8 64, and served as a Color
in Co. 4,	A. C. T.
also as a	in Co
	, una was assenargea ac
an anni	6 ,1865
0.00000	
His sile	
The contract of	
No. of prior elaim	Carried Control of the Control of th
The War Depart	ment will please furnish an official statement
in this case, showing	ng date of enrollment and dute and mode of
termination of serv	respectfully, Blauser
	Commissioner.
THE OFFICER IN CH. RECORD AND	

# Mar Department,

Record and Pension Division,

JUN 24 1891

1916	East trace			
Respectfully 1	eturned to t	the <		
CO	MMISSI	ONER C	F RENSI	ons.
W. W. L. S.		01	/	Ca.
			ank	M.
Robi	nson	u	1.4	
mentioned in	the precedin	ng indorser	nent, was enr	olled
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BY AUTHORITY	OF THE SEC	RETARY OF	WAR:	Y STATE
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Ance	of Chip	tein and s	1 <del>88'</del> t Surgeon,	U. S. Army.
1	Pero	Sec. Sec.	ALC: N	
			West Alice	I BEHANI

3958 b 100 m

# ACT OF JUNE 27, 1890.

# DECLARATION FOR WIDOW'S PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal.

(A)	
State of Kourson, Country of Claye, 55:	
On this. 30 day of fully	
nincty- , personally appeared before me, S. M. Rurmon a notary	Pas
of the county the same being a Count or Record within and for the county and State	
aforesaid Many E. Robinson , aged 40 years, a resident of	
the of Wilmington , county of Nabannece , State of	
of Frank M. Rolinse, who, being duly sworn according to law, declares that she is the widow of Frank M. Rolinse.	
at on the 28 day of January	
A. D. 1864, in a Private le o & 7 Right Minisola (Here state rank, company, and regiment, if in Military Prvice, or vessel, if in Navy.)	
and served at least ninety days in the late War of the Rebellion, who was Honorabin discharged	
ang 16: 1865, and died August 31 1885	
That she was married under the name of May & Craig , to said Zrank M. Rolinsu, on the G day of april	
18/2, by Rev Mr Carnac, at Diroling am Kansa	つ
there being no legal barrier to said marriage. (If their was a former marriage of claimant or her husband, state it here and	
how dissolved.)	
That she has not remarried since the death of the said drank M Studinson (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:  Loude M., born aug 28, 1874 John N., born March 20, 1879  Lelia Mand, born aug 125, 1874 Jul 21, born april 29, 1881  Leaa V., born aug 14, 18	-
That she has heretofore applied for pension and the number of her former application is from frame and is and is the careful of fill this part of the blank correctly.)  That she makes this	7
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 with full power of substitution and revocation,	
JAMES TANNER, of WASHINGTON, D. C.	
her true and lawful attorney to prosecute her claim. That her post-office address is.  Milmington , Connty of Manufacture ,  State of Kansas	
1 De Stert Mary Er Robinson	27
2 O W Pous W (Two witnesses who write sign here.)	

Also personally appeared U. D. Kent , residing at
Also personally appeared I. C. Revet, residing at Maus American Advances, and On Raush, residing at
Warein James Rang, persons whom I certify to be respectable and entitled to credit,
and who, being by me duly sworn, say they were present and saw Munif & Robenson
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
Que 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.  All Louth (Signatures of witnesses.)
Sworn to and subscribed before me this day of fully
A. D. 18 96, 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
erased, and the words
added; and
that I have no interest, direct or indirect, in the prosecution of this claim.  Signature.)
Molace Facble
(Omena character.)

The Act of June 27, 1890, requires, as 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 (executed after the passage of act) in Pension Burcau.

WIDOW'S CLAIM.

WIDOW'S CLAIM.

CLAIMANT.

CLAIMANT.

SOLDIER.

SOLDIER.

SERVICE.

SERVICE.

ADDRESS:

MUTHER COMMINGUM.

MUTH

JAMES TANNER,

FILED BY

Attorney at Law, washington, D. C.

WASHINGTON, D. C.

Date o Execution Actual Actual

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30 When W	IDOW'S	PENSION.	
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101	Imens ton	Rank Onvite, Co.	9
County Michierse	State Kans	Regiment / Minin	Val In
000110,7-1111111111111111111111111111111		70, and 82 per month additional for each	
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<i>A</i> /	(Sixteen, 22	1897) Commencing au	9 7 , 18 90
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	RECOGNIZEI	D ATTORNEY:	
Vanua .	1/2	, ) 10	
Name James	1 to	Fee \$ /0 Articles Filed	Agent to pay.
P. O	Thing con o	Articles Filed	, 189
arlani	APPR	OVALS:	
Submitted for accounts	, , , , , ,	, 1891, J. W. Oun	Examiner.
Approved for adams	assilve a		,
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1 Kuly V	'. X' . 189 /	De de de ma	& Legal Renierren

pensioned at \$..... per mouth for ..... 25-, 1864 Soldier's app'n filed \_\_\_\_\_\_, 18 honorably disch'd lary 16, 1865. Clt's app'n under other laws \_\_\_\_\_\_, 18 Re-enlisted \_\_\_\_\_\_, 18 . Former marriage of \_\_\_\_\_ honorably disch'd ......, 18 . Death of former ..... august 31, 1885. Clt's marriage to soldier The 9, 1872 Declaration filed aug 7, 1890. CPt \_\_\_\_\_ remarried \_\_\_\_\_\_, 18 Claimant is now without other means of support than her daily labor.

alut untes

State of Ovegon \ss County of Grant \fighter & Allen. of Long Creek. Frank Country Frank He. Robinson, during his life time, and an personally Frank M. Robinson was. Killed near Long breek Grant County Ovegon on or about August 3/07 1885 12d 16 Allen Rubscui bid Alworne to before me This 23 day of January 1891. Will Riblis Ger Organ.



State of Kansas County of Mabourse 388 Mors Mary & Robinson Willow of Frank M Robinson Late Private 135th Reg, Co B. Penn Sylvania Colo Infantiz Claim for Defend bent Pension under not g Congress dated June Personally official before me Min Prethrew a Notary Public in and for Saile County and State on this 12 to Olgy of Ildonewy A D. 1891 Many & Robinson who is Known to me to by the identical person the refues ents herself to be to be the was united in Mun riage to Frank M Robinson the deceased Soldier abovementioned on the 3 "clay of April 12/872 by 11,6, Mo Connick a Minister of the Gospel in Oseige county State of Kensus That her relation as the life of Soils Frank M Robinson Continues from the time of her Men ricige until the Olecears of her Sound husband in the 31th May of Angust 1 1. 1885 That She has never remain rived Singe the death of her husbanes alovementioned That the Said Frenk M Robinson, died at Long Creek, Grant County in the State of Oregon on the 31 tday of Migust, a, 1885 That She has been dependant on her own labor for Support of herself and to a great extent the Suffrent of her children ever Since her Daid hudand decen That this application is made to obtain the relief provided in such cases according to the law abovementioned Mary E. Robinson,

State of Raginal Country of Malaunses SA Survive Subscribes before me this day by the abovenames officent Mare ? Robinson and Scertify, that I read Social afficient to Said afficient and made her acquainted with its Contents before She executed the Same I further certify their I am in nowise interested in Said take nor am I concerned in its prosecution and that Said affaint is personally known to my and is a creetible personally known to my and is a creetible personally known to my and is a creetible person Prothrow June 23-1/894

Game Griebener
Many E Robinson
Mily E Robinson
Mily E Robinson
Sank M Robinson
Les Cas Emiles
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By

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Stats & Feares Thanken County?

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M. a. Meconnich of lawful age on ooth says, that she is now a citizen of Showing County, Donses, that on the otto day of april 1872, she was a citi-3en & Walemoci Cornty Rauses that sile is the wife & W.S. M. Camach was pusent at the wordence of San Everys on his Gam in Orage County that ohe was then aquained with Frank Robinson and Many o. Crain and witnessed the mailage curimony, which mitted said parties in morelage, said certinony was Justorned of that time the her lus-band M. S. M. Cormack who was Then a lieunoca preacher of The gaspu Ma of Mi Emack

Subscribed and aworn & before ons thes 22 of day of December 1887,

Tim Spains any 12"1849

State of Dansas S Shownu County Affidavit W. S. M. Conmach of lawful age on ooth says, That he is now a citizen of Sharenon County, Kausas, that on the 1977 day of april 1872, he was a citizen of Wabanner County, State of Hausas, That
on said 9th day of Caril 882 his was
but then a licensed ministry the gasbut that on and day last about menwas acquainted with and
mariage Heart. Robinson and Mary E. Draig, they both louing citizens of Osogs County Danses, that boid chimmy dring midden Evans Harm in Brags Comit, Hanses and Justine aftent southout W. S. Mormich Subsciles & and surmity before me Thes 22 of Deept of December 1887. Mother taken netwy Pables Fran Eppins any 12" 1889

State of Kansas Country of Malaunsee 3 fs on the metter of Claim of Mrs Many & Robinson Midow of Frank Robinson lete Private Co. B. 133 the Pennsylvania bols Inf. On this 13 th clay of Folmary 1, D. 1891 persinally offremed before me, or Notary Millie in and for the aferesaid cuty out authorized to administer ouths this Margaret Foundation the country of Walaunser omer State of Konses who is well Known to me to berefutable and entitled to execut litro, being duly Sevon, Mary & Robinson the aboveniew affiliant about twelve years That The has resided bear my home en Plumb township clumy that time She informed that She had resided in Emons County Dakotes The tofkeft up a correspond some with her during her the time of her elseene and have often seen and conversed with her In the returned to this place I also called at her home on the 29 th las g April, (1, \$ 1881, to render assistance to her in Dickness occassioned by the bith of a Son born to her and her hustand at the date rebowener med Daid afficient guither drys that the chiles and is new living is a Member of the family

Steade of Kansas Cerente of Wahennew 355
Sworn to and Introduced before me this
clay by the abovenament appeared and I
certify that I read baid affectant to Series
afficient and as queinted her with its
contents before the escentia the Same
I funther certify that I am in nowire inter
ested in Said Case Nor am I concurred in its
prosecution and that the Said affant is fren
Smalle known to the method the is a criticallo
for Interow

My term espires June 25 1894

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## GENERAL AFFIDAVIT.

To an
State of Courses Country of Maleugisce ss:
In the matter of Clacin of Mrs Meys & Rolinson Wallow inferto No THIS 12 th Rolinson West Trank M. Rolinson West Cotte Printer Co P. 133-My Par Cz. day of Felmony A. D., 1891, personally appeared
1 2 Face K M R. I'm March 1 to P D 12 h D
interpret 10 th Courses are tout to the colors 185 ly 900 by
day of Folia and A. D., 189, personally appeared
before me Or Moterry Le the in and for the aforesaid County duly authorized
to administer oaths Allered Rican of aged 38 years, a resident of
Kem sas who well known to me to be reputable and entitled to credit, and
who, being duly sworn, declared in relation to aforesaid case as follows:
[Note,—Athants should state how they gain a knowledge of the facts to which they testify.]
Theit on the 20 clayer Mench 12 1879 Sh
are he sottet of the house of Man Min.
alovenemed who was a resident of the township
movement gove was a resident of the town soil
and county befrementioned who was sick
al their lime that while The remained
With Mrs Rolinson on the day, and date
bebowenemed a child mais low to Frank
M, and Mary & Robinson, to Whom the name
of both North Distriction of the mene
of John Newton Robinson ever given That
the mily is now wing as a member
of the family That
HOOD WILL SHOW TO THE
Her Post-office address is Henry rule Walconsy County Tenny The further declare that the has no interest in said case and is not concerned
further declare that fine has no interest in said case and not concerned
in its prosecution.
Adelard Rienn
Je delard Riggin
[It Affiants sign by mark, two witnesses who can write sign here.] [Signature of Affiants.]

	as PEN . Co	OUNTY OF Hale	anne	, ss.
,		above-named affiant		
said affidavit to said affiant			eras	sed, and
the words	SORTO		d	added
and acquainted here	with its contents before	Le executed the	same. I further cert	ify that
	in said case, nor am I concerned in		hat said affiant	
personally known to me an	nd that She is ein	credible person.		
n +	repries June 23	in grow	now	+ 10,
My lem e	repries June 23	1894 com	cial Signature.]	lay teller
/L. S.	-		al Cirameter.	
I,	Cler	k of the County Court	in and for aforesaid	County
and State, do certify that	t. ,	Esq.,	who has signed his	name to
the foregoing declaration	and affidavit, was at the time of	so doing		in and
for said County and Sta-	te, duly commissioned and sworn	; that all his official act	ts are entitled to full fa	aith and
egedit, and that his signatu	-	1		
· Witness	s my hand and seal of office, this	day of	18	
			āl	
[L. S.]'	Clerk of	the		
(100.00)				te
Note.—This should be sw	orn to before a CLERK OF COU	RT, NOTARY PUBLIC	, or any officer who ha	ıs a seal.
- Andrews			The second second	CONTRACTOR OF THE PARTY OF THE
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J A M J	Malin		Madit	No.
JAMES WASHI	Malina	CO. B. S. AFF	Addition C	No.
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FILED BY  JAMES TANN  WASHINGTON, D.	Malauna lo	CO.B. S. M. Regt. O. R. AFFIDAVIT OF	' : C' >	
FILED BY  JAMES TANNE  WASHINGTON, D. C.	Malauna Co Ti		' : C' >	
FILED BY  JAMES TANNER  WASHINGTON, D. C.	2		CLAIM OF CLAIM OF	

## NEIGHBOR'S AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives,) who have known him before his enlistment, or since his discharge and return from the army.

In the matter of the application for pension of May & Rohman  Modow of Arounk M Rohman  ON THIS 13 day of Arounk M Rohman  ON THIS 13 day of Arounk A D., one thousand eigh  and Mury my personally appeared before me, a story of the second of		State of	Kanna	County of	Osage	
ON THIS 13 day of Durant A. D., one thousand eigh and Muniform personally appeared before me, a settlery state of the stat		In the matt	er of the application for r	pension of Ma	3 & Ral	husen
ON THIS 3 day of Arbura , A. D., one thousand eigh and Munifor the aforesaid County, duly authorized to administer oaths, Mr. By Arbura , aged 57 years, a resident of Arbura , aged 57 years, a resident of Arbura and		Rele	dow of	Znank	MRa	hina
and Ningar, personally appeared before me, a ** ** ** ** ** ** ** ** ** ** ** ** *						d eigh
in and for the aforesaid County, duly authorized to administer oaths, Mr. C. J. C.		`				
in the County of Aage and State of Hauris whose postoffice address is Auriting and and, aged years, a resident of, aged years, a resident of, and State of, aged years, a resident of, and State of, and Sta					, , ,	<u> </u>
in the County of whose postoffice address is Juning and State of Juning and State of whose postoffice address is Juning and State of whose Postoffice address is well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid chase as follows: That have been well and personally acquainted with May & Robinson for le years, and years, respectively, and that the way for leave the personal particular with the state of the state		<i>x</i> / / /	` '		7 /	
whose postoffice address is		<b>V</b>			/ /	
in the County of and State of whose Postoffice address is well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows: That the have been well and personally acquainted with May be Robinson for the years, and Carefully.  The wineses must take the have been supported to the fact that the have been well and personally acquainted with the same known of the same known of the have been supported to the same known of the						
in the County of whose Postoffice address is well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows: That the have been well and personally acquainted with may be the same and the s		whose postoffice	address is Janu	lingan	and	<del></del>
whose Postoffice address is well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows: That the have been well and personally acquainted with May 6 Read of Controlly.  Instructions—Read view of the Controlly of the			, aged	years, a resider	nt of	
well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows: That have been well and personally acquainted with May Garfully.  Instructions—Read very sense of the sense of t		in the County of	f <del></del>	and Stat	e of	
relation to the aforesaid case as follows: That where well and personally acquainted with May & Robinson for le years, and Carefuly.  The vitacres usual state of the legal property of the said prope		whose Postoffice	address is			
Instructions—Read  Carefully.  The vitness must state and some and the vitness of		well known to	me to be respectable and	entitled to credit, as	nd who, being duly s	worn, declare in
Carefully.  The witness must silve the first specified and the daily specified and the daily specified and specifi		relation to the	aforesaid case as follows	s: That have	speen well and person	onally acquainted
Carefully.  The witness must silve the first specified and the daily specified and the daily specified and specifi		with Mo	my 6 Ros	insu	for / 6 year	s, and
The witness must state of the control of the contro	,	1	1	he w	as On	earl
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20. If they knew him be-physical condition was at that time, that he was then shifty and expocially free from the diseases for which of the shifty and expositely free from the diseases for which of the shifty and expositely free from the diseases for which of the shifty and expositely free from the diseases for which of the shifty and expositely free from the diseases for which of the shifty and the shifty the shifty and and charty the shifty and the shifty the shifty the shifty and the shifty the shifty	the same neighborhood wi	ili Calas	il 25 = 1	1876		Hard Control of the C
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le claims pension.  36. If they into since his received with the control of the c	sound and free from d	is- ee	ny Mi	ans af	Knawn	is the
and at what business, or if neighbors only they should state hour what distance from him they lived; hew teach week, month or year, they awn him and conversed they were with him during this time, and from what disease or distantially have been and since they were with him during this time, and from what disease or distantially have been and since they were with him during this time, and from what disease or distantially have been and served they were with him during they were with him or lived near him, and how severely, whether at lives and give dates as near as recollected when both they lasted, and how severe they were. In this connection were they were in this connection has been and as recollected when both they lasted, and how severe they were. In this connection has been and served with or for him, they should state about what belief and him whether or were they were, and whether or have worked with or for him, they should state about what belief they have been and arrings were, and whether or were they were, and whether or were they were they were and whether or were the mount, and bow much less on account of his inshibit to labor, than were seven and whether or were the mount, and bow much less on account of his inshibit to labor, than were seven and whether or were the mount, and bow much less on account of his inshibit to labor, than were seven and whether or the seven and seven and the seven and seven and the seven and s	he claims pension.  3d. If they have employ or worked with him since l	ed lun	cumstan	a are to	tras we	mur
state about what distance from him they lived; hew reach week, month, or year, they saw him and conversed with him, and hew intimate this time, and how intimate this time, and from what disease or disability he has suffered during all the time with him, or lived near him, and how severely, whether at any time during this period was confined to hie bed or house, or was wholly unable to do any manual labor bettles, and give dates as near a recommendation of the without the such attacks occurred, how long the such attacks occurred, how long they were they were. In this connection, if the witnesses bave boon his employers, or have should state about what proportion of a sound ableboled man's work he was confined to as the connection, if the witnesses bave boon his employers, or have should state about what proportion of a sound ableboled man's work he was have been; what his actual were the such attacks occurred the work of the work of the was a such	should state where it wand at what business, or they have known him	if Mea	i neigh	bus a	Iwas.	called
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with him, or lived near him, and howevereyl; whether at any time during this review was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, by severether were they were in this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a work he was able to do—whether ¼, ¼, ¼, ¾, % or as the case may have been; what his actual earnings were, and whether were less in amount, and bow much less on account of his inability to labor, than were paid to others physically sound, and doing the same they are able to say what his disabilities have been and are now, and they should describe his disabilities have been and are now, and they should describe his disabilities have been and are now, and they should describe his physical conditions as they appear to the strong his physical condition his high physical condition his his physical condition his his physical condition of his his physical condition which were a strong the his physical condition of his his physical condition his his condition of his	they were with him duri this time, and from wh disease or disability he h	ng nat				
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boon his employers, or have worked with or for him. they should state about what proportion of a sound able-bodied man's work he was able to do—whether 1/2, 1/4, 1/4, 1/4, 1/4, 1/4, 1/4, 1/4, 1/4	they instea, and now sev	ure				
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%. %. Y. or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were mid to others physically sound, and doing the same kind of work.  They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with	should state about w proportion of a sound ab bodied man's work he able to do—whether 4.	le- was		, ,		
were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should de- scribe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condi- tion fully during each year of their acquaintance with	have been: what his act	ual				
sound, and doing the same kind of work.  They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with	much less in amount, and he much less on account of inability to labor, than w	his ere				
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scribo fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condi- tion fully during each year of their acquaintance with	they are able to say w his disabilities have been are now, and they should	hat und de-				
tion fully during each year of their acquaintance with	scribo fully and clearly symptoms as they appear them in his case; in f	the r to act.				
	of their acquaintance v	ear				

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	1000 0 P	
•		
	I further declare that Thave no interest in said case, and am not	
	concerned in its prosecution.  As & S. Proof	
	(If affine to sign by mark, two witnesses who write sign here.] [Signature of affiants.]	
	Note.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.	
	STATE OF Kansas, COUNTY OF Osage 88:	
	Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read	
	said affidavit to the said affiant , including the words	
	erased, and the words added, and acquainted	
	with its contents before she executed the same. I further certify	
I	that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said	
-	affiant	
-		-
}	[1., S.]	,
	[1 5.]  Chas & adams [Official Signature.]  Votary Public Com Ex any %, [Official Character.]	
	I,	
	and State, do certify that , Esq., who has signed his name to	
	the foregoing declaration and affidavit, was at the time of so doing	
	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.	
Yr.	Witness my hand and seal of office, this	
1	[L. s.] Clerk of the	
	Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUS-	
e La	TICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.	
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## NEIGHBOR'S AFFIDAVIT.

For the testimony of employers or near neighbors of soldier (other than relatives,) who have known him before his enlistment, or since his discharge and return from the army.

	State of Karra County of Wage, 55:
	In the matter of the application for pension of Many E. Rotenson
	Widow of Frank M Robinson
	ON THIS 13 th day of Library, A. D., one thousand eight hundred
	and 91, personally appeared before me, a Molay Butu blice
	in and for the aforesaid County, duly authorized to administer oaths, Ms/Mahala
•	Morrisan, aged 62 years, a resident of Quilingam
	in the County of Cage and State of Lances
	whose postoffice address is and and and
	, agedyears, a resident of
	in the County of and State of and State of
	whose Postoffice address is
	well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in
	with May & Robinse for 19 years, and
Instructions—Read Carefully.	years, respectively, and that the was fresent at
The witnesses must state 1st. Their respective age and occupation: the length	The Broth of Louise m Robinson
of time they have known the soldier, and in what year or years of the said period they have employed, worked	august 28th 1874 and also
with or for him, or lived in the same neighborhood with him, and how near to him. 2d. If they knew him be-	at the Buth afe Cora It Robinson
fore his enlistment, what his physical condition was all that time, that he was then sound and free from dis-	august 16th 1857 and
from the diseases for which he claims pension.  3d. If they have employed	the same of the same
or worked with him since his return from the army, they should state where it was and at what business, or i	Lind mean Much to ms
they have known him as neighbors only they should state about what distance from him they lived; how	Robinson a was called in
frequently, on an average each week, month, or year they saw him and converse with him, and how intimate they were with him during	to assis the at the taith
this time, and from wha disease or disability he ha suffered during all the time they employed him, worked	af agrid topistelin
with him, or lived near him and how severely; whether a any time during this period he was obliged to stop work	
was confined to his bed e house, or was wholly unable to do any manual labor be cause of his alloged disabili	rr
ties, and give dates as nen as recollected when suc attacks occurred, how lon they lasted, and how sover	
they were. In this connection, if the witnesses have been his employers, or have worked with or for him, the	re vie
should state about wha proportion of a sound able bodied man's work he wanted to the total about the sound about the sound to the sound that	
have been; what his actume earnings were, and whether or not the wages paid hir were less in amount, and how	D.1 D.1 D.1
much less on account of hi inability to labor, than wer paid to others physicall sound, and doing the sam	is! 
kind of work.  They should also state hor they are able to say what his disabilities have been an	
are now, and they should do scribe fully and clearly th symptoms as they appear t them in his case; in fac-	0- 16 16
describe his physical condition fully during each year	ir ar

	I further declare that I have no interest in said case, and an not	
	Concerned in its prosecution.  It hourson Mahala & Morrison Morrison Morrison	
	[Signature of affiants.]  Note.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.	
	STATE OF 15 ans as , COUNTY OF Coays 88:	
	Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read	
	said affidavit to the said affiant, including the words	
	erased, and the words added, and acquainted	
	with its contents before the 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 200 personally known to me and that the io a credible person.	. ~ /
	com 2x foir mer 8/94 Glo & Empsi Not	76
	[f., S.]	
	I,	
	and State, do certify that , Esq., who has signed his name to	
	the foregoing declaration and affidavit was at the time of so doing in and	
	for said County and State, duly a mession d and sworn; that all his official acts are entitled to full	
	faith and credit, and that his is matine the counto is genuine.	
	Witness my hand and seel of office this	
	[r. s.] Clerk of the	
	Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.	
758.715	DDITIONAL EVIDENCE.  CLAIM OF  APPEDAVIT OF  AFFEDAVIT OF  WASHINGTON, D. C.  WASHINGTON, D. C.	111
me	ADDITI ALLIA ALAINE JAINE	

General Affectant State of Remses County of Walsanner St In the matter of Mary & Robinson Widow of Frank M Robinson, late Private 135 they Penn, Vols Infentry On This 12 th day of February 12 \$1891 personally effreused before me a Notary Puller in and for the referenced County, duly authorized to accomin ister with Adelecial Rigin year Thirty Eight years a resident of Plumb tourship on the County of Walan one und State of Kennsas who is well known to me to be reputable and entitled to credit and who being duly Swan, declared in relation to The ofouraid Pare that the has been acquainted with the abovenemed Many E Robinson for orfrence of with her except for a fined of about three years when the Said this Rolinson lived Imons County Docketer That The has been requested with The Said Many Rolinson Since the death of her late husband Frenk M Rolinson that the has never remarried since the became a widow That her knowleege is formeless on an intimate ore quaintance with his Nolimon time the cleath of her lete husbernet Watermen County Komses Margarther declares that the has no interest in Series case and the is not concerned in its procention Adelasto Riggin

State of Kansas Holaunsee ) SS
Shown to and Service Shows affect before me this day
by the cutting Said read office and to Said officiant
and acquainted her with its contents before
She essented the Same I further certify
that I am in no hise interestees in such
care no am I concerned in its prosecution
and their Said afficient Albelaid Riggin is
personally known to me and that She is a
creably fresen Im Prothrow
Notary Public
My Jerm exprises Jeme 23 7894

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## GENERAL AFFIDAVIT.

	State of Chansen Country of Collumnic ss:
	In the matter of Mary & Robinson, Willow of Frank M
	Relinour lete private 135 Reg Ce, Blem lots Infentry
	ON THIS 12th day of Felmany A. D., 1891, personally appeared
	before me A Notary Poellie in and for the aforesaid County duly authorized
	to administer oaths Milton Meggin aged Forty vears, a resident of
	Plumb towards in the Country of Waleumser and State of
ķ	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 he has been a egypaintell with the
	alogenamed Many & Robinson for a frence
	of fifteen years having lived in the fam
	Heigh lorhood with her except of period of three
	years during the absence of Land Mis Rolens
	in Emons County Dakota That he had
	every receives to believe that The has
	not regument since the decease of her
	late husband as buch an event certe
	hardly have occurred without the fact
	becoming known to him own this re
	Lation by marriage to the family to which
	- Such pro to the transfer.
	of Management
	Hed Post-office address is Many eight Tabanga Canty Ken
Ž.	further declared that he has no interest in said case and he not concerned
	in its prosecution.
	Milton Riggins
	$\mathcal{U}$
	[H Aflants sign by mark, two witnesses who can write sign here.] [Signature of Aftianta.]

The state of	(OFEN		• .
STATE OF CAN	1101	Shor Worken	mu , ss.
	oscribed before me this day by he	Y	d I certify that I read
	and in the discrete		
the words	and I morating the words		added
and acquainted	with its contents before	executed the same.	I further certify that
-	ed in said case, nor am I concerned in		Contract to the second
	e and that Milton Roys		<i>a</i>
_	•	// 77	Inthank -
Jerm es	pines Jun 25	1894 [Official Sign	ature.] Wolong Pul
	, and fire all		Tool
[L. S.]		[Official Charac	ner,]
		of the County Court in an	· 1
and State, do certify t		Esq., who h	_
	on and affidavit, was at the time of so		
	State, duly commissioned and sworn;	that all his official acts are e	ntitled to full faith and
1 44	nature thereunto is genuine.		,
Witn	ess my hand and seal of office, this	day of	18
		•	•
		, mae	······································
	Clerk of th	ie	
. [L. S.]		v _	
. [L. S.]			
Note.—This should be	sworn to before & CLERK OF COUR'	T, NOTARY PUBLIC, or an	y officer who has a seal.
Norway This would be	sworn to before & CLERK OF COUR	T, NOTARY PUBLIC, or an	y officer who has a seal.
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NOTE.—This should be  WASHING	425 a 15	Mildon of Mildon	Additional CLAIM
Note.—This should be  WASH	425 a 15	Millan a French  Millan AFFIDAVIT  Millan Reg	Additio

State of Bregon 55 D, S. F. Browson, being first duly swom, pay on outh, That on any un of the County of Grant and State of Ovegon, in Long bruk precinal of said County, & living a justice of the peace in and for said County and State) did hold are ingress report the body of one Frank W. Robinson who was killed in paid in paid day of august, a.D. 1885. The body of the Frank M. Robinson, tris was buried Sept 125 1885, The said Frank M. Robinson was, a sheep- Jamp tender for our Silus French at the time of State of the Suran State of Suran to

day of January 1881

b F Goff

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for origon before me The 2