

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

r U

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,

ROBERT B BEATY SALINA KANS 394441 ACT MAY GEN DEL

Commissioner.

ii.	
	No. 1. Date and place of birth? Answer. D. W. Wayne. Co. Indiana. The name of organizations in which you served? Answer. Co. E., 75-Ind. Not. Imft.
FOLD HERE.	No. 2. What was your post office at enlistment? Answer. Warren. Indiana. No. 3. State your wife's full name and her maiden name. Answer. Alice. O. Blaty Dalice. O. Sheldon. No. 4. When, where, and by whom were you married? Answer. July 12. 1905. Salina. Kan. Ly. Ly. Sarpfile. Probate. July 2. 5. Salina. Co. Kan. No. 5. Is there any official or church record of your marriage? If so, where? Answer. Salina. Probate. July. Record. Court. House. Salina. In. 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. Lo. Julia. A. Lappy. Oct. 31. 1858. Died. November 18. 1865. at Remain. Indiana. Jenstein. Judiana. Jenstein. Kana.
	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 miltary 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. Nathracial. Staples. Aprile 23. 1888. Elleatt. Maine. August. 8,1201
ERE.	No. 8. Are you now living with your wife, or has there been a separation? Answer. No. 9. State the names and dates of birth of all your children, living or dead. Answer. Barah. E. Blatz. 225/957.
H FOLD H	No. 9. State the names and dates of birth of all your children, living or dead. Answer. Darah. G. Blaty. 225/808. Claira. J. Blaty August ? 1861. Ivin. E. Blaty. aprile. 13"1864. Levela A. Beaty. May 20"/867. William. H. Blaty. Frank. Beaty. Levela 18 18 11. Vellie B. Beaty. Diember 4"1813. Charles . Fr. Beaty. Slovert. E. Beaty. Livins born) October 10" 1874. Benjamine, Beaty. July. 26" 1878.
	Date aprile 7 to 1915 (Signature) Respect 13 Valenty 08-272

Declaration for an Original Invalid Pension.

CHISTODY O THE SEAL
THIS MUST BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY C. THE SEAL.
State of Sauces -, County of Cottawatonie, 55.
ON THIS day of flurary A. D. one thousand eight hundred and eighty Cur
personally appeared before me blerk of the bastries a Court
of Record within and for the county and State aforesaid
aged years, who, being duly sworn according to law, declares that he is the identical who was ENROLLED on the day of
Que - 1862 in company & of the regiment of Lide Vale
commanded by A Wall afterward of the collight and was honorably DISCHARGED at
Olianapolis In the 18 day of March - , 1864; That his
personal description is as follows: Age 49 years; height 6 feet 8/2 inches; complexion liquid.
hair, Sight; eyes Blue That while a member of the organization aforesaid, in the
service and in the line of his duty at Municestono in the State of Chronice
on or about the 13th day of March 1803, he Contracted chrone Here state name or nature of disease, or the location
of wound or miury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.
- Living on to have for the walk to color
2 de A spard Station Jennesse.
in the month of July 1868 and on
the 20 14 will mouth received leave of
absence digner by mayor, 50 -, Rosenar
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- A stable herpitals as follows:
<u> </u>
That he was treated in nospitals as follows: Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
That he has not been employed in the military or naval service otherwise than as stated above.
That he has not been in the military or naval service of the United States since the 18 day of 1864
That he has not been in the military or naval service of the United States since the That since leaving the service this applicant has resided in the States of Luchause and Electrical Control of States and States are since the
the State of August and that his occupation has been that of a Blerfynnian
That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a
I Have so haker # tolery That he is now To tally disabled
from obtaining his subsistance 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 the United States. He hereby appoints with full power of substitution and revocation.
WASHINGTUN, D. U.
his true and lawful attorney to prosecute his claim. That he has 1107 received 4407 applied for
a pension; that his residence is the Level aville, Pottawatorice, Co.
and that his post office address is
Louisville Sattawatomie Co, Kansas, Staggond Child Signature of Oppmany.
X 1 Deserond Physiaty
X A B / A // a Market A Champage.

also personally appeared	unler residing at
estinguland Nan	, and S. A. Hazard
ling at Surville So	persons whom I certify to b
ectable and entitled to credit, and who, being by n	ne duly sworn, say that they were present and saw
obert & Dety	, the claimant sign his name (make his mark) to the foregoing
aration; that they have every eason to believe from	m the appearance of said claimant and their acquaintance with him
he is the identical person he represents himself to	be; and that they have no interest in the prosecution of this claim
-1001	
D. S. Muler	
DiDiDidgeas	
mants sign by mark, two persons who can write sign here.]	[Signature of Afflants.]
Sworn to and subscribed before me this	day of Telisuary A. D. 1886
· ·	the above declaration, &c., were fully made known and explained
to the applicant and witnesses before swe	
Changed and The	1) Debutilule ()
The second of the second	erased, and the words
***************************************	, added; and that I have no interest, direct or indirect
in the prosecution of this claim.	
	John Commen
_	- De tristo Court
3.1 ·	Clerk of the See See See See See See See See See S
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CLAIM FOR PENSION.
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Discharged McK. 186.

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JOSEPHA H. HOUGHTON 2618 K ST., N. W. WASHINGTON; D. D. Printed and for cale by J. H. Still.E. Washington, P.

DECLARATION FOR PENSION

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

County of. , A. D. one thousand nine hundred and twenty one ...within and for the county who, being duly sworn according to law,war, and was honorably dischargedday of That he was not employed in the military or naval service of the United States otherwise than as stated above. feet 8 /2 inches; complexion, his personal description at enlistment was as follows: Height,; color of hair, liteo Cansed & and mental di residence since leaving the service have been as follows:.. a pensioner under Certificate No. 29That he has..... heretofore applied for pension under application No. That he makes this declaration for the purpose of being placed on the pension roll of the United States under the pro-Uo-He hereby appoints. his true and lawful attorney..... with power of substitution to prosecute his claim. Two attesting and ing witnesses hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words y commission expires Nev. 6, 1935 erased, and the words and that I have no interest, direct or indirect, in the prosecution of this claim. Villamo Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Calef, Law Div.

Fortherease of Burian ACT OF MAY 1, 1920

CLAIM FOR PENSION

Serticfiate No. 374441

Name Robert 3, Beaty

Bervice 1 st husertentont

DEC & TOY RETRUCTIONS

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

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

Wm. B. Burford, Printer, Indianapolis.

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D. West Div.	the second of th
7. Claudy, Exir. Deposit of the	he Interior,
	an. 22,1886
NIR:	t .
I have the honor to request that you will fu	rnish from the records of the
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July	and a state of the
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in Co. 6, 75 Reg't Ind. vols	; also in Co.
nd was discharged at Indpls. Ind.	March 18 18 6 4
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Very respectfully,	n.C. Black.
Very respectfully, e Adjutant General, U. S. Army.	n.C. Black.

Mar Department,

ADJUTANT GENERAL'S OFFICE,

55-5-896

Washington, Feb. 20, 1886.

Respectfully returned to the Commissioner of Pensions.
Lobert B. Beaty, a Gergt of Company D,
75- Regiment Indiana Volunteers, was enrolled on the
Lat day of August, 1862, at Warrew Ind for 3 yrs,
p and is reported: on rolls to Dee 31, 1862 present.
Discharged to date February 24. 1863 for
Ess. promotion to les Lieut Rame company
and regiment"
W. D. Vareller
Assistant Adjutant General
Jones 15-09-13. 1886 2 nd It 2nd booy (2.)
15-09-13.1886 2nd It 2nd booy 65

ROBERT B BEATY 515 N DELEWARE ST 394441 ACT MAY INDIANAPOLIS IND

DRO	3-1081 OP REPORT—PENSIONER
C	ert. No.
Service	
Class	SECTION I
	RECORD DIVISION , 192
	ove-described case a declaration filed ion indicates that said pensioner died
	, 19
	Chief, Record Division.
]	FINANCE DIVISION AUG 7 - 1926
The name	of the above-described pensioner who
was last paid	1 at the rate of 8 per month 4 - 1926, has this day
	I from the roll because of Death 429, 1926
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	Mandale