

THE NATIONAL ARCHIVES

CERT. NO. 642980

PENSIONER:

Marta A

widow OF

VETERAN:

Paulen Augustine

CAN. NO.

53124

BUNDLE NO.

8

3-1081.

PENSIONER DROPPED

United States Pension Agency,

Topeka, Kansas.

AUG 17 1906

~~100~~

Certificate No. 644,343

Class INVALID

Pensioner Reuben Augustine

Soldier \_\_\_\_\_

Service 7. B. 13 Mo.

The Commissioner of Pensions.

SIR: I have the honor to report that the  
above-named pensioner who was last paid  
at \$ 1.2, to MAY 4 - 1906,  
has been dropped because of DEATH,

Very respectfully,

Wilder S. Metcalf  
United States Pension Agent.

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

WARTHA A AUGUSTINE  
SAND SPRINGS OKLA 1081  
642980  
GEN DEL

**DROP REPORT—PENSIONER**

..... Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class **ACT OF MAY 1, 1920** Group **2**

**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**

**MAR 14 1923** 192

Check No. 7293378 \$ 30  
dated Feb 4 & Mar 4 Section **5**  
returned by postmaster with information that the  
above-described pensioner died Feb 10  
1923, has been canceled.

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

**FINANCE DIVISION**

**MAR 20 1923**, 192

The name of the above-described pensioner who  
was last paid at the rate of \$ 30 per month  
to **JAN 4 1923**, 19....., has this day  
been dropped from the roll because of **Death**.....

*[Signature]*  
*Chief, Finance Division.*

**MAR 1 - 1923**

# War Department,

RECORD AND PENSION DIVISION,

713.074

Washington, D. C., OCT 8 1889, 188

Respectfully returned to the Commissioner of Pensions  
Reubin Augustine was enrolled on the 26

day of August, 1861, at Keansas City, Mo., in Co. B  
~~detachment of Co. attached to~~ (Capt. Perry) Mo. Regiment of Volunteers, to

serve 3 years, or during the war, and ~~mastered into service~~

as a \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 1861,

at \_\_\_\_\_ On the Muster Roll of Co. B of that

Regiment for the months of \_\_\_\_\_, 1861,

he is reported on muster rolls dated from Aug 28/61.

to Oct 31/61, and for Nov & Dec 61, present

muster out roll of company, dated

St Joseph, Mo. January 31/62, reports him

as per muster out that date and place

with Co. by G.O. 69 par 2. W.D. No. 140. 1861.

No further information

By authority of the Secretary of War.

F. J. Amersmith  
Capt. and Assistant Surgeon, U. S. A.

Per *[Signature]*

Ex'r. Department of the Interior,

No. 713 074

BUREAU OF PENSIONS,

Reuben Augustine,  
Pvt. Major Berry's Batt'n.  
Mo. Cav.

Oct-7<sup>th</sup>, 1889.

SIR:

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

Reuben Augustine, who, it is claimed, enlisted Aug 12<sup>th</sup>, 1861, and served as Private in Co. Major Berry's Reg't Batt'n., Mo. Cav.; also in Co.

and was discharged at St. Joseph, Mo., Feb-3<sup>rd</sup>, 1862

While serving in Co. Major Berry's Reg't Batt'n., Mo. Cav., he was disabled by rheumatism contracted Fall and Winter - of 1861 - at Kansas City, Mo., also

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

no hosp'l treatment,

Very respectfully,

John C. Black,  
Commissioner

The Adjutant General, U. S. Army.



32318

*St.* Division.

# FIRST CALL

On Adjutant General, U. S. A.

*Jan.*  
Claim No. *713, 274*

*London Augustine*

*Pl. Major Young's*

*Battle's War Car*

# Declaration for an Original Invalid Pension.

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

State of Missouri, County of Buchanan, ss:

ON THIS 24<sup>th</sup> day of June A. D. one thousand eight hundred and eighty three personally appeared before me Wm. H. Howan, Clerk of the Circuit Court a Court

of Record within and for the county and State aforesaid Reuben Augustine aged 54 years, who, being duly sworn according to law, declares that he is the identical Reuben

Augustine who was ENROLLED on the 12<sup>th</sup> day of August, 1861, in Company B of the 13<sup>th</sup> X regiment of Mo. Vol., attached to Battalion of Cavalry commanded by Major M. P. Berry and was honorably DISCHARGED at

St. Joseph, Mo., on the 3<sup>rd</sup> day of February, 1862; That his personal description is as follows: Age 26 years; height 6 feet 2 inches; complexion light

hair sandy; eyes blue. That while a member of the organization aforesaid, in the service and in the line of duty at Kansas City in the State of Missouri

on or about the fall and winter of 1861, he through exposure contracted rheumatism in camp and on scouting expeditions of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

*[Large diagonal scribble across the page]*

That he was treated in hospitals as follows: never treated in Hospital  
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has never been employed in the military or naval service otherwise than as stated above. never  
Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the 3<sup>rd</sup> day of February, 1862

That since leaving the service this applicant has resided in the Counties of Buchanan & Andrew in the state of Missouri, and that his occupation has been that of a farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farmer. That he is now partially disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation.

Eugenie Ayres of St. Joseph, Mo. his true and lawful attorney to prosecute his claim. That he has never received money applied for

a pension; that his residence is near Helena, Andrew County Missouri and that his post office address is

Helena, Andrew Co. Missouri.

J. B. Fox Reuben Augustine

[Two witnesses who can write sign here.]

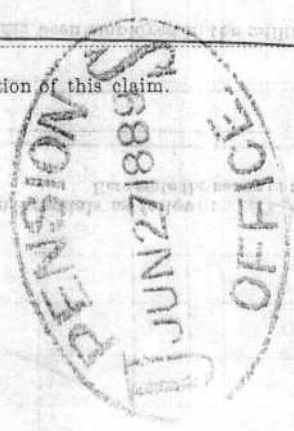
Correct Sw - Major Berry Batt Mo Cav

Also personally appeared J. J. Fox residing at Hebron  
Andrew Co. Mo and A. J. Kelly residing at  
Cooby, Andrew Co. Mo persons whom I certify to be respectable and entitled to credit, and who  
 being by me duly sworn, say that they were present and saw Reuben Augustine  
 \_\_\_\_\_, the claimant sign his name (make his mark) to the foregoing  
 declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that  
 he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(If Affiants sign by mark, two persons who can write sign here.)  
J. J. Fox  
A. J. Kelly  
 (Signature of Affiants.)

Sworn to and subscribed before me this 24 day of June A. D. 1889.  
 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to  
 the applicant and witnesses before swearing, including the words \_\_\_\_\_  
 \_\_\_\_\_ erased, and the words \_\_\_\_\_  
 \_\_\_\_\_ added; and that I have no interest, direct or indirect in the  
 prosecution of this claim.

[L. S.] \_\_\_\_\_  
 Clerk of the County Court, Buchanan Co Mo



**INVALID.**  
**CLAIM FOR PENSION.**  
**ORIGINAL.**  
Reuben Augustine, Applicant.  
Co. A. Major Berry's Reg't.  
Cumey's Battalion  
12th Reg't. Missouri Vols.  
 Enlisted August 12, 1861;  
 Discharged February 1, 1862.  
 Filed by  
**EUGENE AYRES**  
**ATTORNEY AND COUNSELOR**  
**AND NOTARY PUBLIC,**  
**ST. JOSEPH, MO.**







JOHN J. DOWNEY

RECORDER OF DEEDS  
OF BUCHANAN COUNTY, MISSOURI

St. Joseph, Mo. 190

Married on the 23<sup>rd</sup> of September 1858, by  
the undersigned Justice of the Peace Mr.  
Reuben Augustine to Miss Ellen O'Route  
both of Marion Township Buchanan Co. Mo.  
Loring Wales, J. P.  
Filed Nov 11, 1858, W. Ridenbaugh Recorder.

STATE OF MISSOURI, }  
COUNTY OF BUCHANAN } ss.

I, JOHN J. DOWNEY, Recorder of Deeds within

and for the County and State aforesaid, do hereby certify that the above and foregoing  
of marriage of Reuben Augustine and Miss Ella O'Route  
instrument of writing is a true and correct copy of the Record, as recorded in book

13. at page 311 of the Records of Buchanan County.

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

official seal at my office in ST. JOSEPH, MO., this 3<sup>rd</sup>

day of July 1907

John J. Downey

Recorder of Deeds.



SOUTH DAKOTA  
JUL 16 1907  
RECEIVED

Wickens:

855,231

Julian Augustine

P. O. Box 137 No. 2nd

SEEDBANT & CO.  
SOUTH DAKOTA  
WASHINGTON, D. C.

*FRV*, Ex'r

*So* Div.  
No. *644.343*  
*R Augustine*  
Co. *B, 13* Reg't *Ms Vol Inf*

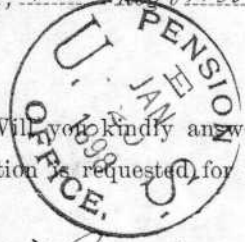
Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Dec 27*, 189*7*

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information requested for future use, and it may be of great value to your family.



Very respectfully,

*Mr Reuben Augustine*  
*Helena Bernica*  
*Ms*

*A. C. Brown*  
Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: *Yes, Martha A A Maiden name Martha A Beatty*

No. 2. When, where, and by whom were you married? Answer: *18 July 1888 Bt*

*Rev John Kingler At Savannah Andrew Co Wgo.*

No. 3. What record of marriage exists? Answer: *The record is at Savannah*

*Andrew Co Wgo,*

No. 4. 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: *Yes, Ellen Orrorack, we*

*was divorced in 1883*

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *Yes, me Eloise Stewart*

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

Date of reply, *Jan 15*, 189*8*.

*Reuben Augustine*  
(Signature.)

Act of June 27, 1890, as amended by act of May 9, 1900.

DECLARATION FOR WIDOW'S PENSION.

STATE OF Missouri }
COUNTY OF Cedar } ss:

On this 10 day of September, A. D. one thousand nine hundred and six personally appeared before me, a Justice of The Peace within and for the county and State aforesaid, Mrs Martha Augustine, aged 65 years, a resident of Arnicca, County of Cedar State of Missouri, who, being duly sworn according to law, makes the following declaration in order to obtain pension under the provisions of the act of Congress approved June 27, 1890, as amended by the act of May 9, 1900.

That she is the widow of Reuben Augustine, who was Enrolled under the name of Reuben Augustine at St Joseph Mo on the 12 day of August, 1861, as a Private in Co B 13 Mo Inf, and honorably discharged at St Joseph Mo, 1862, having served ninety days or more during the late war of the rebellion. That the soldier was in the military or naval service of the United States except as stated above.

That she was married under the name of Martha A Beaty to said soldier at Saganah Mo on the 18 day of July, 1888, by Rev Jahn King; that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had been previously married. He was married once before but nothing is known of their marriage.

That the said soldier died 31 day of July, 1906, at Arnicca Cedar Co Mo that she was not divorced from him; that she has not remarried since his death; and that she is without other means of support than her daily labor and an actual net income not exceeding two hundred and fifty dollars per year.

That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:

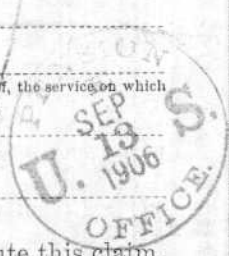
- (If the soldier left no children, the claimant should so state.)
born, 18, at
born, 18, at
born, 18, at
born, 18, at
born, 18, at
born, 18, at

That she has heretofore applied for pension. (If prior application has been made, the number thereof, the service on which it was based, and the name of the soldier should be stated.)

That she hereby appoints (If she desires to employ an attorney.) of, her true and lawful attorney, to prosecute this claim.

That her post-office address is County of, State of

ATTEST: (1) Martha A Augustine (Claimant's signature)
(2)



Also personally appeared John C. Simrell, residing at Arnica Ma  
 and A. J. Bell, residing at Arnica Ma, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and  
 saw Martha, A. Augustine, the claimant, sign her name (or make her mark) to the  
 foregoing declaration; that they have every reason to believe, from the appearance of said claimant and  
 their acquaintance with her of 12 years and 12 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.

John C. Simrell  
A. J. Bell  
 (Signatures of witnesses.)

SWORN to and subscribed before me this 10 day of September, A. D. 1906

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

[L. S.] words she was called Mattie Augustine, erased, and the  
but her real name is Martha Augustine  
 words \_\_\_\_\_, added; and that

Validity accepted

S. A. Cuddy,

Chief, Law Division, Record Division.

Certificate on file covering

Nov 10 1902; Nov 9 1906

J. F. Mead

(Signature.)

Justice of the Peace Term 6/  
Nov. 10-11  
 (Official character.)

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

Testimony in support of allegations made in a declaration may be taken before any officer whose authority  
 and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution  
 of the claim.

7/3074

Act of June 24, 1890, as amended by act of May 9, 1900.

CLAIM FOR PENSION.

WIDOW.

Claimant: Martha, A. Augustine

Soldier: Reubin Augustine

Service in: Co. B, 13. Me. Inf

Berry Battery Me Cav



FILED BY



9/17/06

APPLICATION FOR REIMBURSEMENT.

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

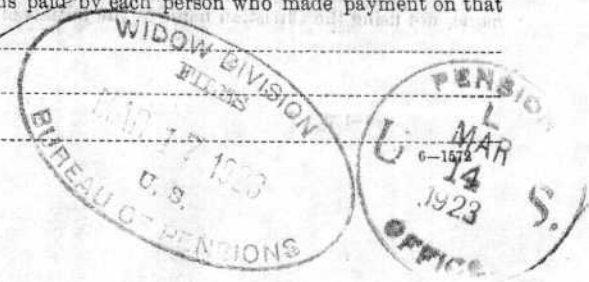
STATE OF Oklahoma ss:
COUNTY OF Tulsa

On this 8th day of March, A. D. one thousand nine hundred and 23
personally appeared before me, a Notary Public within and for the County and State aforesaid,
Robert J. Brant, aged 30 years, a resident of
Sand Springs, County of Tulsa, State of
Okla., who, being duly sworn according to law, makes the following declaration in order

to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
Martha Augustine, who was a pensioner of the United States by
certificate No. 642,980, on account of the service of Reuben Augustine
in Co. B, 13th Reg. Missouri Volunteer Infantry (Name of soldier or sailor.)
That pension was last paid to Jan 4th 1923 (Describe service by company and regiment, etc. If in the Army, or by the words U. S. Navy, if in the Navy.)

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

- 1. What was the full name of the deceased pensioner? Martha A Augustine.
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) As a Widow.
3. If decedent was pensioned as an invalid soldier or sailor-
(a) Was he ever married? (Answer yes or no.)
(b) How many times, and to whom?
(c) If married, did his wife survive him? (Answer yes or no.)
(d) If so, is she still living? (Answer yes or no.)
(e) If not living, give full names and dates of death of all wives
(f) Was he ever divorced? (Answer yes or no.)
(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)
(h) If not living, give her full name and the date of her death
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No.
5. Is any such child still living? (Answer yes or no.) No.
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid No.
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No.
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
9. Who was the beneficiary named in each policy?
10. What was the relation of each beneficiary to the pensioner?
11. Were the premiums paid by the deceased pensioner?
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account



RECEIVED  
MAR 14 1923  
LAW DIVISION  
RECORDS  
MAR 16 1923

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? *No.*
14. Did the deceased pensioner leave any money, real estate, or personal property? *No.*
15. If so, state the character and value of all such property *✓*
16. What was the assessed value (last assessment) of the real estate? *✓*
17. How was the pensioner's property disposed of? *✓*
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) *No.*
19. What was your relation to the deceased pensioner? *Nephew.*
20. Are you married? (Answer yes or no.) *Yes.*
21. What was the cause of pensioner's death? *Senility.*
22. When did the pensioner's last sickness begin? *Jan. 1922.*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *Jan. 6th 1923.*
24. Give the name and post office address of each physician who attended the pensioner during last sickness  
*Dr. Christian, Tulsa, Kans.*  
*Dr. B.J. Davis, Sand Springs, Ok.*
25. State the names of the persons by whom the pensioner was nursed during the last sickness  
*Mrs. Rolt J. Brant, (Wife)*  
*Mr. " " " (Husband)*
26. Where did the pensioner live during last sickness? *Sand Springs, Ok.*
27. Where did the pensioner die? *" " "*
28. When did the pensioner die? *Feb. 11th 1923.*
29. Where was the pensioner buried? *Woodland Cem. Sand Springs, Ok.*
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) *No.*
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

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

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<i>B.J. Davis.</i>	Physician	<i>Paid.</i>	<i>15 00 ✓</i>
<i>" "</i>	Medicine	<i>"</i>	<i>10 00</i>
<i>Mrs. Rolt J. Brant</i>	<i>5 weeks @ 10.00 per week</i>	<i>Unpaid.</i>	<i>50 00</i>
<i>Prstickler</i>	Undertaker	<i>Paid.</i>	
<i>" "</i>	Livery	<i>Paid.</i>	
<i>" "</i>	Cemetery	<i>Paid.</i>	<i>792 00 ✓</i>
	Other expenses and their nature:		
	TOTAL		<i>267 00</i>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) *Yes.*
- That my post-office address is No. *General Delivery* street,  
town or city of *Sand Springs*, County of *Tulsa*,  
State of *Okla.*

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

*Robert J. Brant*  
(Claimant's signature in full.)

Also appeared R M Dunbar and J B Chandler  
who, being duly sworn, say that they saw Robert J Bsant, the claimant, sign his  
name (or make ..... mark) to this application; that they know the claimant herein and that their answers to the  
following questions are true:

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

2. When did the pensioner die? Feb 11, 1923.

3. Did pensioner leave any property? If so, state its character and value ✓

4. We knew pensioner 3 Mo. We believe above statements to be true because of  
personal acquaintance of  
the claimant.

Name X R M Dunbar Name J B Chandler  
P. O. Address Sand Springs Ok P. O. Address Sand Springs Ok,  
Subscribed and sworn to before me, this 8th day of March,

A. D. 1923 and I certify that the contents of the foregoing application were fully made known and explained to the  
claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I  
further certify that the reputation for credibility of the witnesses whose signatures appear above is Excellent,  
M. Stickler,  
(Signature.)  
(Notary Public)  
(Official character.)

Declaration accepted as valid under the act of March 2, 1905.  
H. E. Willey,  
Law Clerk.

My Com. expires 7/19, 1923.

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Feb 11 1923

Give date of commencement of pensioner's last sickness Jan 6 1923

From what date did the pensioner require the regular and daily attendance of another person constantly until death?  
Jan 6 1923

During what period did you attend the pensioner? Feb 5-8-10 1923 Inc

State nature of disease from which pensioner died Influenza

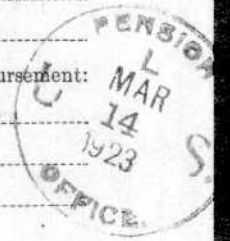
Give name of each person who rendered service as nurse, and who has made or will make a charge for such service  
Mrs Robert J Bsant

Give name of any other physician who attended the pensioner in last sickness none

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

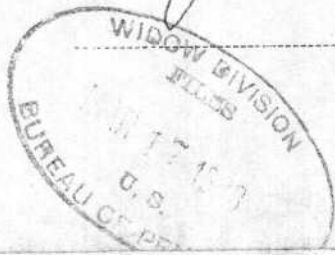
Has your bill been paid; if so, by whom? yes

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



I certify that the foregoing statement is correct.  
March 8 19 23

B. J. Davis M.D.  
Attending Physician.



Attending Physician.



